

TECOVIRIMAT

MPox Treatment

200 mg Hard Capsule

Dose: Take after a full / moderate-high fat meal.
(↑ Absorption of tecovirimat)

Body Weight	Dose
<3kg	33.3mg BD
3kg - <6kg	50mg BD
6kg - <13kg	100mg BD
13kg - <25kg	200mg BD
25kg - <40kg	400mg BD
40kg - <120kg	600mg BD
≥120kg	600mg TDS

Duration: 14 days

Re-dosing in case of vomiting:

If vomiting occurs **within 30 mins** of administration, another dose may be administered immediately.

If vomiting occurs **>30 mins** of administration, no additional dose required.

Pregnancy:

No safety data established.
Potential benefit may outweigh the unknown risk.

Lactation:

No safety data established.
Advice to stop lactation as there is a potential risk of virus transmission through direct contact with breastfed infant.

Renal & hepatic adjustment:

No adjustment required.

Missed dose management:

Administer the missed dose as soon as possible if up to 8 hours prior to next scheduled dose.

If <8 hours until the next scheduled dose, skip the missed dose & resume dosing at regular scheduled time.

Adverse effect (Common):

Headache (most common), nausea, vomiting, dizziness, abdominal pain/discomfort, diarrhoea

Drug interaction:

↓ **Midazolam level**
Monitor the efficacy of midazolam

↑ **Omeprazole level**
Monitor the therapy

Phosphate binders - ↑ Tecovirimat level
Monitor the adverse effects of tecovirimat

↓ **Tacrolimus level**
Monitor the efficacy of tacrolimus

Storage: 15°C - 25°C
(Excursions permitted up to 30 °C) ^[1]

Expiry date:

Refer to
<https://aspr.hhs.gov/sns/Pages/mpox.aspx> by using lot number of the product.

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Enteral feeding / Unable to swallow:

1. Open the required number of capsule(s) and mix the entire contents with the amount of water required (A).
2. Mix the drug mixture by swirling the cup for at least 30 seconds until there are no clumps.
DO NOT use a spoon or any other utensil to mix.
3. Administer the amount of drug mixture required (B) **immediately**.
4. Discard any unused drug mixture.

**NO special
handling
precautions
are necessary.**

Dose	Capsule(s) required	Amount of water required to dilute (A)	Amount of drug mixture to administer (B)
33.3mg	1 capsule	20mL	3.3mL
50mg	1 capsule	20mL	5mL
100mg	1 capsule	20mL	10mL*
200mg	1 capsule	30mL**	30mL
400mg	2 capsules	30mL**	30mL
600mg	3 capsules	30mL**	30mL

* = May administer directly or mix with small amount of soft food eg. apple sauce, yogurt

** = May also mix with milk, chocolate milk, apple sauce, yogurt

References:

1. CDC. (June 5, 2024). Expanded access IND protocol: Use of tecovirimat (TPOXX) for treatment of human non-variola orthopoxvirus infections in adults and children (Version 6.4).
2. Australian human monkeypox treatment guidelines. June 24, 2022.
3. O'Shea, J., Filardo, T. D., Morris, S. B., Weiser, J., Petersen, B., & Brooks, J. T. (2022). Interim Guidance for Prevention and Treatment of Monkeypox in Persons with HIV Infection - United States, August 2022. *MMWR. Morbidity and mortality weekly report*, 71(32), 1023–1028. <https://doi.org/10.15585/mmwr.mm7132e4>
4. TPOXX (Tecovirimat).FDA Drug Safety Information. 2018.

Only for internal circulation (HSgB). For further enquires, kindly contact ext 4126. Revised 5 September 2024.