FACT SHEET FOR HEALTH CARE PROVIDERS EMERGENCY USE AUTHORIZATION (EUA) OF MOLNUPIRAVIR CAPSULE

MOVFOR
Molnupiravir Capsule

Badan POM, the Indonesia Food and Drug Administration, has issued an Emergency Use Authorization (EUA) to permit the emergency use of Molnupiravir for the treatment of mild to moderate COVID-19 infection in adult patients 18 years and above who do not require supplemental oxygen and are at increased risk of progressing to severe COVID-19.

The Emergency Use Authorization of Molnupiravir is for treatment of mild to moderate COVID-19 infection in adult patients 18 years and above who do not require supplemental oxygen and are at increased risk of progressing to severe COVID-19.

ADMINISTRATION :
Molnupiravir must be administered by a healthcare professional pursuant to a valid prescription of a licensed practitioner.
Molnupiravir Capsules can be taken with or without food.
Patients should be advised to swallow the capsules whole and not to open, break, or crush the capsule.

The dosage in adult patients is 800 mg (four 200 mg capsules) taken orally every 12 hours for 5 days. Take molnupiravir as soon as possible after a diagnosis of COVID-19 has been made, and within 5 days of symptom onset.

Completion of the full 5-day treatment course and continued isolation in accordance with public health recommendations are important to maximize viral clearance and minimize transmission of SARS-CoV-2.

Health care providers must submit a report on all medication errors and ALL SERIOUS ADVERSE EVENTS related to molnupiravir, See specific reporting instructions below.

WARNINGS
1. Prior to initiating treatment with molnupiravir, carefully consider the known and potential risks and benefits [see Warnings and Precautions, Use in Specific Populations, and Nonclinical Toxicology].
2. Based on findings from animal reproduction studies, molnupiravir may cause fetal harm when administered to pregnant individuals. There are no available human data on the use of molnupiravir in pregnant individuals to evaluate the risk of major birth defects, miscarriage or adverse maternal or fetal outcomes; therefore, molnupiravir is contraindicated for use during pregnancy [See Contraindication].
3. Women of childbearing potential must use effective contraception for the duration of treatment and for 4 days after the last dose of Molnupiravir [See Use in Specific Populations].

4. Males of reproductive potential who are sexually active with females of childbearing potential should use a reliable method of contraception correctly and consistently during treatment [See Use in Specific Populations].
5. The prescribing healthcare provider and/or the provider's designee is/are responsible for mandatory reporting of all medication errors and serious adverse events potentially related to molnupiravir within 7 calendar days from the healthcare provider's awareness of the event.

See the Full EUA Prescribing Information for complete dosage, administration, and preparation instructions.

For information on clinical trials that are testing the use of Molnupiravir in COVID-19, please see www.clinicaltrials.gov and https://trialsearch.who.int/.

INSTRUCTIONS FOR ADMINISTRATION

This section provides essential information on the use of Molnupiravir for treatment of laboratory confirmed coronavirus disease 2019 (COVID-19).

COMPOSITION

Each capsule contains Molnupiravir 200 mg.

CONTRAINDICATIONS

- Hypersensitivity to Molnupiravir or any of its components.
- Pregnant women

DOSING

Molnupiravir must be administered by a healthcare professional pursuant to a valid prescription of a licensed practitioner.

The dosage in adult patients is 800 mg (four 200 mg capsules) taken orally every 12 hours for 5 days. Take molnupiravir as soon as possible after a diagnosis of COVID-19 has been made, and within 5 days of symptom onset.

Completion of the full 5-day treatment course and continued isolation in accordance with public health recommendations are important to maximize viral clearance and minimize transmission of SARS-CoV-2.

Molnupiravir is not authorized for use for longer than 5 consecutive days because the safety and efficacy have not been established.

If the patient misses a dose of molnupiravir within 10 hours of the time it is usually taken, the patient should take it as soon as possible and resume the normal dosing schedule. If the patient misses a dose by more than 10 hours, the patient should not take the missed dose and instead take the next dose at the regularly scheduled time. The patient should not double the dose to make up for a missed dose.

Should a patient require hospitalization after starting treatment with molnupiravir, the patient may complete the full 5 day treatment course per the healthcare provider's discretion.

Method of administration
Molnupiravir Capsules can be taken with or without food.
Patients should be advised to swallow the capsules whole and not to open, break, or crush the capsule.

WARNINGS AND PRECAUTIONS

There are limited clinical data available for molnupiravir. Serious and unexpected adverse events may occur that have not been previously reported with molnupiravir use.

Embryo-Fetal Toxicity
Based on findings from animal reproduction studies, molnupiravir may cause fetal harm when administered to pregnant individuals. There are no available human data on the use of molnupiravir in pregnant individuals to evaluate the risk of major birth defects, miscarriage or adverse maternal or fetal outcomes; therefore, molnupiravir is contraindicated for use during pregnancy.
Prior to initiating treatment with molnupiravir, assess whether an individual of childbearing potential is pregnant or not, if clinically indicated. Pregnancy status does not need to be confirmed in patients who have undergone permanent sterilization, are currently using an intrauterine system or contraceptive implant, or in whom pregnancy is not possible. In all other patients, assess whether the patient is pregnant based on the first day of last menstrual period in individuals who have regular menstrual cycles, is using a reliable method of contraception correctly and consistently or have had a negative pregnancy test. A pregnancy test is recommended if the individual has irregular menstrual cycles, is unsure of the first day of last menstrual period or is not using effective contraception correctly and consistently
Women of childbearing potential must use effective contraception for the duration of treatment and for 4 days after the last dose of Molnupiravir.

