VA Facility Participation in the Expanded Access Program: "Use of Tecovirimat (TPOXX®) for Treatment of Human Non-Variola Orthopoxvirus Infections in Adults and Children" (IND 116039/CDC #6402)

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The Centers for Disease Control and Prevention (CDC) has worked with the VHA Offices of Research and Development (ORD) and the Office of Research Oversight (ORO) on establishing a mechanism for VHA Facilities to rely upon the CDC Institutional Review Board (IRB) to participate in the expanded access program: "Use of Tecovirimat (TPOXX®) for Treatment of Human Non-Variola Orthopoxvirus Infections in Adults and Children" (IND 116039/CDC #6402)

In order for your VA Facility to participate in the program, the following must occur:

1. **Submit IRB Reliance Concurrence Form**: The CRADO has signed a National IRB Authorization Agreement Between the CDC and ORD. A copy of the Agreement is included in this communication. Your VA Facility Medical Center Director should review the terms of the Agreement with CDC prior to signing and dating the form titled:

   "Concurrence with the Office of Research and Development (ORD) Agreement with Centers for Disease Control and Prevention (CDC) Institutional Review Board (IRB) For CDC IRB Oversight For Participation in the Expanded Access Program: "Expanded Access IND Protocol: Use of Tecovirimat (TPOXX®) for Treatment of Human Orthopoxvirus Infections".

   i. Page 1: Type in the name of your VHA Facility in the fillable box at the top of page 1.
   ii. Page 2: On page 2, type in the name of your Medical Center Director and give the form to the Medical Center Director to sign and date the form; the form can be signed electronically.
   iii. Retain a copy for your files and send a copy of the signed and dated agreement by email to ORD and ORO. Please also include in your email:

   (a) the name and position of the primary point of contact for the CDC IRB for administrative issues, and

(b) email and phone number of the VA Facility's point of contact. This information will be provided by ORD to the CDC IRB conveying your VA Facility's reliance on the CDC IRB.

NOTE: You can choose to include two VA Facility points of contacts. If you choose two, please indicate which one is the primary.

Please send the signed concurrence form and requested information to the following parties at ORD and ORO:

ORO: Priscilla Craig: priscilla.craig@va.gov and

Elizabeth Clark: Elizabeth.clark3@va.gov

ORD: Don Workman: don.workman@va.gov and

irbrelianceandsirbexceptions@va.gov

iv. Your VA Facility's reliance upon the CDC IRB for this program is in effect once the concurrence form signed and dated by the VA Facility Director has been received by ORD. Your VA Facility does not have to wait upon ORD sending a written confirmation by email. However, ORD will send the Institutional Official and point of contacts an email confirming receipt of the concurrence document within one to three business days.

v. Your VA Facility is not required to submit the concurrence document to CDC IRB. ORD will send the document to CDC IRB with the points of contact and Institutional Official information for your VA Facility.

2. **Updating Federalwide Assurances Not Required**: Your facility does not need to update your FWA to add the CDC IRB.

3. **Facility policies to use the CDC IRB**: A standard operating policy and procedure template (SOP) will be sent to VA sites once it is available when your VA Facility returns the signed concurrence form. The SOP must be customized and provided to ORO to the ORO contacts (Ms. Craig and Ms. Clark). However, please note that patient treatment under the program can begin prior to the SOP being reviewed by ORO. ORD will be also reviewing the SOPs in consultation with ORO.

4. **IRB Review and Approval**: CDC IRB serves as the central IRB for review and approval of the TPOXX EA-IND protocol. However, the CDC has permitted IRB review and approval by other IRBs when the CDC IRB cannot be used by institutions for IRB reliance.

If your VA Facility had previously obtained IRB review and approval for the CDC's expanded access program from your internal VA, another VA Facility, or your University IRB, and you wish to rely on the CDC IRB for this protocol, your VA Facility cannot rely upon the CDC IRB until the current IRB of Record approving the study agrees to transfer its IRB oversight, That transfer can only be effective if your VA Facility Medical Center Director signs and dates the concurrence form for reliance on the CDC IRB and submits the form as described in these instructions. Your facility does not have to rely on the CDC IRB for review of the CDC's expanded access program if you have already obtained IRB review and approval from another IRB.

5. **VA Research and Development Committee Approval**: R&D Committee review and approval can be done by designated review (VHA Directive 1200.01, Paragraph 9.e.(5)) or by a convened R&D Committee (ad hoc meeting may be convened). Approval is not patient-specific; subsequent uses for different multiple patients do not require separate CDC IRB and/or R&D Committee approvals.

