

## PATIENT INFORMATION

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Date: \_\_\_\_\_ Allergies: \_\_\_\_\_

## SCREENING CRITERIA

**Qualification/requirements to receive Molnupiravir from the Salem Health Retail Pharmacy (if ANY of the following are not answered, the order cannot be processed. For statements allowing for only one yes/no answer, that is the ONLY approved answer to that statement.):**

- The patient has a positive COVID-19 test?  YES (Please do not place an order if patient's test is "pending")
- The patient is within 5 days of the onset of symptoms.  YES Date of onset of symptoms \_\_\_\_\_
- Patient weight is greater than 40 kg?  YES
- Patient age is greater than 12 years?  YES
- The patient is at higher risk for progressing to severe COVID-19 based on at least one of the following (select all that apply, must have at least one)
  - Age > 65
  - BMI > 25 or if age 0-17 have BMI > 85th percentile for their age and gender based on CDC growth charts [https://www.cdc.gov/growthcharts/clinical\\_charts.htm](https://www.cdc.gov/growthcharts/clinical_charts.htm)
  - Pregnancy
  - CKD
  - Diabetes
  - Immunosuppressive disease or immunosuppressive treatment
  - Cardiovascular disease (including congenital heart disease) or HTN
  - Chronic lung diseases (ex: COPD, asthma, interstitial lung disease, cystic fibrosis and pulmonary HTN)
  - Sickle cell disease
  - Neurodevelopmental disorders (ex: cerebral palsy) or other conditions that confer medical complexity (ex: genetic or metabolic syndromes and severe congenital abnormalities)
  - Having a medical-related technological dependence (tracheostomy, gastrostomy, or positive pressure ventilation [not related to COVID-19])
  - Other medical conditions or factors listed on the CDC's website <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>
- Is the patient pregnant or lactating?  YES (if yes, proceed to next question)  NO (if no, skip to next bullet)
  - I have discussed the pregnancy and lactation risks and that Molnupiravir is not recommended during pregnancy and the patient wishes to proceed with therapy?  YES
  - I have reported the patient's exposure to molnupiravir at <https://pregnancyreporting.msd.com/> or 1-877-888-4231  YES
- I have counseled the patient about the use of effective birth control during AND after molnupiravir therapy
  - Females: duration of treatment + 4 days  YES
  - Males: duration of treatment + 3 months  YES
- I have discussed with the patient the contents of the Fact Sheet for patients, parents and caregivers (<https://www.fda.gov/media/155055/download>).  YES
- Has the patient given verbal consent to receive oral Molnupiravir for COVID?  YES
- Patient Prioritization: what is the level of immune compromise and/or vaccination status of the patient? While supply is short, **patients in tiers 1 and 2 will be given priority.** This patient is tier:  1  2  3  4
  1. Immunocompromised individuals not expected to mount an adequate immune response to COVID-19 vaccination or SARS-CoV-2 infection due to their underlying conditions, regardless of vaccine status; or unvaccinated individuals at the highest risk of severe disease (anyone aged ≥75 years or anyone aged ≥65 years with additional risk factors)
  2. Unvaccinated individuals at risk of severe disease not included in Tier 1 (anyone aged ≥65 years or <65 years with clinical risk factors)
  3. Vaccinated individuals at high risk of severe disease (anyone aged ≥75 years or anyone aged ≥65 years with clinical risk factors)\*
  4. Vaccinated individuals at risk of severe disease (anyone aged ≥65 years or anyone aged <65 with clinical risk factors).

\* Note: Vaccinated individuals who have not received a COVID-19 vaccine booster dose are likely at higher risk for severe disease; patients

## PRESCRIPTION

- Prescribe Molnupiravir 800 mg (four 200 mg capsules) every 12 hours for 5 days, with or without food; 0 refills**

Provider Signature \_\_\_\_\_

Provider Printed Name \_\_\_\_\_

Date: \_\_\_\_\_

Fax signed prescription form to the Salem Health Retail Pharmacy (503-814-0407) or call (503-561-5325), prepared to answer the questions above.

**PATIENT LABEL**