## **Molnupiravir Checklist Tool for Prescribers:**

## **Patient Eligibility**

Patient Name:		DOB:	
<ul> <li>□ Current diagnosis of r</li> <li>□ Age ≥ 18 years</li> <li>□ Alternative COVID-19 not accessible or clinic</li> <li>□ High risk criteria² me</li> <li>□ Symptom onset with</li> <li>□ Not hospitalized due</li> </ul>	treatment options appro ically appropriate et in 5 days*	19 <sup>1</sup> oved or authorized by FDA are	
*Prescriber is encouraged to inc Please fill prescription by date is within 5 days from symp criteria under the EUA.	[insert date]	<del></del> · · ·	

¹ https://www.covid19treatmentguidelines.nih.gov/overview/clinical-spectrum/#:~:text=Patients%20with%20mild%20illness%20may,on%20exertion%2C%20or%20abnormal%20imaging

<sup>&</sup>lt;sup>2</sup> https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-care/underlyingconditions.html

## Molnupiravir Checklist Tool for Prescribers: Prescriber Requirements

## 1. All Patients

	Pro	ovide electronic or hard copy of patient fact sheet	
		Document that patient has received an electronic or hard copy of the patient fact sheet <sup>3</sup>	
		Review the information contained within the patient factsheet with the patient and counsel patient on the known and potential benefits and risks of MOV	
		Advise patients on need for contraception use as appropriate	
		☐ 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	
		☐ Males of reproductive potential treated: if sexually active with females of childbearing potential, should use a reliable method of contraception correctly and consistently during treatment and for at least 3 months after the last dose The prescribing healthcare provider and/or the provider's designee must report all	
		medication errors and serious adverse events potentially related to molnupiravir within 7 calendar days from the healthcare provider's awareness of the event	
2.	Individuals of Childbearing Potential		
		Assess whether pregnant or not	
		☐ Report of LMP in an individual who has regular menstrual cycles, uses a reliable method of contraception correctly and consistently or has had a negative pregnancy test	
		■ Negative pregnancy test (recommended but not required if other criteria are not met)	
		If pregnant:	
		☐ Counsel the patient regarding the known and potential benefits and potential risks of molnupiravir use during pregnancy	
		☐ Document that the patient is aware of the known and potential benefits and potential risks of molnupiravir use during pregnancy	
		☐ Make the individual aware of the pregnancy registry at https://covid-pr.pregistry.com or 1-800-616-3791	
		If not pregnant:	
		☐ Make the individual aware of the pregnancy registry program and encourage them to participate should they become pregnant	

 $<sup>^{3}</sup>$  How and where documentation occurs is at the discretion of the prescribing health care provider and their clinical site.