



Physician Order Form Instructions for COVID-19 Oral Antiviral Therapy

Molnupiravir (Molnupiravir)

Step 1: After assessing patient's eligibility, electronically send the Rx to Kohll's Rx. (12741 Q Street Omaha, NE 68137) (NPI: 1811462856) If unable to send electronically, the form below may be faxed to 888-972-4110. Please also send a copy of the positive COVID-19 antigen or PCR test result along with a copy of the patient's pharmacy insurance card.

Step 2: The medication will be available for same-day pickup through the pharmacy drive-thru or next-day delivery throughout the Omaha metro. Please instruct the patient to NOT enter the pharmacy.

Indication: Emergency Use Authorization (non-FDA approved) for treatment of mild-to-moderate coronavirus disease (COVID-19) in patients with positive results of direct SARS-CoV-2 viral testing, and who are at high risk for progression to severe COVID-19, including hospitalization or death

Inclusion Criteria

The patient must meet one or more of the criteria below to be considered high-risk. Please **circle** the criteria this patient meets:

- ≥ 65 years of age
- BMI > 25 kg/m², or if 12 to 17 years of age, have BMI ≥ 85 th percentile for their age and gender based on CDC growth charts
- Chronic kidney disease
- Diabetes
- Immunosuppressive disease or immunosuppressive treatment
- Cardiovascular disease (including congenital heart disease) or hypertension
- Chronic lung diseases (for example, chronic obstructive pulmonary disease, asthma [moderate-to-severe], interstitial lung disease, cystic fibrosis and pulmonary hypertension)
- Sickle cell disease
- Neurodevelopmental disorders (for example, cerebral palsy) or other conditions that confer medical complexity (for example, genetic or metabolic syndromes and severe congenital anomalies)
- Having a medical-related technological dependence (for example, tracheostomy, gastrostomy, or positive pressure ventilation [not related to COVID 19])
- Other medical conditions or factors (for example, race or ethnicity) may also place individual patients at high risk for progression to severe COVID-19

Exclusion Criteria

Molnupiravir is not authorized for use in the following patients. Please verify the patient does not meet any of the following criteria:

- initiation of treatment in patients requiring hospitalization due to severe or critical COVID-19
- pre-exposure or post-exposure prophylaxis for prevention of COVID-19.
- use longer than 5 consecutive days
- less than 18 years old
- pregnancy (Individuals of childbearing potential must use effective contraception correctly and consistently, as applicable, for the duration of treatment and for 4 days after the last dose of molnupiravir)



Physician Order Form for COVID-19 Oral Antiviral Therapy

Molnupiravir (Molnupiravir) PATIENT DEMOGRAPHICS

Patient Name (Last, First, MI): _____ Date of Birth: _____

Sex: _____ Weight: _____ lb Height: _____ in Phone Number: _____

Address: _____ SSN: _____

DIAGNOSIS

_____ Mild to moderate COVID-19 Date of Symptom Onset: _____ Date of Positive Test: _____

PRESCRIPTION

_____ Molnupiravir (Molnupiravir) Directions: Take 800 mg by mouth once every 12 hours for 5 days with or without food

- Patient is not pregnant
- Female patient is of childbearing age and has been educated on proper contraception for the duration of treatment and a minimum of 4 days beyond treatment
- Male patient is of childbearing age and has been educated on proper contraception for the duration of treatment and a minimum of 3 months beyond treatment
- Patient is age 18 or older
- If the patient is breastfeeding they have been educated to discontinue breastfeeding during treatment and a minimum of 4 days beyond treatment

_____ If the option selected above is not currently available, the alternative may be dispensed

IF THE ABOVE LINES ARE NOT CONFIRMED , WE WILL NOT DISPENSE THE PRODUCT

Provider Full Name: _____ NPI: _____

Address: _____

Office Phone: _____ Office Fax: _____ Contact Name: _____

Prescriber Signature: _____ Date: _____