



June 11, 2024

Agam Rao, MD FIDSA
Poxvirus and Rabies Branch/Division of High-Consequence Pathogens and Pathology/National
Center for Emerging and Zoonotic Infectious Diseases

RE: CDC IRB Approval of Changes to CDC Protocol 6402, “Expanded Access IND Protocol:
Use of Tecovirimat (TPOXX[®]) for Treatment of Human Non-Variola Orthopoxvirus
Infections in Adults and Children,” Version 6.4 dated June 5, 2024 (IND 116039)
Amendment #10

Dear Dr. Rao:

On June 5, 2024, the CDC Institutional Review Board (IRB) reviewed and approved changes to CDC Protocol 6402, “Expanded Access IND Protocol: Use of Tecovirimat (TPOXX[®]) for Treatment of Human Orthopoxvirus Infections in Adults and Children” in accordance with 21 C.F.R. §56.109. This approval is effective as of June 5, 2024.

The CDC IRB has approved **all proposed changes as follows:**

- Section 2.0 (Program Objective) was amended to better clarify patients with mpox who are eligible for tecovirimat treatment under the EA-IND protocol – those with severe immunocompromise, with active skin conditions, who are pregnant and/or lactating or children (< 18 years), and those with or are at high risk for protracted or life-threatening manifestations as defined in the protocol.
- Text revision on early intervention in patients with mpox who are at high risk for protracted or life-threatening manifestations of mpox due to severe immunocompromising conditions through initiation of effective HIV antiretrovirals or delaying immunosuppressant treatments to optimize immune function and consideration for tecovirimat treatment in combination with additional therapeutics for mpox (e.g., IV cidofovir or oral brincidofovir (prodrug of cidofovir) and/or vaccinia immune globulin).
- Text revisions to Section 1 (Background) and Section 10.2 (Clinical Use of Tecovirimat) to reflect updated information.
- Informed Consent Form was revised to clarify oral tecovirimat availability for treatment of mpox through STOMP or EA-IND protocol, and tecovirimat use experience to date.
- Attachment 2: Patient Intake Form and Clinical Outcome Form were revised to reflect the eligibility-related changes in the protocol.

The CDC IRB finds that CDC Protocol 6402 involves greater than minimal risk to patients, consistent with its previous determination.

You are required to adhere to the protocol as approved on June 5, 2024, and implement the changes immediately in accordance with the approved amendment.

CDC investigators must report any unanticipated problems, or instances of serious or continuing noncompliance as described at 21 CFR 56.108 to the CDC IRB in accordance with CDC standard operating procedures. Any proposed changes to this Expanded Access IND protocol, informed consent, other approved materials, or new materials, must be submitted to the CDC IRB for review and approval prior to implementation except where necessary to eliminate apparent immediate hazards to patients.

We appreciate your commitment to responsible conduct of this expanded access IND protocol and your cooperation with the IRB review process.

If you have any questions or concerns, please do not hesitate to contact your Center Human Subjects Contact or Jerrell Little, IRB Administrator, at 404-639-3536, or via email at jiv4@cdc.gov.

Sincerely,

Robert Chirila, Lead
Human Research Protections Office