EMERGENCY USE PROTOCOL FOR TECOVIRIMAT FOR MONKEYPOX UNDER MEURI FRAMEWORK

[Applicable for THAILAND site]

Responsible Doctor	
Hospital Name	
Address	
Telephone	

If you are the parent/guardian, next of kin or legal representative giving consent for the patient to receive tecovirimat, please note that "you" in this form refers to the person receiving the drug.

Why is consent needed?

You are being offered a potential treatment for monkeypox. The name of this potential treatment is tecovirimat.

Tecovirimat was approved by the European Medicines Agency and the Medicines and Healthcare products Regulatory Agency (United Kingdom) under exceptional circumstances, based on effectiveness seen in animal studies, safety in healthy adult volunteers with requirement to collect more data on safety and use during an outbreak. WHO developed this emergency use protocol to enable access to this potential treatment when clinical trials that can assess the drug's benefits and risks in people with monkeypox cannot be immediately started. This emergency use protocol ensures that appropriate ethical and regulatory oversight is in place from the Ministry of Public Health, Ethics Review Committee and Thai Regulatory Authority when using tecovirimat. This use of tecovirimat is part of an expanded access protocol or "emergency use protocol" and **is not a clinical trial or a research study.**

This informed consent form describes the potential treatment administered as part of the emergency use protocol and will help you decide whether you wish to take this potential treatment. It provides important information about what you will be asked to do while receiving tecovirimat, the potential risks and benefits of tecovirimat, as well as the rights you have.

You have no obligation to take tecovirimat. The use of this potential treatment is entirely voluntary.

How to use this consent form?

Please read (or have read to you) this consent form carefully and ask any questions. If you agree to take tecovirimat, you will be asked to sign this consent form. You will receive a copy of this form to keep.

In cases when a patient is unable to give consent the parent/guardian, next of kin or legal representative must review the contents of the consent form and give permission for the person to take tecovirimat.

Verbal translation by an interpreter or a family member or friend who speaks the patient's language may be used to obtain the consent of the patient.

By signing this form, you agree to take tecovirimat.

Please read the information below and ask questions about anything you don't understand.

What is monkeypox?

Monkeypox is an infection caused by a virus. Monkeypox is spread through close contact, including face-toface, skin-to-skin, mouth-to-skin and mouth-to-mouth contact.

Monkeypox may cause the following symptoms:

- fever
- headache
- backache and/or muscle aches
- swollen glands (lymph nodes)
- rash.

The rash commonly develops into raised; fluid filled blisters (called lesions). They usually crust, scab, and fall off after about 2–4 weeks. These lesions can occur in all areas of the body.

In general, monkeypox causes a mild illness. About 1 in 10 people with monkeypox require hospitalization for treatment of severe pain or worsening skin lesions. Death has been rarely reported in a small number of people with monkeypox.

Why is this emergency use protocol being offered?

Tecovirimat was approved by the United Kingdom and European medicines agencies under exceptional circumstances, based on benefits seen in animal studies, the safety in healthy adult volunteers, and with the requirement that clinicians collect more data on tecovirimat's safety and use. This is **not a research study**. This type of use of a potential treatment is part of an expanded access protocol or "emergency use".

WHO has developed this emergency use protocol to enable access to tecovirimat, because there is some evidence that it is safe and well tolerated, and that it may be helpful for people with infections like monkeypox and because clinical trials cannot be immediately started where you live.

Why you are being offered to participate in this protocol?

You are being offered tecovirimat because you have been diagnosed with monkeypox and have severe infection or complications of the infection or may be at risk of developing a severe infection, including a serious or life-threatening disease and tecovirimat may help you recover faster.

What is tecovirimat?

Tecovirimat is an antiviral drug that that has been tested in the laboratory in animals and shown

effectiveness against poxviruses, like monkeypox. It has also been tested in healthy adult volunteers (without monkeypox) at treatment doses and found to be well tolerated and safe.

Each tecovirimat capsule (pill) contains 200 mg of tecovirimat. The capsules are hard gelatin with orange and black body imprinted in white ink with "SIGA". Each bottle contains 42 capsules, with a child-resistant cap. The capsules should be stored between 20°C to 25°C

What will happen if you choose to take tecovirimat?

