INFORMATION ABOUT TECOVIRIMAT TREATMENT UNDER AN EXPANDED ACCESS INVESTIGATIONAL NEW DRUG (IND) PROGRAM

BACKGROUND

You are being offered tecovirimat (also known as Tpoxx) because you:

- Have or may have been exposed to a poxvirus (such as monkeypox [mpox]) and have infection or may be at risk of developing infection, including a serious or life-threatening disease.

OR

- Have or may have been exposed to the virus in the smallpox vaccine called ACAM2000, which contains replicating live virus; have or may have been exposed to the virus through contact with another person who got the smallpox vaccine, or some other way, and have developed a serious reaction.

This program is sponsored by the Centers for Disease Control and Prevention (CDC). This form provides information you may want to know about tecovirimat before you decide to take it.

WHAT ARE POXVIRUSES?

Poxviruses are a family of viruses that can cause serious diseases such as smallpox and mpox. Poxviruses may cause the following symptoms:

- Severe rash that can leave scars when healed
- High fever
- Chills
- Severe headaches
- Backache and/or muscle aches
- Swollen glands in the armpits (lymph nodes)
- Tiredness

The illness typically starts with a fever and other symptoms before the rash begins. However, the rash may begin without other symptoms. The rash looks like raised bumps and pus-filled blisters (called lesions). They usually crust, scab, and fall off after about 2-4 weeks, leaving a pitted scar.

Some people who get the smallpox vaccine ACAM2000 or come in contact with a person who got the vaccine may develop serious reactions such as spread of the vaccinia virus (the virus used in ACAM2000 vaccine) to other parts of the body or serious conditions that may require treatment with tecovirimat.

WHAT IS TECOVIRIMAT?

Tecovirimat (also known as TPOXX or ST-246) is a drug that may help to treat infections caused by poxviruses and reactions to the smallpox vaccine. Tecovirimat is approved by the Food and Drug Administration (FDA) to treat smallpox in adults and children based on animal studies that showed survival benefit and human studies that showed its safety in healthy adults. It is not FDA-approved for treatment of other poxviruses like mpox. Since tecovirimat use for other poxviruses is considered unapproved or investigational, it is being offered under this expanded access program (also known as compassionate use). Under this program, tecovirimat for treatment of mpox is available for certain individuals (e.g., patients who have severe disease, severely weakened immune systems or certain skin conditions, are pregnant or breastfeeding, are children).

Your doctor will review your medical history, signs, and symptoms to determine whether you qualify for tecovirimat treatment under this program. If you do, your doctor will also help determine whether you should receive tecovirimat pills (oral capsules) or by IV infusion (a liquid injection that is given

directly into a vein (bloodstream)).

WHAT WILL HAPPEN IF YOU CHOOSE TO BE TREATED WITH TECOVIRIMAT?

- If you agree to tecovirimat treatment, you will need to sign this consent form to begin receiving tecovirimat.
- You will be asked about your health, any medicines that you are taking, and any allergies you have.
- Your doctor will give you the right dose of tecovirimat and explain how to take it and for how long. Tecovirimat is usually given for 14 days. Your treatment may be longer depending on how serious your infection is.
- If taking tecovirimat by mouth, be sure to eat a full, fatty meal 30 minutes before taking tecovirimat and take each dose with a full glass of water. The meal should contain about 600 calories and 25 grams of fat such as cheeseburger with fries, rice with fried chicken, pasta alfredo, bagel with cream cheese, avocado, peanut butter, ready-to-drink meal, etc.
- For children and adults unable to swallow capsules, follow the instructions for "Opening and Mixing Tecovirimat Capsules with Food."
- People who are hospitalized with serious illness and have trouble taking capsules or eating a full meal may be given tecovirimat through an IV.
- Your doctor may give you a diary card for you to fill out to track your illness progress. You may fill out this diary card and return it to CDC. Follow the instructions on the form if you choose to use the diary card.
- Infection with a poxvirus can be a serious illness, so getting treatment may involve some laboratory testing if your doctor thinks it's necessary. This could include getting your blood or specimens of rash if you have a rash. If you are willing and it is feasible, the following specimens may be collected for public health monitoring:
    - Some blood may be taken just before and/or after a few doses of tecovirimat during your treatment. This helps to see generally if the doses taken are enough to fight the infection. But your own result will not be provided back to you or your doctor.
    - Specimens from your rash may be taken to test for resistance to tecovirimat. This is to help see if tecovirimat resistance occurs. Your own result will not be provided back to you or your doctor.
- If you have any lesions, pictures of them may be taken throughout your treatment to see if they are getting better. If you are being treated as an outpatient, your doctor may also ask you to take pictures of your lesions to send to your doctor. Your doctor may send pictures of your lesions to CDC.
- Your doctor may follow up with you after the last dose or when you have gotten better.
- Your contact information may be provided to CDC to invite you to participate in any post-therapy surveys, if conducted.

