



## Revised Scarce Meds Workgroup List

Kevin McCulley <kmcculley@utah.gov>  
To: Mindy Colling <collingforpreparedness@gmail.com>, Michelle Hofmann <mhofmann@utah.gov>, Leisha Nolen <lnolen@utah.gov>

Fri, Sep 3, 2021 at 12:28 PM

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----- Forwarded message -----

From: **Mark Shah** <markbshah@gmail.com>  
Date: Thu, Jun 10, 2021 at 4:18 PM  
Subject: Re: Revised Scarce Meds Workgroup List  
To: Jill Vicory <Jill@utahhospitals.org>, benjamin.baker@steward.org <benjamin.baker@steward.org>, Dena.Eckardt@steward.org <Dena.Eckardt@steward.org>, Samuel.Brown@imail.org <Samuel.Brown@imail.org>, Erin.fox@hsc.utah.edu <Erin.fox@hsc.utah.edu>, kmcculley <kmcculley@utah.gov>, jaj@sisna.com <jaj@sisna.com>, Colin.Grissom@imail.org <Colin.Grissom@imail.org>, Allen.Miller@steward.org <Allen.Miller@steward.org>, julia.nokes <julia.nokes@steward.org>, Jared.olson@imail.org <Jared.olson@imail.org>, Greg.Rosenvall <Greg@utahhospitals.org>, Oliver.oliver@comcast.net <Oliver.oliver@comcast.net>, jason.spaulding <jason.spaulding@imail.org>, Emily.Spivak@hsc.utah.edu <Emily.Spivak@hsc.utah.edu>, Russell.Vinik <russell.vinik@hsc.utah.edu>, Brandon.Webb@imail.org <Brandon.Webb@imail.org>, janet.zarndt@healthtrustpg.com <janet.zarndt@healthtrustpg.com>, Gjwillden1@gmail.com <Gjwillden1@gmail.com>, cv19utngmg1@utah.gov <cv19utngmg1@utah.gov>

Happy summer Scarce Meds Committee,

### One brief question.... Can we lower the Risk Score Threshold FROM greater than 5.5 (6 or greater) TO greater than 4.5 (5 or greater)?

This has been discussed and tentatively endorsed by myself and Drs Spivak and Webb.

We all recognize an abundance of medication, unused capacity to deliver Mabs, and ongoing data supporting its use with minimal safety concerns. We also noted a few patients that required hospitalization but had a risk score lower than our threshold.

Dr Spivak noted that a lowered criteria would have allowed the U to consider an additional 40-50 patients in May.

Dr Webb noted the following data from Intermountain and added some commentary...

numbers of eligible and actually infused and projected increase in infusions for the last two months:

	6 or above		5 or above		4 or above	
	Eligible	Infused	Eligible	Projected Infusions	Eligible	Projected Infusions
<b>May</b>	627	79	909	115	1266	160
<b>Jun</b>	126	15	178	21	237	28

If we bumped down to a threshold of 5 we'd likely increase our infusions by about 45%. If we bump down to a threshold of 4, we'd double. For reference, in January we infused 440 patients, so increasing from 79 to 160 isn't astronomical – we've been a lot higher.

The question in my mind is this...the NNT to prevent one hospitalization increases as the clinical risk decreases. At >7.5 we were around an NNT of 8. Right now at >5.5 we're likely around NNT=20, perhaps more if we are infusing many people who have vaccine-breakthrough infections (those folks are far less likely to be hospitalized). At >4.5 we'd probably expect an NNT of 30-40. But we also acknowledge that the EUA criteria have expanded and if we have capacity to infuse more than we are

now, there are likely other benefits to treatment (potentially shortening time to recovery, maybe decreased long COVID sx).

I ran our hospital census at IMC – all patients currently admitted have a risk score of at least 5.5 (most still >6.5 even though younger age – 28, 40, 42, all obese non-white, non-vaccinated males)

**Please send me or the group your questions or concerns or opposition by Friday, June 11 @ noon. If no major concerns, we will consider it approved going into the weekend. An updated guideline is attached.**

I hope you are all enjoying a more normal life!

FYI, Andy Pavia said that the FDA reviewed our Utah Risk Score and used it as precedent for including "race and other risk factors" as qualifiers.

-Mark

On Mon, Apr 19, 2021 at 9:09 AM Mark Shah <[markbshah@gmail.com](mailto:markbshah@gmail.com)> wrote:

Hello Scarce Meds Subcommittee,

I am looking forward to meeting with you again tomorrow at 11am.

The current agenda:

- Status checks (State, LTACs, Rurals, Steward, HCA, U of U, Intermountain)
- Discuss use of MAb's during pregnancy, and possible need to adjust exclusion criteria
- Discuss draft mid-Action report (attached)
- Next steps
- Round table

Please either come with any additional items or feel free to send me them ahead of time.

Thanks,  
Mark

On Tue, Mar 23, 2021 at 12:58 PM Jill Vicory <[Jill@utahhospitals.org](mailto:Jill@utahhospitals.org)> wrote:

Attached please find a revised Scarce Meds/Monoclonal Antibodies Workgroup members list for your use. Please let me know if any info needs updating.

**Jill Vicory**  
Director, Member & Community Affairs

Utah Hospital Association

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 **Utah CSC Monoclonal Ab Guidelines v12 06102021.docx**  
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