If you agree to take tecovirimat, you will need to sign this consent form to begin receiving tecovirimat. You will be asked about your current health, previous medical conditions, any medicines that you are taking, and any allergies you have. Your care may be delivered as an outpatient or in the hospital depending on how sick you are. If your care is delivered at home, your clinician will contact you by phone, text or e-mail or ask to see you in person every 3–5 days

until you complete the tecovirimat to see how you are doing, ask questions about your symptoms including your skin lesions and to report any new health problems.

Your clinician will give you a dose of tecovirimat based on your weight. Tecovirimat is usually given two times a day for 14 days. If your weight is higher than 120 kg, your clinician may ask you to take tecovirimat three times a day for 14 days.

If taking tecovirimat by mouth, you need to have a high-fat meal 30 minutes before taking tecovirimat and take each dose with a full glass of water. A high-fat meal may include one or multiple of the following: full fat dairy products (e.g. yoghurt, cheese), avocado, coconut, nuts/seeds (e.g. peanuts/ground nuts, walnuts, almonds, pumpkin seeds, sunflower seeds), high-fat animal foods (e.g. eggs, fatty fish like sardines), added oils (e.g. olive oil, canola/colza oil) or another high-fat locally available food [local adaptation to this language may be required]. People who have difficulty swallowing or cannot take capsules may be given tecovirimat mixed with soft food like yoghurt or via a feeding tube.

Clinical information about your condition will be collected in the WHO Global Clinical Platform for Monkeypox and reported to national authorities in a manner where you will not be identified. The clinical information gathered from your care will help collect more safety data and inform if tecovirimat helps your recovery from monkeypox.

If you are pregnant and take tecovirimat during pregnancy your clinician will record clinical information until the end of your pregnancy (including abortion, miscarriage, and delivery).

What are the benefits of tecovirimat?

The benefits (such as faster time to recovery, fewer complications) of tecovirimat remain uncertain.

What are the risks of tecovirimat?

To date, tecovirimat has been well tolerated in healthy adults. However, tecovirimat may cause some side effects (also called adverse events). The most common adverse events reported in 361 healthy people who have taken Tecovirimat were:

- nausea (6%)
- headache (17%)
- diarrhea (3%)
- dizziness (3%).

There may be other side effects that have not yet been described or reported.

Your clinician may offer you a diary to collect any information about how you are feeling and any side-effects you might experience while taking tecovirimat. Any side-effects or allergic reactions should be reported to your clinician, and this clinical information will be sent to the national drug safety authority, the WHO and the company that produces tecovirimat. You can also report any side-effects using the contact details at the end of this form.

As with any new drug, there may be risks that we are not currently aware of. On rare occasions, people may experience a severe allergic reaction right after receiving tecovirimat or a few days later. An allergic reaction after receiving tecovirimat could include a rash, difficulty breathing, wheezing, swelling (around the mouth, throat, or eyes), fast pulse and sweating. If any of these symptoms occur, you should seek emergency care immediately and alert the clinician you are taking tecovirimat.

Tecovirimat has not been studied in people with low immune systems, such as people living with human immunodeficiency virus (HIV) or cancer, or studied in pregnant or breastfeeding persons, older persons, or children under 6 years of age.

The risks to a pregnancy or fetus conceived while taking tecovirimat or shortly after receiving the potential treatment are unknown. The use of reliable contraceptives is recommended during sexual activity between persons who can get pregnant for 12 weeks after recovery to prevent pregnancy.

If you or your partner discovers a pregnancy after receiving tecovirimat you should consult your clinician.

Are there risks if I am pregnant or breastfeeding?

Tecovirimat has not been studied in pregnant or breastfeeding people. It is not known if giving tecovirimat to a pregnant or breastfeeding person would cause harm to the fetus or a child receiving breastmilk.

Infant feeding practices, including whether to stop breastfeeding for a mother with monkeypox taking tecovirimat, should be assessed on a case-by-case basis.

Will I have to pay?

The administration of tecovirimat will not cost you anything and you will not be paid to receive the drug. If you suffer any harm because of participating in this protocol, you will not receive compensation.