Bone and Cartilage Toxicity
Molnupiravir is not authorized for use in patients less than 18 years of age because it may affect bone and cartilage growth. Bone and cartilage toxicity was observed in rats after repeated dosing [see Nonclinical Toxicity]. The safety and efficacy of molnupiravir have not been established in pediatric patients [see Use in Specific Populations].

DRUG INTERACTIONS

No drug interactions have been identified based on the limited available data on the emergency use of molnupiravir authorized under this EUA. No clinical drug-drug interaction trials of molnupiravir with concomitant medications, including other treatments for mild-to-moderate COVID-19, have been conducted

ADVERSE REACTIONS

The most common adverse reactions reported during treatment with 800 mg every 12 hours for 5 days and during 14 days after the last dose were diarrhoea , nausea, dizziness and headache all of which were Grade 1 (mild) or Grade 2 (moderate).

Tabulated list of adverse reactions

The adverse reactions are listed below by system organ class and frequency. Frequencies are defined as follows: Very common (≥1/10); common (≥1/100 to <1/10); uncommon (≥1/1,000 to <1/100); rare (≥1/10,000 to <1/1,000).

Table 1: Tabulated list of adverse reactions

Frequency	**Adverse Reactions**
Nervous sytem disorders	
Common	Dizzines, headache
Uncommon	Somnolence
Gastrointestinal disorders	
Common	Diarrhoea, nausea
Uncommon	Vomiting, Abdominal pain upper
Respiratory, thoracic and mediastinal disorders	
Uncommon	Oropharyngeal pain
Skin and subcutaneous tissue disorders	
Uncommon	Rash, urticaria

Laboratory Abnormalities

Selected Grade 3 and 4 laboratory abnormalities in chemistry (alanine aminotransferase, aspartate aminotransferase, creatinine, and lipase) and hematology (hemoglobin, platelets, and leukocytes) parameters all occurred at a rate of less than or equal to 2% and occurred at a similar rate across arms in MOVe-OUT.

Reporting of suspected adverse reactions

Health care professionals, patients/consumers are advised to closely monitor the possibility of the above ADRs associated with the use of the above drugs.

Reporting of suspected adverse reactions Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions via the national reporting system (see MANDATORY REQUIREMENTS FOR MOLNUPIRAVIR ADMINISTRATION UNDER EMERGENCY USE AUTHORIZATION).

USE IN SPECIFIC POPULATION

Women of childbearing potential

Women of childbearing potential must use effective contraception for the duration of treatment and for 4 days after the last dose of Molnupiravir.

Pregnancy

There are no data from the use of molnupiravir in pregnant women. Studies in animals have shown reproductive toxicity. Oral administration of molnupiravir to pregnant rats during the period of organogenesis resulted in embryofetal lethality and teratogenicity at 7.5 times the human NHC

exposures at the recommended human dose (RHD) and reduced foetal growth at ≥ 2.9 times the human N-hydroxycytidine (NHC) exposure at the RHD.
Oral administration of molnupiravir to rabbits during the period of organogenesis resulted in reduced foetal body weights at 18 times the human NHC exposure at the RHD. The safety margin at the NOAEL to human NHC exposure is 0.8 times and 6.5 times at the RHD in rats and rabbits, respectively. Although maternal toxicity was observed in both rats and rabbits at all dose levels in which developmental toxicity occurred, a substance-related effect cannot be excluded.
Molnupiravir is contraindicated during pregnancy.
Lagevrio is not recommended in women of childbearing potential not using effective contraception

Breast-feeding
It is unknown whether molnupiravir or any of the components of molnupiravir are present in human milk, affect human milk production, or have effects on the breastfed infant. Animal lactation studies with molnupiravir have not been conducted.
Based on the potential for adverse reactions on the breastfeeding infant from molnupiravir, breast-feeding should be interrupted during treatment and for 4 days after the last dose of molnupiravir.

Males
While the risk is regarded as low, nonclinical studies to fully assess the potential for molnupiravir to affect offspring of treated males have not been completed. Advise sexually active individuals with partners of childbearing potential to use a reliable method of contraception correctly and consistently during treatment and for at least 3 months after the last dose of molnupiravir. The risk beyond three months after the last dose of molnupiravir is unknown.

Fertility
No human data on the effect of molnupiravir on fertility are available. There were no effects on female or male fertility in rats at approximately 2 and 6 times the human NHC exposure at the RHD respectively.

Pediatric Use
Molnupiravir is not authorized for use in patients less than 18 years of age.
Bone and cartilage toxicity were observed in a 3-month, repeat-dose toxicology study in rats. The safety and efficacy of molnupiravir have not been established in pediatric patients [see Warnings and Precautions].

Geriatric Use
In MOVe-OUT, there was no difference in safety and tolerability between patients ≥65 years of age and younger patients who were treated with molnupiravir. No dosage adjustment is recommended based on age. The PK of NHC was similar in geriatric patients compared to younger patients.

Renal and Hepatic Impairment
Patients with severe renal impairment, history of hepatitis B virus (HBV) or hepatitis C virus (HCV) with cirrhosis, end-stage liver disease, hepatocellular carcinoma, aspartate aminotransferase (AST) and/or alanine aminotransferase (ALT) >3X upper limit of normal were excluded from clinical trials.

