## **Protocol Synopsis**

Protocol title:				
Evaluate the efficacy of RespireAid <sup>TM</sup> in patient with externally contracted seasonal epidemic				
II. Objectives:				
The main objective of this study is to evaluate the clinical efficacy of the RespireAid <sup>TM</sup> (Tai-wan-				
Qing-Guan-Yi-Hao) to ease the symptoms of fever, sore throat, and cough, and the safety after				
treatment.				
Test drug				
1. Name: RespireAid <sup>TM</sup> (Tai-wan-Qing-Guan-Yi-Hao) (NRICM101)				
2. Dosage form: oral granule				
3. Strength: 5g/sachet				
4. Packing type: sachet				
5. Dosage and administration:				
Take 1 sachet(5g) 4 times daily				
6. Mechanism of action (if known):				
RespireAid <sup>TM</sup> have three targeting potential pathways in externally contracted seasonal				
epidemic: binding of viral spike protein to human angiotensin-converting enzyme 2 (ACE2),				
3CL protease that facilitates virus replication, production of pro-inflammatory cytokines				
interleukin (IL)-6 and tumor necrosis factor (TNF)-α.				
IV. Developmental phase: First in human Phase I III III IV				
V. Study design:				
1. Control: placebo				
active (please specify name and dosage)				
other				
Uncontrolled				
2. Blinding: 🗌 open label 🔤 evaluator blind 🔲 single blind 🔳 double blind				
☐double dummy ☐other				
3. Randomized: yes no				
4. Parallel Cross over Other				
5. Duration of treatment: 5 days				
6. Titration: forced optional none				
7. Single national Multi center(Taiwan) Multi center				
VI. Endpoints				
1. Primary endpoint(s):				
Efficacy endpoint				
Time to symptom-free for fever.				

Safety endpoint

- Treatment-emergent adverse events (TEAEs)
- 2. Secondary endpoints:

## Efficacy endpoint

- Time to symptom-free for sore throat.
- The change from baseline in the severity of cough during treatment period.

Safety endpoint

- Physical examination
- Vital sign

## VII. Selection criteria

- 1. Main inclusion criteria:
  - Male or unpregnant female patients ≥ 18 years to ≤ 79 years of age, who have the symptoms of fever, sore throat, and cough (match the definition in table 1 to 2 in protocol), by investigator's judgement, with mild to severe symptoms (> 20 mm in each VAS).
  - (2) With BMI between 18 to  $30 \text{ kg/m}^2$ .
  - (3) Without a history for alcohol or drug abuse, or other significant organic diseases.
  - (4) No history of cancer. Unless no signs of relapse occurred for over 5 years which no anticancer therapies are needed.
  - (5) Ability to read and write Chinese, and provide data through questionnaire.
  - (6) Ability to understand and comply all procedures of the study, and provide written consent.
- 2. Main exclusion criteria:
  - (1) Confirmed diagnosis of pneumonia or other disease by chest X ray which would impact on study evaluations.
  - (2) Must require long-term use of NASIDs, corticosteroids or other immunosuppressive agents.
  - (3) Pregnant female.
  - (4) Subjects are not suitable for the conduct of the study for any other reasons, determined by the investigator. For example, subjects who require to use antibiotics, COVID-19 or influenza antiviral drugs.

## VIII.Study procedures:

This is a multicenter, parallel, double-blind, randomized, placebo-controlled study. A total of 258 male or unpregnant female outpatient subjects  $\geq$  18 years to  $\leq$  79 years of age will be enrolled into this study (dropout rate 10%). There will be 2 visits in this study. In Visit 1 (Day 1), subjects who have the symptoms of fever, sore throat, and cough (match the definition in table 1 to 3 in protocol), by investigator's judgement will be recruited into the study.

Subjects will be randomized into the RespireAid<sup>TM</sup> group or placebo group with allocation rate 2:1.

Following to the clinical guideline of NRICM101, subjects in RespireAid<sup>TM</sup> group will take drug four times daily with 20g oral granule, administered for 5 days. The subjects in placebo group received study drug with the same dose frequency. Other than study drugs, the rescue drug, acetaminophen, will be administered. If subjects have moderate or severe fever, sore throat, he/she could receive one rescue medication (500mg) per 4 hours, up to 6 tablets in total in one day. Subjects will be educated how to use e-dairy. The dairy will be recorded the severity of fever, sore throat, and cough from baseline (Day 1, before use of study drug) to Day 5. The efficacy endpoint will be the improvement of fever, sore throat, and cough, and the safety endpoint will be adverse events after treatment. The study and rescue drugs will be dispensed to subjects and the study staff will teach them how to receive medications. If subjects have persistent fever, unscheduled visits will be arranged to check whether or not they would be suitable to participate into this study. Adverse events will be recorded at Visit 2(Day 8), and the dairy with drug record will be checked.