WHAT ARE THE BENEFITS OF TECOVIRIMAT?

We do not know for certain if you will benefit from tecovirimat. Based on what we know about tecovirimat, the drug may help to treat your infection or vaccine reaction and prevent it from getting worse. The potential benefit of tecovirimat is that it may help to cure your illness.

WHAT ARE THE RISKS OF TECOVIRIMAT?

The risks of tecovirimat in people with smallpox or other poxviruses such as mpox are not known. Tecovirimat has not been studied in people with weak immune systems, the elderly, or children. Tecovirimat 600 mg capsules were tested in 359 healthy adults, including 336 healthy adults who received tecovirimat 600 mg capsules twice a day for 14 days. Tecovirimat for injection was also tested in 26 healthy adults. No serious problems occurred in any of the participants in these studies.

During the 2022 mpox outbreak response in the United States, over 7,500 people were prescribed tecovirimat. Tecovirimat may cause some side effects (adverse events). The most common side effects observed in people who have taken tecovirimat include:

- Headache
- Nausea
- Vomiting
- Stomach pain
- Dizziness (only with IV tecovirimat)
- Pain/swelling/redness at the injection site (only with IV tecovirimat)

Low blood sugar can occur when tecovirimat is taken with repaglinide, a medicine used to treat type 2 diabetes. If you are taking repaglinide, tell your healthcare provider if you get any of these symptoms of low blood sugar:

- Headache
- Hunger
- Dizziness
- Sweating
- Fast heartbeat
- Drowsiness
- Feeling jittery or shaky
- Confusion
- Weakness
- Irritability

As with any medication, there is a potential risk of an allergic reaction. An allergic reaction after receiving tecovirimat could include a rash, difficulty breathing, wheezing, sudden drop in blood pressure causing dizziness or fainting, swelling (around the mouth, throat, or eyes), fast pulse, and sweating.

Tecovirimat safety studies in healthy adults conducted to date have not observed serious side effects. On very rare occasions, however, patients who received tecovirimat for treatment of mpox have reported experiencing vivid nightmares, visual disturbance, or seizure. In one patient who received twice the amount of oral tecovirimat, hallucinations were reported. These side effects resolved with discontinuing tecovirimat. It is not known whether or not these neurological side effects were a direct result of taking tecovirimat. Neurological side effects are those that affect the brain or nervous system (your body's command center that sends messages between the brain and the body).

In a safety study involving 359 healthy adults who received the standard 600 mg oral tecovirimat dose at the recommended dosing schedule (e.g., every 12 hours), no neurological side effects (e.g., tremor, seizure, hallucination) were seen. It remains possible that these or similar side effects that may affect the brain could occur in patients who are treated with tecovirimat; if this were to occur, it would be very rare and more likely with higher and/or more frequent dosing of tecovirimat rather than the standard, recommended dosing and schedule. Therefore, it is important to take tecovirimat at the recommended dose and schedule. Contact your doctor immediately if you experience any unusual or serious side effects.

During tecovirimat treatment, a small amount of your blood (5 mL or 1 teaspoon) may be taken for tests. Possible risks of taking blood are brief pain, bleeding, bruising of the skin where the needle enters, soreness and swelling at that spot, and possible infection at that spot. A trained person skilled in blood collection will collect your blood sample using a sterile technique. Please tell the doctor about any medical conditions or problems that you have.

ARE THERE RISKS RELATED TO PREGNANCY OR NURSING?

Tecovirimat has not been studied during pregnancy or breastfeeding. It is not known if giving tecovirimat during pregnancy would hurt the unborn child. Tecovirimat has been tested on pregnant mice and rabbits. There were no serious problems in the unborn animals. Poxviruses during pregnancy can cause serious harm to a pregnant patient and unborn baby. Given that your illness is serious, the

potential benefits of tecovirimat likely outweigh the risks. In animal studies, tecovirimat was present in animal milk. When a drug is present in animal milk it is likely to be present in human milk. Because of the potential for virus transmission through direct contact with the breastfed infant, breastfeeding is not recommended while the nursing woman has active lesions. A nursing woman should consider pausing breastfeeding and consider pumping and discarding breast milk during treatment.

WHAT OTHER CHOICES DO I HAVE?