What other choices do I have?

You may choose not to receive tecovirimat for any reason.

You may discuss another experimental treatment with your clinician.

You may benefit from symptomatic and supportive clinical care (such as medicines to control fever or pain), antibiotics for any infections and skin care.

You should discuss any questions you have and other treatment options you may have with your clinician.

Who can I talk to about this potential treatment?

If you have any questions or concerns about tecovirimat, please contact your clinician at the telephone numbers listed at the top of this form.

You can also see the WHO website for recommendations about public health interventions to prevent the spread of monkeypox (Mpox (monkeypox) (who.int)).

What if I refuse tecovirimat?

You have the right to refuse tecovirimat. You also have the right to stop tecovirimat at any time. Inform your clinician should you refuse or stop taking tecovirimat.

Deciding to not take tecovirimat or stopping use of tecovirimat will not change your regular medical care or access to symptomatic and supportive care for management of monkeypox.

What happens to my personal and medical information?

All persons receiving tecovirimat will have some basic information about their condition and clinical care collected. This is to gather information about tecovirimat's safety in people with monkeypox.

All clinical information collected is anonymized before reporting to WHO, meaning there is no way to connect the clinical information to you. This medical information will be collected for analysis of safety information. At completion of the emergency use protocol under the MEURI framework, a comprehensive report will be prepared by WHO and the national sponsors (Department of Disease Control, Ministry of Public Health, Thailand) and submitted for review to the WHO Data Monitoring Committee, collaborating partners and all other applicable regulatory bodies. Future reports will be available at: The WHO Global Clinical Platform for mpox (monkeypox).

The relevant clinical data will also be entered into an international trial registry for access by other researchers. It is the intention of the expanded access protocol team that de-identified clinical data from patients participating in this protocol will be made available upon request to outside investigators following scientific review of the merits of their proposed research plan. This availability will be in accordance with the WHO joint statement on public disclosure of results from clinical trials and data registries.

Where can I get more information?

- Discuss with your clinician or health provider.
- Contact national regulatory authority, Department of Disease Control, Ministry of Public Health, Thailand (mpox.ddc@outlook.com) or Institutional Review Board of the Bamrasnaradura Infectious Diseases Institute (irbbamras@bidi.mail.go.th)
- WHO website: https://who.int/teams/health-care-readiness/clinical-management-of-monkeypox
- See the drug manufacturer's website for more information. SIGA Technologies, Inc. E-mail: drugsafety@siga.com For more information, go to www.SIGA.com

WRITTEN INFORMED CONSENT FOR TREATMENT WITH TECOVIRIMAT

I have read the form, or it has been read to me. I have been given a chance to ask questions and my questions have been answered. I agree to get tecovirimat.

Patient's Signature.....**Date**.....

Print name ..... **Date**.....

Note: If patient is unable to sign, such as patient is confronted by a life-threatening condition, a legally authorized representative may sign.

Legally Authorized Representative Signature: .....

Print name ..... **Date**.....

Signature of individual obtaining consent:..... .

Print name ..... **Date**.....

IF OBTAINING INFORMED CONSENT IS NOT FEASIBLE

In the event that obtaining informed consent is not feasible because the patient is unable to respond and make wishes known about tecovirimat treatment and no legally authorized representative or next-of-kin is present the following provides for the treating physician to make a clinical determination to treat with tecovirimat provided that the treating physician of initiating treatment with tecovirimat:

1. Patient is confronted by a life-threatening situation necessitating the use of tecovirimat.
2. Informed consent cannot be obtained from the patient because of an inability to communicate with, or obtain legally-effective consent from, the patient.
3. Time is not sufficient to obtain consent from the patient's legal representative.
4. There is no available alternative method of approved or generally recognized therapy that provides an equal or greater likelihood of saving the life of the patient.

Signature of treating physician: .....

Print name ..... **Date**.....

When the legally authorized representative or next-of-kin is present and informed consent process is completed

Legally Authorized Representative Signature: .....

Print name ..... **Date**.....

Signature of individual obtaining consent:..... .

Print name ..... **Date**.....