MOLNUPIRAVIR Guidance for Non-Hospitalised COVID-19 Patients

NHS Tayside

CONSIDER MOLNUPIRAVIR in non-hospitalised patients:

- ✓ SARS-CoV-2 infection is confirmed by polymerase chain reaction (PCR) or LFT testing **within the last 5 days**
- ✓ First-line option oral antiviral Paxlovid (Nirmatrelvir with Ritonavir) is excluded
- ✓ Onset of symptoms of COVID-19 **within the last 5 days** (feverish, chills, sore throat, cough, shortness of breath or difficulty breathing,
- ✓ nausea, vomiting diarrhoea, headache, red or watery eyes, body aches, loss of taste or smell, fatigue, loss of appetite, confusion,
- ✓ dizziness, pressure or tight chest, chest pain, stomach ache, rash, sneezing, sputum or phlegm, runny nose)
- ✓ Patient not already clinically improving
- ✓ A member of a 'highest' risk group (as defined on previous page)
- ✓ Aged 18 or older
- ✓ Patient is not pregnant and not at risk of pregnancy
- ✓ After assessment patient does not require hospitalisation or supplemental oxygen for COVID-19 management
- ✓ No known hypersensitivity reaction to the active substance or to any of the excipients

CONSIDER THE FOLLOWING CAUTIONS: See SmPC for more details.

- **Pregnancy:** there are no data for the use of molnupiravir in pregnancy. Studies in animals have shown reproductive toxicity. Molnupiravir is **not recommended** during pregnancy. All healthcare professionals must ensure that any patients who receive a COVID antiviral while pregnant are reported to the UK COVID-19 antivirals in pregnancy registry on 0344 892 0909 so that they can be followed up. For more information go to http://www.uktis.org/.
- **Breast feeding:** based on the potential for adverse reactions on the infant from molnupiravir, breast-feeding is not recommended during treatment and for 4 days after the last dose. It is unknown whether molnupiravir or any of the components of molnupiravir are present in human milk, affect human milk production, or have effect on the breastfed infant. Animal lactation studies with molnupiravir have not been conducted.

DOSAGE/DURATION/REVIEW:

- The recommended dose of molnupiravir is **800 mg (four 200 mg capsules) taken orally every 12 hours for 5 days**.
- Treatment must not be extended beyond 5 days.
- Molnupiravir should be commenced as soon as possible after diagnosis of COVID-19 made and within 5 days of symptom onset.
- No dosage adjustment is required in renal or hepatic impairment.
- No drug interactions have been identified based on the limited available data.
- The most common adverse reactions (≥1% of subjects) reported during treatment and during 14 days after the last dose of were
- diarrhoea (3%), nausea (2%), dizziness (1%) and headache (1%) all of which were Grade 1 (mild) or Grade 2 (moderate).
- If patient is admitted to hospital during 5 day course, only continue on inpatient prescription chart if patient brings in supply. There is insufficient stock to resupply.
- There is currently no guidance on retreatment with molnupiravir if a patient is re-infected with COVID-19 and had a previous course. Discuss with MDT if being considered.

Advise patient:

- The capsules should be swallowed whole with a sufficient amount of fluid (e.g. a glass of water). For patient with swallowing difficulties see link here
- Capsules can be taken with or without food.
- To reduce the possibility of emerging resistance, patients should be advised to **complete the whole course** of treatment even if their symptoms improve and/or they feel better.
- Advise patient to bring molnupiravir supply into hospital if admitted during 5 day course
- Individuals of childbearing potential (irrespective of sex at birth) should use effective contraception for the duration of treatment and for 4 days after the last dose of molnupiravir.
- If dose missed by >10 hours, do not take missed dose but instead take next dose at regularly scheduled time
- Ensure patient gets UKHSA leaflet as well as leaflet in box

SUPPLIES/RECORDING:

- Dispensing as per outpatient pathway
- Report any adverse reactions MHRA Yellow Card Scheme

References: UK Clinical Commissioning Policy May 2023
+ **Resp/ID//HDU/ICU Local Opinion**

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