Use molnupiravir with caution in patients with severe renal or hepatic impairment.

PHARMACOLOGY PROPERTIES

Mechanism of Action

Molnupiravir is a prodrug with antiviral activity against SARS-CoV-2. It is metabolized to the cytidine nucleoside analogue, NHC which distributes into cells where NHC is phosphorylated to form the pharmacologically active ribonucleoside triphosphate (NHC-TP). NHC-TP incorporation (as NHC-monophosphate [NHC-MP]) into SARS-CoV-2 RNA by the viral RNA polymerase (nsp12) results in an accumulation of errors in the viral genome leading to inhibition of replication. The mechanism of action (known as viral error catastrophe or viral lethal mutagenesis) is supported by biochemical and cell culture data, studies of SARS-CoV-2 infection in animal models, and analyses of SARS-CoV-2 genome sequences in human subjects treated with molnupiravir.

Pharmacodynamics

The relationship between NHC and intracellular NHC-TP with antiviral efficacy has not been evaluated clinically.

Pharmacokinetics

Molnupiravir is a 5´-isobutyrate prodrug of NHC that is hydrolyzed during or after absorption. NHC, the primary circulating analyte, is taken up by cells and anabolized to NHC-TP. NHC is eliminated by metabolism to uridine and/or cytidine through the same pathways involved in endogenous pyrimidine metabolism. NHC pharmacokinetics are shown in Table 2.

Table 2: Pharmacokinetics of NHC After Multiple Oral Administration of 800 mg Molnupiravir Every 12 Hours

	NHC geometric mean (%CV)
Pharmacokinetics in healthy subjects	
AUC0-12hr (ng*hr/mL)	8330 (17.9)
Cmax (ng/mL)	2970 (16.8)
C12hr (ng/mL)	16.7 (42.8)
AUC Accumulation Ratio	1.09 (11.8)
Absorption	
Tmax (hr)*	1.50 [1.00 – 2.02]
Effect of food	35% reduction in Cmax, no effect on AUC
Distribution	
Plasma protein binding (in vitro)	0%
Elimination	
Effective t1/2 (hr)	3.3
Fraction of dose excreted in urine over the time interval of 0 – 12 hours	3% (81.6%)
*Median [min – max] Values were obtained from ap phase 1 study of healthy subjects	

Drug Interaction Studies

In vitro study results indicated that molnupiravir and NHC are not substrates of CYP enzymes or human P-gp and BCRP transporters. In vitro study results also indicated that molnupiravir and NHC are not inhibitors of CYP1A2, 2B6, 2C8, 2C9, 2C19, 2D6, and 3A4 or inhibitors of OATP1B1, OATP1B3, OCT1, OCT2, OAT1, OAT3, MATE1, MATE2K, MRP2, MDR1 and BCRP or inducers of CYP1A2, 2B6, and 3A4. The interaction between molnupiravir with concomitant medications, including other treatments for mild-to-moderate COVID-19, has not been evaluated.

Antiviral Activity

NHC was active in cell culture assays against SARS-CoV-2 with 50% effective concentrations (EC50) ranging between 0.67 to 2.66 µM in A-549 cells and 0.32 to 2.03 µM in Vero E6 cells. NHC had similar activity against SARS-CoV-2 variants B.1.1.7 (Alpha), B.1351 (Beta), P.1 (Gamma) and B.1.617.2 (Delta) with EC50 values of 1.59, 1.77 and 1.32 and 1.68 µM, respectively.

Resistance

Studies to evaluate resistance to NHC with SARS-CoV-2 in cell culture and in clinical studies have not been completed. In-vitro resistance selection studies with other coronaviruses (Murine Hepatitis Virus and MERS-CoV) showed a low likelihood of resistance development to NHC. Following 30 passages in cell culture only a 2-fold decrease in susceptibility was observed and no NHC resistance-associated amino acid substitutions were identified. NHC retained activity in vitro against SARS-CoV-2 and recombinant mouse hepatitis virus with polymerase substitutions (e.g. F480L, V557L and E802D) associated with decreased remdesivir sensitivity, indicating a lack of cross-resistance.

NONCLINICAL TOXICOLOGY

Mutagenesis and Impairment of Fertility

Mutagenesis

Molnupiravir and NHC were positive in the in vitro bacterial reverse mutation assay (Ames assay) with and without metabolic activation. Molnupiravir was studied in two in vivo rodent mutagenicity models. The in vivo Pig-a mutagenicity assay gave equivocal results. Molnupiravir was negative in the in vivo Big Blue® (cII Locus) transgenic rodent mutagenicity assay. Molnupiravir was negative for induction of chromosomal damage in in vitro micronucleus (with and without metabolic activation) and in vivo rat micronucleus assays. To assess effects on germ cells, a transgenic rodent male germ cell mutagenicity assay is planned.

Based on the totality of the available genotoxicity data and the duration of treatment (5 days), molnupiravir is low risk for genotoxicity.

Impairment of Fertility

There were no effects on fertility, mating performance or early embryonic development when molnupiravir was administered to female or male rats at NHC exposures approximately 2 and 6 times, respectively, the human NHC exposure at the RHD.

