Molnupiravir Checklist Tool for Prescribers:

Patient Eligibility

Patient Name:_____ DOB:_____

- ❑ Positive SARS-CoV-2 test[1]
- ❑ Age ≥ 18 years
- ❑ Alternative COVID-19 treatment options authorized by FDA are not accessible or clinically appropriate
- ❑ High risk criteria[2] met
- ❑ Symptoms consistent with mild to moderate COVID-19
- ❑ Symptom onset within 5 days*
- ❑ Not hospitalized due to COVID-19

*Prescriber is encouraged to include a note to the pharmacist in the prescription stating: Please fill prescription by _____[insert date]_____. This prescription fill by date is within 5 days from symptom onset and complies with the patient eligibility criteria under the EUA.

[1] Verification of positive SARS-CoV-2 test at the discretion of prescribing healthcare provider

[2] https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html

Molnupiravir Checklist Tool for Prescribers: Prescriber Requirements

1. All Patients

- ❑ Provide electronic or hard copy of patient fact sheet
- ❑ Document that patient has received an electronic or hard copy of the patient fact sheet[3]
- ❑ 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

[3] How and where documentation occurs is at the discretion of the prescribing health care provider and their clinical site.

- ❑ Make the individual aware of the pregnancy surveillance program
  - ❑ If the pregnant individual agrees to participate in the pregnancy surveillance program and allows the prescribing healthcare provider to disclose patient specific information to Merck, the prescribing healthcare provider must provide the patient's name and contact information to Merck (at 1-877-888-4231 or pregnancyreporting.msd.com)
- ❑ If not pregnant:
  - ❑ Make the individual aware of the pregnancy surveillance program and encourage them to participate should they become pregnant