

Research Pharmacy

Orders

NAME: | |
MRN - VISIT #: | |
BIRTHDATE (mm/dd/yyyy): | |
GENDER: [|] MALE [|] FEMALE

CLINICAL TRIAL

HUM00221266 -- Tecovirimat (TPOXX®) Expanded Access

Use of Tecovirimat (TPOXX®) for Treatment of Human Non-Variola Orthopoxvirus Infections in Adults and Children

Email order to Pharm-IDS-RxBasket@med.umich.edu (preferred), or Fax to Research Pharmacy at 647-9302.

Medical team contact for questions (name, phone, and/or pager): _____

- Have ready for pick-up from UH B2 Pharmacy window by (date) _____ (time) _____
- Tube/Deliver to (ACP / CC Outpt / Other: _____) by (date) _____ (time) _____
- Page when ready for pick/up or when tubed/delivered _____
- Ship to patient. (Include Shipping Coversheet with prescription. Can only deliver Tuesday – Saturday.)

DIAGNOSIS: **Non-Variola Orthopoxvirus Infection** | PROTOCOL: **HUM00221266 / IND 116039 / CDC 6402**
CYCLE #: _____ of **N/A** (if applicable)
Does Research Pharmacy provide any drugs? Yes No

HEIGHT: N/A in cm (required) (circle) | WEIGHT: _____ lb kg (required) (circle) | BSA: N/A m² (required, if applicable) | ALLERGIES: NKDA
Use actual body weight

HOLD FOR THE FOLLOWING PARAMETERS: **None for pharmacy to assess.**

Weight (kg)	Weight (lbs)	Recommended Dose	For oral therapy, no dosage adjustment is required for patients with mild, moderate, or severe renal impairment or patients with end stage renal disease requiring hemodialysis.
<3	<7	33.3 mg every 12 hours (must mix w/ water only)	
3 to <6	7 to <13	50 mg every 12 hours (must mix w/ water only)	
6 to <13	13 to <28	100 mg every 12 hours (must mix w/ water only)	
13 to <25	28 to <55	200 mg every 12 hours (may mix w/ liquid or food)	
25 to <40	55 to <88	400 mg every 12 hours (may mix w/ liquid or food)	
40 to <120	88 to <264	600 mg every 12 hours (may mix w/ liquid or food)	
≥120	≥264	600 mg every 8 hours (may mix w/ liquid or food)	

- All pages of the signed consent document have been scanned into MiChart Media tab.
- CDC intake form has been submitted to UM-Expanded-Access-Request@med.umich.edu.

HUM00221266 Tecovirimat (TPOXX®) 200 mg capsules (42 capsules/bottle)

Dose: _____ mg **Frequency:** (circle one) Every 12 hrs. OR Every 8 hrs.

Dispense: (circle one) 14-day supply OR _____ day supply (dispense full bottles)

Sig: Take * capsule(s) (= * mg) by mouth [Frequency and Duration Per Above] with a full glass of water within 30 minutes after eating a full meal of moderate or high fat (ideally about 600 calories and 25 grams of fat).

Auxiliary labels: Take with food.

Check here if patient cannot swallow capsules or if dose <200 mg. Pharmacy will include CDC instructions for opening capsules and mixing doses. The Sig will be properly adjusted to reflect modified administration instructions. If outpatient dosing, Pharmacy to also dispense 4 appropriately sized oral syringes.

PI: Tejal Gandhi (12951). Dispensing Guidelines for current list of authorized prescribers.

PRESCRIBER SIGNATURE / PRINTED NAME _____ PROVIDER # _____ DATE (mm/dd/yyyy) _____ TIME _____ A.M./ P.M.

ATTENDING PHYSICIAN SIGNATURE / PRINTED NAME _____ PROVIDER # _____ DATE (mm/dd/yyyy) _____ TIME _____ A.M./ P.M.

[Reviewed by/version: ajfs 16jul2023]

****Please fill in patient information and signature areas on ALL pages.** Page 1 of 1