- IX. Concomitant treatment:
- 1. During study period, the drugs which may impact the efficacy evaluation (i.e. fever, sore throat, and cough) will be prohibited, including
  - (1) Chinese medication other than study drug
  - (2) Western medication other than study drug
    - NSAIDs
    - Acetaminophen
  - (3) Expectorant cough medicines
    - Mucolytics, such as Bromhexine
    - Antitussives, including Opioids (e.g. Codeine, Ethylmorphine, Pholcodine), nonopioids (e.g. Noscapine, Dextromethorphan, Chlophedianol), antihistaminics and Prenoxdiazine
    - Adjuvant antitussives, such as bronchodilators
- 2. During study period, long-term use of NASIDs, corticosteroids or other immunosuppressive agents will be prohibited.
- 3. During study period, antibiotics, COVID-19 or influenza antiviral drugs will be prohibited.
- 4. During study period, subject could receive other treatments/therapies that are not otherwise prohibited and, in the judgment of the Investigator, are required for proper medical care.

Х.	Statistics			
	1. Primary hypothesis: superi	iority non inferiority		
		alence other		
	2. Sample size: enrolled 258 sub	jects		
	evaluable 231 su	ıbjects		
	3. Efficacy population:	PPother		
	Safety population: ITT PP other: Safety Population			
	4. Statistical method(s) for efficacy/safety evaluations:			
	Efficacy Evaluation			
	The primary efficacy endpoint is the "time to symptom-free for fever" which is the days			
	symptom-free for fever based on the diary record. The primary endpoint will be analyzed b			
	weighted log-rank test for com	parison between RespireAid <sup>T</sup>	<sup>M</sup> and placebo groups. Kaplan-	
	Meier plot will be drew to present the time to event data. The secondary efficacy endpoint of the "time to symptom-free for sore throat" will be analyzed as the analysis of the primary			
	efficacy endpoint. The change from baseline in the severity of cough during treatment period			
	will be summarized as categoric	al data with frequency and po	ercentage and analyzed by Chi-	
	square test. <u>Safety Evaluation</u> All safety assessments, including AEs, physical examinations (PEs), and vital signs (VS)			
	All salety assessments, menuum	15 mills, physical examination	ns (PES), and vital signs (VS),	
	where indicated, will be presente	ed using descriptive statistics b	by study groups and time points.	
	where indicated, will be presented 5. Planned interim analysis:	ed using descriptive statistics by ves no	by study groups and time points.	
	where indicated, will be presente 5. Planned interim analysis:	ed using descriptive statistics by the statistic	by study groups and time points.	
XI.	All safety assessments, merudin where indicated, will be presente 5. Planned interim analysis:y Please attach flow chart and/or a	ed using descriptive statistics by the statistics of the statistic	by study groups and time points.	
XI.	All safety assessments, merudin where indicated, will be presente 5. Planned interim analysis: Please attach flow chart and/or a Visit	ed using descriptive statistics by the statistics of the statistic	ble.	
XI.	All safety assessments, merudin where indicated, will be presente 5. Planned interim analysis:y Please attach flow chart and/or a Visit	ed using descriptive statistics by the second statistics by the second second statistics by the second seco	ble. End of Treatment/End of	
XI.	All safety assessments, metudin where indicated, will be presente 5. Planned interim analysis:y Please attach flow chart and/or a Visit	ad using descriptive statistics by the set using descriptive statistics by the set of t	ble. End of Treatment/End of Study/Early withdrawal 8	
XI.	All safety assessments, metudin where indicated, will be presente 5. Planned interim analysis:y Please attach flow chart and/or a Visit Days Windows	ad using descriptive statistics by the statistics by the statistics by the statistics by the second	ble. End of Treatment/End of Study/Early withdrawal 8 +2	
XI.	All safety assessments, metudin where indicated, will be presente 5. Planned interim analysis:y Please attach flow chart and/or a Visit Days Windows Informed Consent	ad using descriptive statistics by the sed us	ble. End of Treatment/End of Study/Early withdrawal 8 ±2	
	All safety assessments, metudin where indicated, will be presente 5. Planned interim analysis:y Please attach flow chart and/or a Visit Days Unidows Informed Consent Inclusion/Exclusion criteria	ad using descriptive statistics by the set using descriptive statistics by the set of t	ble. End of Treatment/End of Study/Early withdrawal 8 ±2	