Animal Toxicology and/or Pharmacology

Bone and cartilage toxicity changes resulting in impaired transformation of growth cartilage into new

bone were observed in the femur and tibia of rats in a 3-month toxicity study at ≥ 500 mg/kg/day (5 times the human NHC exposure at the RHD). There was no bone or cartilage toxicity in a 1-month toxicity study in rats up to 500 mg/kg/day (4 and 8 times the human NHC exposure at the RHD in females and males, respectively), in dogs dosed for 14 days up to 50 mg/kg/day (similar to the human NHC exposure at the RHD), or in a 1-month toxicity study in mice up to 2,000 mg/kg/day (19 times the human NHC exposure at the RHD).

Growth cartilage is not present in mature skeletons, therefore the bone and cartilage findings are not relevant for adult humans but may be relevant for pediatric patients [see Warnings and Precautions and Use in Specific Populations].

Reversible, dose-related bone marrow toxicity affecting all hematopoietic cell lines was observed in dogs at ≥17 mg/kg/day (less than the human NHC exposure at the RHD). Mild decreases in peripheral blood cell and platelet counts were seen after 7 days of molnupiravir treatment progressing to more severe hematological changes after 14 days of treatment. Neither bone marrow nor hematological toxicity was observed in a 1-month toxicity study in mice up to 2,000 mg/kg/day (19 times the human NHC exposure at the RHD) and a 3-month toxicity study in rats up to 1,000 mg/kg/day (9 and 15 times the human NHC exposure at the RHD in females and males, respectively).

CLINICAL STUDIES

Pivotal clinical data supporting this EUA are based on data from 1,433 randomized subjects in the Phase 3 MOVe-OUT trial (NCT04575597) and 1218 subjects in Phase 3 Trial in Indian population (CTRI/2021/05/033739).

Study MOVe-OUT (MK-4482-002)

MOVe-OUT is a randomized, placebo-controlled, double-blind clinical trial studying molnupiravir for the treatment of non-hospitalized patients with mild-to-moderate COVID-19 who are at risk for progressing to severe COVID-19 and/or hospitalization. Eligible subjects were 18 years of age and older and had one or more pre-defined risk factors for disease progression: over 60 years of age, diabetes, obesity (BMI ≥30), chronic kidney disease, serious heart conditions, chronic obstructive pulmonary disease, or active cancer. The study included symptomatic subjects not vaccinated against SARS-CoV-2 and who had laboratory confirmed SARS-CoV-2 infection and symptom onset within 5 days of randomization. Subjects were randomized 1:1 to receive 800 mg of molnupiravir or placebo orally twice daily for 5 days.

At baseline, in all randomized subjects, the median age was 43 years (range:18 to 90); 17% of subjects were over 60 years of age and 3% were 75 years of age or older; 49% of subjects were male; 57% were White, 5% Black or African American, 3% Asian, 50% Hispanic or Latino. The majority of subjects were enrolled from sites in Latin America (46%) and Europe (33%); 12% were enrolled in Africa, 6% were enrolled in North America and 3% were enrolled in Asia. Forty-eight percent of subjects received molnupiravir or placebo within 3 days of COVID-19 symptom onset. The most common risk factors were obesity (74%), over 60 years of age (17%), and diabetes (16%). Among 792 subjects (55% of total randomized population) with available baseline SARS-CoV-2 variant/clade identification results, 58% were infected with Delta (B.1.617.2 and AY lineages), 20% were infected with Mu (B.1.621), 11% were infected with Gamma (P.1), and the remainder were infected with other variants/clades. Overall, baseline demographic and disease characteristics were well balanced between the treatment

arms.

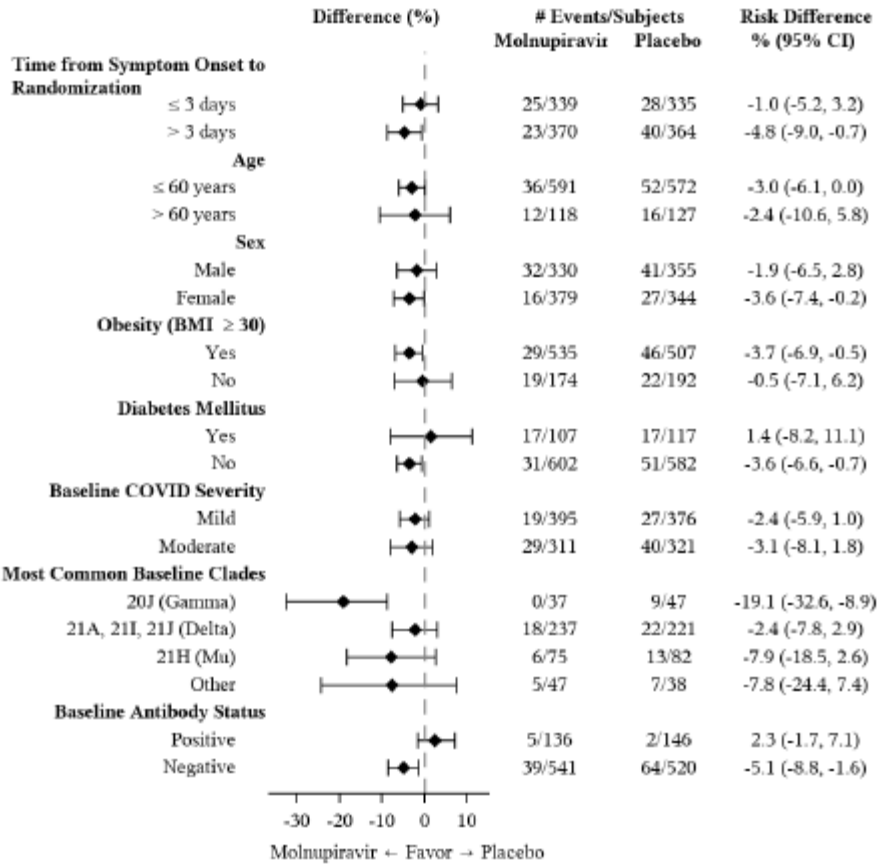
Table 3 provides the results of the primary endpoint (the percentage of subjects who were hospitalized or died through Day 29 due to any cause). The efficacy results are based on unvaccinated adults who were 18 years of age and older and had one or more pre-defined risk factors for disease progression: over 60 years of age, diabetes, obesity (BMI ≥30), chronic kidney disease, serious heart conditions, chronic obstructive pulmonary disease, or active cancer. Please refer to Figure 1 for results by certain subgroups. These subgroup analyses are considered exploratory. Data are not available in certain subgroups of subjects who are at high risk for progression to severe COVID-19 as defined by CDC.

