





## Molnupiravir Guidelines for Out-Patient Prescribing (FOR OUTPATIENT IV INFUSION USE ONLY)



1.	FC Al	OA Emergency Use Authorization (EUA) for the treatment of mild to moderate COVID–19 I Inclusion criteria listed below must be met (check when verified) :
	C	Confirmation of COVID-19 via positive PCR or antigen test, including an FDA-authorized home-test kit
	Т	reatment within 5 days of symptom onset Date of symptom onset:
	P	Adult ≥ 18 years old and Weight ≥ 40 kg.
		Patient has mild to moderate symptoms and has not yet progressed to require hospitalization when reatment is initiated.
		Patient <b>is NOT</b> Pregnant. Withhold breastfeeding during therapy and for 4 days after the last dose of Molnupiravir.
2.	Pro	ovider Attestation: (check to verify)
	i F	'I attest that the information listed above accurately reflects patient's current clinical status. The patient was informed that Molnupiravir is an unapproved drug authorized for use under FDA Emergency Use Authorization when alternate authorized treatment options are not accessible or clinically appropriate. The patient was informed of alternatives to receiving Molnupiravir. The patient or caregiver was given the appropriate to review the FDA EUA <i>Fact Sheet for Patients, Parents, and Caregivers – Emergency Use Authorization (EAU) of MOLNUPIRAVIR for Coronavirus Disease 2019 (COVID–19)</i> and consents to treatment."
	I	have provided appropriate counseling as indicated below: (Check at least one)
		Females of childbearing potential treated: should use a reliable method of contraception correctly and consistently, as applicable, for the duration of treatment and for 4 days after the last dose of molnupiravir.
		Breastfeeding: not recommended for the duration of treatment and for 4 days after the last dose of molnupiravir.
		Males of reproductive potential treated: if sexually active with females of childbearing potential, should use a reliable method of contraception correctly and consistently <b>during treatment and for at least 3 months</b> after the last dose of molnupiravir.
		None of the above apply to this patient.
3.	D	osage: (Check one)
		Molnupiravir 200 mg – take four (4) capsules orally every 12 hours for 5 days, with or without food.







## Molnupiravir Guidelines for Out-Patient Prescribing (FOR OUTPATIENT IV INFUSION USE ONLY)

2. Monocional Therapy	Ordered - Administer	Sotrovimab:
-----------------------	----------------------	-------------

Sotrovimab 500 mg mixed in 100 ml Normal Saline via IV Infusion over 30 minutes X 1 dose.

## 4. Prior to dispensing Pharmacist must:

- Provide a copy of the Fact Sheet prior to the patient receiving their Molnupiravir prescription. (Located in CRMC's Access Repository and attached as Appendix 1).
- Inform patient to take Molnupiravir with or without food as instructed.
- Reinforce patient instructions regarding pregnancy, breastfeeding, and contraception as stated under section 2 (Provider Attestation).
- Alert the patient of the importance of completing the full 5–day treatment course. If the patient misses a dose by more than 8 hours, the patient should not take the missed dose and instead take the next dose at the regularly scheduled time. The patient should not double the dose to make up for a missed dose.
- Patient to continue to self–isolate and use infection control measures (e.g., wear mask, isolate, social distance, avoid sharing personal items, clean and disinfect "high touch" surfaces, and frequent handwashing) according to CDC guidelines.

## ORDER FOR CRMC OUT-PATIENT PHARMACY ONLY

FAX TO: 912-720-9909

Physician Signature		Date / Time	
DEA	License	Phone	
RPh Initial		NPI	