



Dear Healthcare Provider:

Intravenous (IV) artesunate is an investigational product being provided by the Centers for Disease Control and Prevention (CDC) to requesting treating physicians under a CDC-sponsored Investigational New Drug Application (IND 76,725) since currently there are no Food and Drug Administration (FDA)-approved or commercially-available drugs for treatment of severe malaria in the U.S. Therefore, IV artesunate use requires an IND subject to FDA regulations (21 CFR parts 50, 56, and 312). To facilitate the timely nation-wide access to IV artesunate for treatment of patients with severe malaria and ease the logistical and regulatory burden of individual hospitals from having to procure product, develop a treatment protocol, and obtain FDA permission and IRB approval, CDC holds an active IND filed with FDA that provides regulatory coverage for IV artesunate use at hospitals. IND 76,725 was authorized by FDA since June 21, 2007, and CDC IRB serves as a central IRB for approval and continuing review for Protocols #5032 (for use of WRAIR-manufactured IV artesunate) and #7171 (for use of Guilin-manufactured IV artesunate). Please be advised of 2 different formulations of IV artesunate, corresponding to their respective protocols, provided under the IND.

Central IRB approval information:

CDC IRB serves as the central IRB for review of the IND protocols to help reduce the administrative burden on local IRBs and allow timely use of IV artesunate; therefore, hospitals may use CDC IRB's approval for these protocols. CDC IRB determined that use of IV artesunate as described in Protocols #5032 and #7171 does not constitute human subjects research because it is provided for treatment purposes only. IRB review for compliance with 45 CFR 46 is not needed (45 CFR 46.102(d)). Each hospital that receives IV artesunate for treatment of severe malaria under IND 76,725 may use the CDC IRB approval to meet FDA's regulatory requirements for IRB review. Please find enclosed copies of current CDC IRB approval letters for Protocols #5032 and #7171 to aid local IRB's decision and documentation of CDC IRB approval. Due to the volume of the hospitals that may be involved in administration of IV artesunate for compassionate, treatment use under IND 76725, it is not feasible for CDC IRB to provide formal IRB authorization agreements. Hospitals that choose to perform their own IRB review rather than utilizing the central IRB review mechanism should be aware that CDC is unable to accommodate requests for changes to IND protocols #5032 and #7171.

Additionally, the Office for Human Research Protections (OHRP) has determined administration of investigational drugs that CDC provides solely for treatment, (i.e., non-research purposes) due to lack of comparable FDA-approved alternatives does not require a Federalwide Assurance (FWA).

Therefore, implementation of the protocol may proceed immediately.

IND requirements:

Informed consent for administration of IV artesunate must be obtained prior to treatment. In requesting, obtaining, and administering investigational IV artesunate, the treating physician is serving as a site investigator and is required to comply with the requirements of the IND (per FDA regulations 21 CFR part 312, subpart D), which includes completing and returning to CDC all case report forms within the protocol. If serious adverse events occur, you must notify CDC within 24 hours by calling the CDC Malaria Hotline at 770-488-7788 (Monday to Friday 9:00am to 5:00pm) or the CDC Emergency Operations Center at 770-488-7100 (after hours). **Your compliance with returning required information to CDC is appreciated and critical to CDC's ability to maintain the IV artesunate IND program and ensure a therapeutic option for severe malaria in the U.S.**

Enclosures:

-CDC IRB Approval Letter dated May 6, 2019 for CDC IRB Protocol #5032

-CDC IRB Approval Letter dated September 17, 2019 for CDC IRB Protocol #7171