Table 3. Efficacy Results in Non-Hospitalized Adults with COVID-19

Molnupiravir (N=709) n (%)	**Placebo (N=699) n (%)**	**Adjusted Risk Difference % (95% CI)**
All-cause hospitalization ≥24 hours for acute care or death through Day 29		
48 (6.8%)	68 (9.7%)	-3.0% (-5.9%, -0.1%)
All-cause mortality through Day 29		
1 (0.1%)	9 (1.3%)	

*The determination of primary efficacy was based on a planned interim analysis of 762 subjects. At the interim analysis, 7.3% of patients who received molnupiravir were either hospitalized or died through Day 29 (28/385), compared with 14.1% of placebo-treated patients (53/377). The adjusted risk difference was -6.8% with a 95% CI of (-11.3%, -2.4%) and 2-sided p-value = 0.0024.
Adjusted relative risk reduction of molnupiravir compared to placebo for all randomized subjects was 30% (95% CI: 1%, 51%).
Analyses are adjusted by the stratification factor of time of COVID-19 symptom onset (≤3 days vs. >3 [4-5] days).

Figure 1. Subgroup Efficacy Results in Non-Hospitalized Adults with COVID-19 - All-Randomized Subjects



The corresponding confidence interval is based on Miettinen & Nurminen method.
The modified intent-to-treat population is the efficacy analysis population.
Baseline serum samples were evaluated with the Roche Elecsys anti-N assay to test for the presence of antibodies (IgM, IgG and IgA) against the SARS-CoV-2 nucleocapsid protein.
The findings of these subgroup analyses are considered exploratory.

Study HCR/III/MOLCOV/04/2021-01 (India)

This study is a phase 3, multicenter, prospective randomized, parallel, open label study to evaluate the efficacy and safety of Molnupiravir combined with standard of care compared with standard of care alone in adult Indian patients with mild COVID-19.

One thousand and two hundred eighteen (1218) patients were randomized in 1:1 ratio. Eligible subjects were 18 - 60 years of age, who had laboratory confirmed SARS-CoV-2 infection, mild symptoms, and symptom onset within 5 days of randomization. Subjects were randomized 1:1 to receive 800 mg of molnupiravir twice daily and standard of care or standard of care alone for 5 days. There were no significant differences in the baseline parameters between the Molnupiravir and SOC arms at baseline. Table 4 provides the results of the primary endpoint (rate of hospitalization from randomization up to Day 14). Hospitalization is defined as hospital admission for more than 24 hours with respiratory rate >24/minute and SpO2 ≤93% in room air, requiring oxygen supplementation. Overall, 9 (1.48%) patients hospitalized in Molnupiravir combined with SOC group compared to 26 (4.26%) in SOC alone group.

Table 4. Efficacy Results in rate of hospitalization in Adults with COVID-19

Parameter	Molnupiravir N = 608 n (%)	Standard of Care N = 610 n (%)	Prop Diff	95% Confidence Interval	Molnupiravir Vs Standard of Care (p-values**)
Hospitalization	9 (1.48)	26 (4.26)	24.9	[10.2, 39.7]	0.0053
** p-values were obtained using Fisher test					

OVERDOSE

There is no human experience of overdosage with molnupiravir. Treatment of overdose with molnupiravir should consist of general supportive measures including the monitoring of the clinical status of the patient. Hemodialysis is not expected to result in effective elimination of NHC.

STORAGE CONDITIONS

Store below 30^{o}C. Keep out of reach of children.

INSTRUCTIONS FOR HEALTH CARE PROVIDERS

As the health care provider, you must communicate to your patient or parent/caregiver information consistent with the "**Informasi Produk untuk Pasien** (Fact Sheet for Patients and Parents/Caregivers)" (and provide a copy of the Fact Sheet) prior to the patient receiving Molnupiravir, including:

1. That the Badan POM has authorized emergency use of Molnupiravir
2. That the patient has the option to accept or refuse administration of Molnupiravir
3. The potential consequences of refusing Molnupiravir
4. The significant known and potential risks and benefits of Molnupiravir, as supplied under this EUA.
5. The alternative products that are available and their benefits and risks, including clinical trials. If providing this information will delay the administration of Molnupiravir to a degree that would endanger the lives of patients, the information must be provided to the patients as soon as practicable after Molnupiravir is administered.