There are two vaccines (Jynneos and ACAM2000), approved by the FDA, for prevention of smallpox and/or mpox disease. The vaccines can help protect people against smallpox, mpox or some other poxvirus infections when given ***before*** exposure to the virus. It may also help even ***after*** exposure to virus if the vaccine is given soon after exposure (within 4 days) or may lessen the symptoms of disease when given between 4–14 days after exposure. But it is not known how well the vaccine may protect ***after*** exposure and whether the way a person was exposed affects how protective the vaccine is. The vaccines will not treat or get rid of the poxvirus infection or disease if you have them. There is no proven way to treat poxviruses, but research is ongoing. You may benefit from supportive therapy (such as IV fluids, or medicine to control fever or pain) and antibiotics for any bacterial infections you may have. There may be other medications that your doctor may consider using to treat your infection. There may also be research studies looking at other new treatments for poxviruses. You should discuss any questions you have and other choices you may have with your doctor.

WHAT ARE MY COSTS?

CDC is providing tecovirimat for free. Other costs of the hospital and medical care will not be paid by CDC. Other costs will need to be paid by your insurer, Medicare, Medicaid, or you.

WHAT IF YOU REFUSE TECOVIRIMAT TREATMENT?

You have the right to refuse tecovirimat. Talk to the doctor if you do not want to get tecovirimat. Your doctor will explain how it may affect your health and will tell you about other treatments. You also have the right to stop tecovirimat at any time without penalty especially if you have any side effects that you cannot tolerate. It will not change your regular medical care if you decide not to take it.

WHAT HAPPENS IF YOU ARE HARMED?

In the event of an injury resulting from getting tecovirimat in this treatment program, you should seek appropriate medical care, if needed. Tell the treating doctor you have mpox and are taking tecovirimat. Take precautions to prevent spread of mpox (refer to the following website for more information: Isolation and Infection Control At Home | Mpox | Poxvirus | CDC). In the event of an emergency, you should go to an emergency room or call 911. CDC will not give this care. CDC does not normally pay for treatment needed if a patient is harmed because of being in a program like this. Thus, you or your insurer (such as Medicare or Medicaid) will have to pay for any care that is needed. But you are not giving up any of your rights by signing this consent form and agreeing to be treated with tecovirimat in this program.

WHAT IS THE COUNTERMEASURES INJURY COMPENSATION PROGRAM?

The Countermeasures Injury Compensation Program (CICP) is a federal program that provides compensation to certain people as a result of serious injury or death from certain medicines or vaccines, including this medicine. You can learn more about this program by visiting www.hrsa.gov/cicp/ or call 1-855-266-2427.

WHAT ABOUT PRIVACY?

Some information from your medical records about tecovirimat treatment will be collected and reported to CDC. We will keep information about you and your treatment private. However, people who work for CDC, FDA, U.S. Department of Health and Human Services, and local/state health authorities may look at your tecovirimat treatment and related medical records to ensure and monitor the appropriate and safe use of tecovirimat. If CDC shares information about your treatment with other entities, your name or personally identifying personal information will not be used or listed. If we share photos, we will only use those that will not reveal your identity. This includes reports or any publications such as articles in scientific journals. But CDC is allowed to give your name to public health authorities who, for example, need to find out how you got the infection and how to prevent other cases.

WHAT IF I HAVE PROBLEMS OR QUESTIONS?

If you have questions about this treatment program or feel that you have been harmed as a result of participation in this program, please contact your treating physician [contact info:_____]. If you have questions about your rights as a participant in this program, please call CDC's Human Research Protection Office at 1 (800) 584-8814 and say that you are calling about CDC protocol #6402. Leave a brief message with your name and phone number. Someone will call you back as soon as possible.

CONSENT FOR TECOVIRIMAT TREATMENT UNDER THIS EXPANDED ACCESS INVESTIGATIONAL NEW DRUG (IND) PROGRAM

_____
Name of Patient

_____
Name of Legally Authorized Representative
(when patient is not capable of consenting)

The treatment and consent form have been explained to the patient or legally authorized representative (LAR).
By signing this form, you are indicating that you have answered the patient's or LAR's questions, they have agreed to take part in the expanded access IND treatment program, and they are legally authorized to consent to their or their child's participation.

_____	_____	_____
Name of Person Obtaining Consent	Signature of Person Obtaining Consent	Date

Witness/Interpreter
By signing this form, you are indicating that:

- The information in the Summary Document as well as any additional information conveyed by the person obtaining consent was presented to the patient in a language preferred by and understandable to the patient; and
- The patient's questions were interpreted and the responses of the person obtaining consent were presented in a language preferred by and understandable to the patient.
- At the conclusion of the consent process, the patient was asked in a language preferred by and understandable to the patient if s/he understood the information in the Summary Document as well as any additional information conveyed by the person obtaining consent (including responses to the patient's questions) and responded affirmatively.

_____	_____	_____
Name of Witness/Interpreter	Signature of Witness/Interpreter	Date