	All safety assessments, metudin where indicated, will be presente 5. Planned interim analysis:y Please attach flow chart and/or a Visit Days Unformed Consent Informed Consent Inclusion/Exclusion criteria Randomization	ad using descriptive statistics by ed using descriptive statistics by assessment schedule, if availaby assessment schedule, if availaby a	ble. End of Treatment/End of Study/Early withdrawal 8 +2	
	All safety assessments, metudin where indicated, will be presente 5. Planned interim analysis: Please attach flow chart and/or a Visit Days Unidows Informed Consent Inclusion/Exclusion criteria Randomization Medical History	ad using descriptive statistics by the statisti	ble. End of Treatment/End of Study/Early withdrawal 8 ±2	
	All safety assessments, mendum where indicated, will be presente 5. Planned interim analysis:y Please attach flow chart and/or a Visit Days Windows Informed Consent Inclusion/Exclusion criteria Randomization Medical History Demographic data	ad using descriptive statistics by the set using descriptive statistics by the set using descriptive statistics by the set of the s	ble. End of Treatment/End of Study/Early withdrawal 8 ±2	
	All safety assessments, metudin where indicated, will be presente 5. Planned interim analysis:y Please attach flow chart and/or a Visit Days Days Mindows Informed Consent Inclusion/Exclusion criteria Randomization Medical History Demographic data Physical Examination	alg fills, physical examination ed using descriptive statistics by assessment schedule, if availaby assessment schedule, if availab	ble.          2         End of Treatment/End of         Study/Early withdrawal         8         ±2         X	
	All safety assessments, metudin where indicated, will be presente 5. Planned interim analysis: Please attach flow chart and/or a Visit Days Windows Informed Consent Inclusion/Exclusion criteria Randomization Medical History Demographic data Physical Examination Vital Signs	alg Fills, physical examination and using descriptive statistics by assessment schedule, if available assessment schedule, if available Screening/Strat of Treatment 1 X X X X X X X X X X X X X	ble.   2   End of Treatment/End of   Study/Early withdrawal   8   ±2	
	All safety assessments, mendum where indicated, will be presente 5. Planned interim analysis: Please attach flow chart and/or a Visit Days Unformed Consent Inclusion/Exclusion criteria Randomization Medical History Demographic data Physical Examination Vital Signs COVID-19 testing	ag riss, projectal examination ed using descriptive statistics by assessment schedule, if availaby assessment assessment assessment as a schedule, if availaby assessment assessment as a schedule, if availaby assessment as a schedule, as a sched	ble.   2   End of Treatment/End of   Study/Early withdrawal   8   ±2	
	All safety assessments, metudin where indicated, will be presente 5. Planned interim analysis: Please attach flow chart and/or a Visit Days Unformed Consent Inclusion/Exclusion criteria Randomization Medical History Demographic data Physical Examination Vital Signs COVID-19 testing Chest X ray	ad using descriptive statistics by the set us	ble.   2   End of Treatment/End of   Study/Early withdrawal   8   ±2	
	All safety assessments, metudin where indicated, will be presente 5. Planned interim analysis: Please attach flow chart and/or a Visit Days Windows Informed Consent Inclusion/Exclusion criteria Randomization Medical History Demographic data Physical Examination Vital Signs COVID-19 testing Chest X ray Urine Pregnancy test <sup>a</sup>	ag riss, physical examination ed using descriptive statistics by assessment schedule, if availab assessment schedule, if availab	ble.   2   End of Treatment/End of   Study/Early withdrawal   8   ±2	

Dispense rescue drug <sup>c</sup>	Х			
Return study drug		Х		
Return rescue drug		Х		
e-diary <sup>d</sup>	Х	Х		
Concomitant Medication	Х	Х		
TEAE	Х	Х		
a: If the result of urine pregnancy test is positive, the subject won't be enrolled into the study.				
b: The study drugs will be given four times daily with 20g oral granule, administered for 5 days.				
c: The rescue drugs could be given one tablet (500mg) per 4 hours, up to 6 tablets in total in one day.				
d: E-Dairy card will be recorded before use of study drugs(baseline), Day 1 to Day 5.				