If providing this information will delay the administration of Molnupiravir to a degree that would endanger the lives of patients, the information must be provided to the patients as soon as practicable after molnupiravir is administered.

If the drug is dispensed separate from the pack for inpatient use, the dispensing container should clearly identify the drug and dosage strength.

MANDATORY REQUIREMENTS FOR MOLNUPIRAVIR ADMINISTRATION UNDER EMERGENCY USE AUTHORIZATION :

In order to mitigate the risks of using this unapproved product under EUA and to optimize the potential benefit of Molnupiravir, the following items are required. Use of unapproved Molnupiravir under this EUA is limited to the following (all requirements **must** be met) :

1. Adult patients with COVID-19
2. As the health care provider, communicate to your patient or parent/caregiver information consistent with the "**Informasi Produk untuk Pasien**" prior to the patient receiving Molnupiravir. Health care providers (to the extent practicable given the circumstances of the emergency) must document in the patient's medical record that the patient/caregiver has been:
   a. Given the "**Informasi Produk untuk Pasien**",
   b. Informed of alternatives to receiving Molnupiravir, and
   c. Informed that Molnupiravir is an unapproved drug that is authorized for use under Emergency Use Authorization.
3. Pregnant women and patients with known hypersensitivity to any ingredient of Molnupiravir must not receive Molnupiravir.
4. The prescribing health care provider and/or the provider's designee are/is responsible for mandatory responses to requests from Badan POM for information about adverse events and medication errors following receipt of Molnupiravir.
5. The prescribing health care provider and/or the provider's designee are/is responsible for mandatory reporting of all medication errors and adverse events (death, serious adverse events*) considered to be potentially related to Molnupiravir occurring during Molnupiravir treatment within 7 calendar days from the onset of the event. The reports should include unique identifiers and the words "**Molnupiravir under Emergency Use Authorization (EUA)**" in the description section of the report.
   - Submit adverse event reports to :
     Pusat Farmakovigilans/MESO Nasional
     Direktorat Pengawasan Keamanan, Mutu, dan Ekspor Impor Obat, Narkotika, Psikotropika, Prekursor dan Zat Adiktif
     Badan Pengawas Obat dan Makanan
     Jl. Percetakan Negara No. 23, Jakarta Pusat, 10560
     Email: pv-center@pom.go.id
     Phone: +62-21-4244691 Ext.1079
     Website: https://e-meso.pom.go.id/ADR
   - Submitted reports should include in the field name, "Describe Event, Problem, or Product Use/Medication Error" the statement "**Molnupiravir Treatment under EUA**"

*Serious Adverse Events are defined as:

- death;
- a life-threatening adverse event;
- inpatient hospitalization or prolongation of existing hospitalization;
- a persistent or significant incapacity or substantial disruption of the ability to conduct normal life functions;
- a congenital anomaly/birth defect.
- a medical or surgical intervention to prevent death, a life-threatening event, hospitalization, disability, or congenital anomaly.

APPROVED AVAILABLE ALTERNATIVES

There is no approved available alternative product. There are EUAs for other COVID-19 treatments.

The health care provider should visit https://clinicaltrials.gov/ and https://trialsearch.who.int/ to determine whether the patient may be eligible for enrollment in a clinical trial.

AUTHORITY FOR ISSUANCE OF THE EUA

Indonesian Government has declared an emergency situation as a result of pandemic outbreak of COVID-19 that justifies the emergency need of using Molnupiravir as an treatment option in this situation. In response to that situation, the Badan POM has issued an Emergency Use Authorization (EUA) for the use of the Badan POM-approved product Molnupiravir for treatment of mild to moderate COVID-19 infection in adult patients 18 years and above who do not require supplemental oxygen and are at increased risk of progressing to severe COVID-19. As a health care provider, you must comply with the mandatory requirements of the EUA listed above.

Although limited scientific information is available, it is reasonable to believe that Molnupiravir may be effective for treatment of mild to moderate COVID-19 infection, as specified in this Fact Sheet. You may be contacted and asked to provide information to help with the assessment of the use of the product during this emergency. Serious adverse events related to the use of Molnupiravir must be reported to Badan POM through Pusat Farmakovigilans/MESO Nasional, Badan Pengawas Obat dan Makanan online http://e-meso.pom.go.id/ADR. Please include in the field name, "Describe Event, Problem, or Product Use/Medication Error" the following statement: Molnupiravir Treatment under Emergency Use Authorization (EUA).

This EUA for Molnupiravir will end when the Badan POM determines that the circumstances justifying the EUA no longer exist or when there is a change in the approval status of the product such that an EUA is no longer needed.

PRESENTATION :

MOVFOR Capsule 200 mg Box, 4 blisters @ 10 capsules EUA No. :

HARUS DENGAN RESEP DOKTER
ON MEDICAL PRESCRIPTION ONLY

Manufactured by :
HETERO LABS LIMITED
Unit V, Telangana - India

Imported and marketed by :
PT. AMAROX PHARMA GLOBAL
Bekasi - Indonesia

MOVFOR is manufactured under a license from MERCK SHARP & DOHME SINGAPORE TRADING PTE. LTD

INFORMASI PRODUK UNTUK PASIEN DAN ORANG TUA/PENGASUH
PENGGUNAAN MOLNUPIRAVIR KAPSUL UNTUK PENGOBATAN COVID-19 RINGAN HINGGA SEDANG PADA PASIEN DEWASA (USIA 18 TAHUN ATAU LEBIH)

MOVFOR
Molnupiravir Kapsul

Anda diberikan obat Molnupiravir untuk pengobatan COVID-19. lnformasi Produk (PIL) ini mengandung informasi yang dapat membantu Anda untuk mengetahui manfaat dan risiko penggunaan Molnupiravir yang sudah atau akan anda terima.

