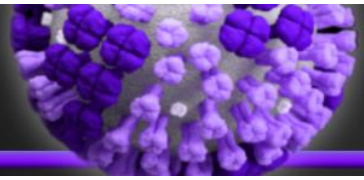
Indian Health Service
National Pharmacy and Therapeutics Committee
Monkeypox Emerging Treatments Update



August 22, 2022

CDC Updates Guidance for Monkeypox Countermeasures

Tecovirimat (TPOXX): Changes to the Expanded Access Investigational New Drug (EA-IND) Protocol

On August 18, the U.S. Centers for Disease Control and Prevention (CDC) posted a revised tecovirimat (TPOXX) EA-IND Protocol. The EA-IND Protocol was amended to shorten the Patient Intake Form with required vs. optional data fields delineated, make the Clinical Outcome Form optional for one time follow-up within 3-14 days after treatment completion, eliminate during treatment follow-up, extend the time for returning the requested forms (e.g. within 7 calendar days of treatment initiation), add drug interactions information on tecovirimat and certain antiretroviral drugs, further clarify IV tecovirimat infusion via syringe pumps (avoid use of pre-filled IV bags and glass IV bottles), update opening the capsule and mixing with food instructions (replaced water with liquids), and include an alternative option for obtaining informed consent (short form with a written summary). Informed consent must still be obtained ***prior*** to the initiation of TPOXX treatment.

Clinicians, care facilities, and hospitals providing tecovirimat can immediately transition to the revised protocol and forms (version 6.1 dated August 10, 2022). There is no requirement to re-consent patients whose tecovirimat treatment started under the prior version of the protocol.

As a reminder, TPOXX is not FDA-approved for monkeypox but is available under the Expanded Access Investigational New Drug (EA-IND) protocol for treatment of people infected with monkeypox, particularly those with severe disease, or at risk for severe disease such as immunocompromised, and pediatric cases. A list of considerations can be found under Interim Clinical Guidance for the Treatment of Monkeypox (see below).

The CDC holds the EA-IND protocol to allow access to and use of TPOXX for treatment of monkeypox. The EA-IND provides umbrella regulatory coverage to clinicians, so facilities do not need to request and obtain their own INDs. The EA-IND also provides liability coverage under the PREP Act only when appropriate documentation is filed for each patient receiving treatment, and the drug is administered in accordance with the EA-IND.

Appropriate monitoring of patient safety and clinical outcomes for anyone receiving TPOXX is required. When treating a patient with TPOXX, healthcare providers should complete the following forms, as indicated:

Required:

- Informed Consent Form: Obtain prior to treatment.
  - Alternative Short Form Consent and Written Summary that can be used to obtain informed consent.
- Patient Intake Form (Form A): Submitted within 7 days of starting treatment. Baseline assessment.
- FDA Form 1572: One form per facility for all TPOXX treatments administered at the same facility, submitted within 7 days of starting treatment.
- Serious Adverse Events: Report life-threatening or serious adverse events associated with TPOXX by completing a PDF MedWatch Form and returning it to CDC within 72 hours of awareness or sooner, if possible. *Federal, Tribal, and Urban programs are all encouraged to* ***enter "IHS" into field #26 of Medwatch reporting forms.***

=Optional=

- Clinical Outcome Form: Healthcare providers are strongly encouraged to complete and submit to CDC progress information during and post treatment; optional submission 3-14 days after last follow-up
- Patient Diary: Ideally given to patients during baseline assessment.
- Healthcare providers may also provide optional photos and samples.

All submissions can be made via email (regaffairs@cdc.gov) or uploading to ShareFile.

Interim Clinical Guidance for the Treatment of Monkeypox:

Many people infected with monkeypox virus have a mild, self-limiting disease course in the absence of specific therapy. However, the prognosis for monkeypox depends on multiple factors, such as previous vaccination status, initial health status, concurrent illnesses, and comorbidities among others. Patients who should be considered for treatment following consultation with CDC might include:

- People with severe disease (e.g., hemorrhagic disease, confluent lesions, sepsis, encephalitis, or other conditions requiring hospitalization)
- People who may be at high risk of severe disease, including:
  - People with immunocompromise (e.g., human immunodeficiency virus/acquired immune deficiency syndrome infection, leukemia, lymphoma, generalized malignancy, solid organ transplantation, therapy with alkylating agents, antimetabolites, radiation, tumor necrosis factor inhibitors, high-dose corticosteroids, being a recipient with hematopoietic stem cell transplant <24 months post-transplant or ≥24 months but with graft-versus-host disease or disease relapse, or having autoimmune disease with immunodeficiency as a clinical component)
  - Pediatric populations, particularly patients younger than 8 years of age
  - People with a history or presence of atopic dermatitis, persons with other active exfoliative skin conditions (e.g., eczema, burns, impetigo, varicella zoster virus infection, herpes simplex virus infection, severe acne, severe diaper dermatitis with extensive areas of denuded skin, psoriasis, or Darier disease [keratosis follicularis])
  - Pregnant or breastfeeding women
  - People with one or more complications (e.g., secondary bacterial skin infection; gastroenteritis with severe nausea/vomiting, diarrhea, or dehydration; bronchopneumonia; concurrent disease or other comorbidities)
- People with monkeypox virus aberrant infections that include accidental implantation in eyes, mouth, or other anatomical areas where monkeypox virus infection might constitute a special hazard (e.g., the genitals or anus)

CDC Health Alert Network: Monkeypox in Special Populations (HIV, Children, Pregnancy)

The CDC has issued clinical considerations for monkeypox infection in multiple populations including:

- people with HIV,
- children and adolescents, and
- people who are pregnant or breastfeeding

These clinical considerations complement existing clinical guidance for managing monkeypox and provide information on signs and symptoms of *Monkeypox virus* infection; pre- and post-exposure prophylaxis; treatment; and infection control in these populations.

References:

1. Centers for Disease Control and Prevention. Information for Healthcare Providers on Obtaining and Using TPOXX (Tecovirimat) for Treatment of Monkeypox. Updated August 18, 2022.
2. Centers for Disease Control and Prevention. Treatment Information for Healthcare Professionals. Published July 28, 2022.
3. Centers for Disease Control and Prevention. Health Alert Network: Update for Clinicians on Monkeypox in People with HIV, Children and Adolescents, and People who are Pregnant or Breastfeeding. Published July 30, 2022.