6. **Privacy and Information Security Reviews**: A central privacy and information security review has been completed. These documents are available for access by 07/29/2022 on an ORD webpage for this CDC expanded access IND program. Any amendments to this expanded access program will have central privacy and information security reviews.

   If your VA Facility requires a copy of the documentation for the central privacy and information security reviews prior to 07/29/2022 or if there are issues with accessing the documents, please email the ORD Regulatory box at **vhacoordregulatory@va.gov.**

7. **Informed Consent for VA Subjects**: The CDC IRB has approved the Informed Consent Form for this program. The informed consent document is located at Information for Healthcare Providers on Obtaining and Using TPOXX (Tecovirimat) for Treatment of Monkeypox | Monkeypox | Poxvirus | CDC.

   i. No alterations in the IRB-approved informed consent document are permitted.

   ii. For VA subjects, a VA Informed Consent Addendum approved by the CDC IRB will also be used that is signed and dated by the patient or patient's legally authorized representative.

You must attach the VA Informed Consent Addendum to the IRB-approved informed consent document. However, as of 07/28/2022, the CDC IRB has not yet approved the VA Informed Consent Addendum. Once the VA Informed Consent Addendum has been approved by the CDC IRB, ORD will provide information about how to access the document. Until the CDC IRB has approved the informed consent addendum, please convey the following information to the patient:

#1: The patient and/or his or her insurance will not be charged for any treatments or procedures that are part of this Expanded Access IND. If the patient has co-payments for VA care and medications, these co-payment requirements will continue to apply to medical care and services provided by VA that are not part of this treatment program.

#2. The VA will provide necessary medical treatment should the patient be injured by being in this program. The patient will be treated for the injury at no cost. This care may be provided by the local VAMC, or arrangements may be made for contracted care at another facility. The patient has not released the VA Facility from liability for negligence. In case of injury resulting from being in this program, the patient should contact their treating clinician.

8. **Written HIPAA authorization for research and authorization for a waiver of HIPAA authorization**: This expanded access program does not meet the definition of research under the HIPAA Privacy Rule; it is treatment. If the program evolves to where it involves a research component requiring a waiver of HIPAA authorization for research to be approved, the CDC IRB will be the IRB reviewing and approving the waiver of HIPAA authorization for research.

   The CDC IRB-approved informed consent form does not contain HIPAA authorization language. Therefore, the patients are to sign a VA Form 0-5345: "Request for and Authorization to Release Health Information. The VA Form 10-5345 is already present in iMED. A sample VA Form 10-5345 completed for this CDC expanded access program is available on ORD website for the CDC Expanded Access Tecorivimat Program for Monkeypox located at https://www.research.va.gov/programs/orppe/CDC-IRB-TPOXX-EAIND-Program.cfm.

9. **Miscellaneous**:

   i. ORD Dedicated Website for the CDC Expanded Access Tecovirimat IND Program: ORD has established a dedicated webpage supporting the CDC IRB reliance by VA Facilities. It can be accessed at https://www.research.va.gov/programs/orppe/CDC-IRB-TPOXX-EAIND-Program.cfm.

   ii. Research Compliance Audits: Research Compliance officers are not required and do not audit expanded access programs, which includes this CDC expanded access program for Tecovirimat.

   iii. Consent mechanisms – iMED and DocuSign: ORD is currently working to place the CDC IRB-approved consent into iMED. ORD is also working to place the CDC IRB-approved informed consent document templates into DocuSign. ORD has already requested CDC IRB approval for electronic conversation of these templates for both DocuSign and iMED and their use. ORD will provide notification when these documents are ready for use and how to access them following CDC IRB approval.

   Please also note that the CDC IRB has approved an exception from informed consent that may be used 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 legal guardian 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 and an independent physician certifies to the following within 3 working days 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.

The CDC IRB-informed consent document includes check boxes to be completed when an exception from informed informed consent occurs. CDC must be notified by email (regaffairs@cdc.gov) within 3 working days of tecovirimat initiation when the treatment determination was made based on the above-mentioned certification by the treating physician and an independent physician.

iv. Reduced Training Requirements for Clinicians and Supporting Program Staff: ORD has established a training slideset for healthcare providers participating in this expanded access program who have not previously completed human subjects training in human subjects protections. A certificate of completion is issued that can be retained by the VA health provider and/or VA Facility's research office. This slide set is located on the ORD website for the CDC Expanded Access Tecorivimat Program for Monkeypox located at https://www.research.va.gov/programs/orppe/CDC-IRB-TPOXX-EAIND-Program.cfm.