Belum ada obat yang disetujui oleh Badan Pengawas Obat dan Makanan (Badan POM) untuk mengobati COVID-19 secara spesifik. Penggunaan Molnupiravir dapat bermanfaat bagi pasien COVID-19 derajat ringan hingga sedang. Baca lnformasi Produk ini untuk mengetahui informasi mengenai Molnupiravir. Bicarakan kepada tenaga kesehatan yang merawat Anda apabila ada pertanyaan lebih lanjut. Hal ini merupakan pilihan Anda untuk menggunakan Molnupiravir atau menghentikannya.

1. **Molnupifavir tidak boleh digunakan pada wanita hamil (Lihat Siapa yang Tidak Boleh Menggunakan Molnupiravir). Penelitian pada hewan menunjukkan pemberian molnupiravir dapat menyebabkan kematian pada janin dan berpotensi menimbulkan efek samping pada janin apabila dikonsumsi oleh ibu hamil (memiliki efek teratogenik).**
2. **Penggunaan pada wanita yang berpotensi hamil harus dipastikan dulu hasil uji kehamilan negatif sebelum pengobatan dimulai. Jika terjadi kehamilan saat pengobatan berlangsung, pengobatan harus segera dihentikan dan langsung konsultasi ke dokter.**
3. **Pada wanita usia subur yang tidak hamil, dianjurkan untuk menggunakan metode kontrasepsi yang paling efektif dengan pasangannya selama dan untuk 4 hari setelah pengobatan berakhir (untuk pria menggunakan kondom).**

PEMERIAN
Kapsul berwarna hijau

APA YANG TERKANDUNG DALAM MOLNUPIRAVIR ?
Tiap kapsul mengandung : Molnupiravir 200 mg.

APAKAH COVID-19?
COVID-19 merupakan penyakit yang disebabkan oleh virus yang disebut coronavirus. Virus baru ini pertama kali ditemukan di Wuhan, Provinsi Hubei, China pada Desember 2019. Anda dapat menderita COVID-19 melalui kontak dengan orang yang memiliki virus tersebut.

APA GEJALA DARI COVID-19 ?

Gejalanya adalah demam, batuk dan sesak nafas yang dapat timbul 2-14 hari setelah terpapar virus. Jika Anda mengalami **kesulitan bernafas, nyeri atau sesak yang terus-menerus di dada, kebingungan atau kesulitan berdiri atau bibir atau wajah pucat kebiruan segera hubungi petugas kesehatan.**

Penyakit COVID-19 memiliki rentang keparahan dari sangat ringan (termasuk beberapa laporan kasus tanpa gejala) hingga parah, dan termasuk penyakit yang mengakibatkan kematian. lnformasi yang ada sejauh ini menunjukkan sebagian besar penyakit COVID-19 bersifat ringan, namun penyakit serius dapat terjadi dan dapat menyebabkan beberapa kondisi medis Anda lainnya menjadi lebih buruk. Orang yang lebih tua dan orang dari segala usia dengan kondisi medis kronis yang parah, seperti penyakit jantung, penyakit paru-paru dan diabetes, berisiko lebih tinggi dirawat di rumah sakit apabila terjangkit COVID-19.

APA ITU MOLNUPIRAVIR ?

Molnupiravir merupakan obat antivirus yang masih dalam pengujian sehingga belum diketahui pasti khasiatnya untuk mengobati COVID-19. Badan POM memberikan izin penggunaan *emergency* (darurat) Molnupiravir untuk mengobati COVID-19, tetapi penggunaan darurat ini diperbolehkan hanya untuk pasien dewasa (usia 18 tahun atau lebih) yang sudah terkonfirmasi positif COVID-19 derajat ringan hingga sedang, dan memiliki risiko tinggi untuk berkembang menjadi COVID-19 yang lebih berat. lnformasi khasiat dan keamanan penggunaan Molnupiravir untuk pasien COVID-19 masih sangat terbatas.

Molnupiravir tidak dapat digunakan untuk:

- Pasien usia di bawah 18 tahun
- Pencegahan COVID-19
- Pasien yang membutuhkan perawatan di rumah sakit
- Penggunaan lebih dari 5 hari.

APA YANG HARUS SAYA BERITAHUKAN KEPADA TENAGA KESEHATAN SEBELUM SAYA MEMINUM MOLNUPIRAVIR :

Beritahukan petugas kesehatan jika Anda:

- Memiliki alergi, termasuk alergi terhadap Molnupiravir atau bahan lainnya yang terkandung dalam obat ini
- Sedang hamil atau merencanakan kehamilan
- Sedang menyusui atau berencana untuk menyusui.
- Memiliki riwayat penyakit serius lain
- Memiliki riwayat gangguan ginjal atau hati
- Menggunakan obat-obatan lain (termasuk vitamin atau obat tradisional)

SIAPA YANG TIDAK BOLEH MENGGUNAKAN MOLNUPIRAVIR ?

Jangan menggunakan Molnupiravir jika Anda sedang atau diduga hamil atau menyusui. Selain itu, jangan digunakan apabila Anda memiliki riwayat reaksi alergi terhadap Molnupiravir.

