Lagevrio (molnupiravir) Referral Form

Instructions:

1. Please read and complete the below sections.
2. Fax completed pages 1 and 2 of this form, Patient Demographics, and prescription to **724-308-5722** to schedule patient.

Indications:
For the treatment of mild-to-moderate COVID-19 in adults with a positive results of SARS-CoV-2 viral tests and/or a current diagnosis of mild-to-moderate coronavirus disease 2019 (COVID-19):

- Who are at high risk of progression to severe COVID-19, including hospitalization or death, AND
- within 5 days of symptom onset.

Section 1:

Patient Name: _____ Date of Birth: _____

Allergies: _____ Patient Phone: _____

Weight (include units): _____ Height (include units):_____ Gender: M F

Referring Provider: _____ Provider Contact: _____

Received or scheduled to receive COVID-19 vaccination _____ Yes ____No; if yes, when _____

Section 2:

Medical History:

- ☐ Positive test for SARS-CoV-2; date of positive test: _____
- ☐ Current diagnosis of mild to moderate COVID-19
- ☐ Onset of symptoms within past 5 days
- ☐ Age ≥ 18 years
- ☐ High risk of progression to severe COVID-19, including hospitalization or death
- ☐ Not requiring hospitalization due to severe or critical COVID-19 at treatment initiation
- ☐ Verification of pregnancy status:
  - ☐ Patient has undergone permanent sterilization
  - ☐ Negative pregnancy test
  - ☐ Patient currently using an intrauterine system or contraceptive implant
  - ☐ LMP cycles regular
  - ☐ Patient is using a reliable method of contraception correctly and consistently

Section 3:

Please reference CDC's updated list of high-risk underlying conditions (https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-care/underlyingconditions.html) and indicate patient's qualifying condition(s):

_____

_____

Section 4:
Prescriber must indicate all the following requirements have been met:

- ☐ An electronic or hardcopy of The Fact Sheet for Patients and Caregivers was provided and reviewed with the patient/caregiver
- ☐ Patient/caregiver has been informed that the medication is an unapproved drug that is authorized under an Emergency Use Authorization
- ☐ Patient/caregiver informed of alternatives to receiving this medication

- ☐ Patient/caregiver informed of the risks and benefits of taking this medication

Additional instructions for patients receiving molnupiravir:

- ☐ Patient/caregiver informed females of a childbearing potential should use a reliable method of contraception correctly and consistently, as applicable, for the duration of treatment and four days after the last dose of molnupiravir.
- ☐ Merck Sharp & Dohme has established a pregnancy registry.
- ☐ Males of reproductive potential who are sexually active with females of childbearing potential should use reliable method of contraception correctly and consistently for at least 3 months after the last dose.

- ☐ Patient aware of risks, benefits, and alternatives and agrees to proceed with treatment.

Provider Printed Name: _____

Provider Signature: _____ Date: _____