BAGAIMANA SAYA MENGKONSUMSI MOLNUPIRAVIR ?

Molnupiravir diberikan kepada Anda untuk diminum melalui mulut setiap hari.

Molnupiravir diminum selama 5 hari. Dosis molnupiravir adalah 800 mg (empat kapsul 200 mg) yang diminum dua kali sehari. Molnupiravir harus diminum segera setelah didiagnosis COVID-19. Molnupiravir dapat diminum tanpa atau bersama dengan makanan.
Molnupiravir kapsul harus ditelan secara utuh. Tidak boleh dibuka, dirusak, atau digerus. Jika Anda tidak dapat menelan kapsul, informasikan kepada dokter Anda.

APA EFEK SAMPING PENTING YANG MUNGKIN TERJADI DARI KONSUMSI MOLNUPIRAVIR ?

Semua obat dapat mempunyai beberapa efek samping. Tingkat keparahan dan gejala efek samping yang muncul mungkin akan bervariasi. Efek samping yang paling umum dilaporkan adalah diare, mual, pusing, dan sakit kepala.
Sering terjadi (dapat terjadi pada 1 dari 10 orang)

- Diare
- Mual
- Pusing
- Sakit kepala

Jarang terjadi (dapat terjadi pada 1 dari 100 orang)

- Muntah
- Ruam
- Gatal
- Mengantuk
- Nyeri perut
- Nyeri tenggorokan

APA PILIHAN PENGOBATAN LAINNYA ?

Seperti Molnupiravir, Badan POM telah mengizinkan penggunaan darurat Favipiravir untuk pengobatan infeksi COVID-19 ringan hingga sedang.
Lihat www.pom.go.id untuk informasi tentang penggunaan darurat Favipiravir. Sebagai tambahan, dokter dapat menjelaskan kepada Anda tentang uji klinis yang sedang dilakukan terhadap obat-obat untuk pengobatan COVID-19.

BAGAIMANA JIKA SAYA MEMUTUSKAN UNTUK TIDAK MENGKONSUMSI MOLNUPIRAVIR?

Ketika Anda memutuskan untuk mengkonsumsi Molnupiravir atau tidak, Anda akan diberikan perawatan lain yang memungkinkan termasuk oksigen, cairan dan obat-obatan tergantung pada kondisi Anda dan ditetapkan oleh dokter. Manfaat Molnupiravir dalam pengobatan COVID-19 belum dapat dipastikan. Bahkan jika Anda menggunakan Molnupiravir persis seperti yang diarahkan untuk mengobati COVID-19, masih ada kemungkinan penyakit Anda tidak membaik. Merupakan pilihan Anda untuk diobati atau tidak dengan Molnupiravir. Anda dapat memutuskan untuk tidak mendapatkannya atau menghentikannya kapan saja. ltu tidak akan mengubah perawatan medis rutin Anda jika Anda memutuskan untuk tidak mengkonsumsinya.

APA YANG HARUS SAYA HINDARI SAAT MENGKONSUMSI MOLNUPIRAVIR ?

Beberapa obat lain dapat berinteraksi dengan Molnupiravir dan menyebabkan masalah bagi Anda. Beri tahu dokter Anda apa obat lain yang Anda pakai, termasuk obat-obatan bebas dan suplemen makanan.
Menyusui tidak direkomendasikan selama menggunakan molnupiravir dan empat hari setelah pengobatan berakhir. Apabila Anda sedang atau berencana untuk menyusui, konsultasikan kepada dokter Anda sebelum menggunakan molnupiravir.

BAGAIMANA SAYA MELAPORKAN EFEK SAMPING MOLNUPIRAVIR ?
Hubungi dokter Anda jika Anda mengalami efek samping apapun yang dirasakan setelah penggunaan Molnupiravir. Laporkan efek samping ke :

Pusat Farmakovigilans
Direktorat Pengawasan Keamanan, Mutu dan Ekspor Imper Obat Narkotika, Psikotropika, Prekursor, dan Zat Adiktif
Badan Pengawas Obat dan Makanan Republik Indonesia Melalui pos : JI. Percetakan Negara No. 23, Jakarta Pusat, 10560
Email: pv-center@pom.go.id
Tel : +62-21-4244691 Ext. 1079
Website: http://e-meso.pom.go.id/

BAGAIMANA SAYA MENYIMPAN MOLNUPIRAVIR ?
Molnupiravir disimpan pada tempat yang aman jauh dari jangkauan bayi dan anak-anak. Simpan di tempat yang kering, pada suhu ruang (di bawah 30°C). Perhatikan instruksi penyimpanan pada kemasan produk atau tanyakan pada apoteker Anda.

BERAPA LAMA MOLNUPIRAVIR DAPAT DIGUNAKAN SELAMA DISIMPAN ?
Jangan menggunakan Molnupiravir setelah tanggal kedaluwarsa yang tercantum pada kemasan. Tanggal kedaluwarsa adalah hari terakhir pada bulan dan tahun yang tercantum pada kemasan.

BAGAIMANA SAYA MEMPEROLEH INFORMASI LEBIH LANJUT ?
- Tanyakan pada petugas layanan kesehatan
- Kunjungi website pom.go.id

KEMASAN :
MOVFOR Kapsul 200 mg Dus, 4 blister @ 10 kapsul No. EUA :

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