Molnupiravir for COVID-19

Molnupiravir is an orally available nucleoside antiviral which inhibits replication of SARS-CoV-2. Molnupiravir is active against SARS-CoV-2, including Alpha, Beta, Gamma, Delta and Omicron variants of concern.

**CLINICAL INDICATIONS**

Patients with confirmed non-severe COVID-19, excluding pregnant or breastfeeding women and children (≤ 18 years), and the following:

- At highest risk for hospitalization;
- With symptoms less than 5 days; and
- When alternative treatment options are not accessible or clinically appropriate.

Those at highest risk are typically those that lack COVID-19 vaccination with older age, and/or chronic conditions, such as: hypertension, diabetes, cardiac disease, chronic lung disease, cerebrovascular disease, dementia, mental disorders, chronic kidney disease, immunosuppression (including HIV), obesity and cancer.

**TREATMENT CONTRAINDICATIONS**

- Women and persons who are pregnant or breastfeeding due to the risk of embryo-fetal toxicity.
- Children and adolescents ≤ 18 years of age due to the risk of bone and cartilage toxicity.
- Hypersensitivity to the active substance or to any of the excipients.

**AVAILABLE FORMULATION AND STORAGE**

- Molnupiravir is available in 200 mg capsules.
- Store capsules at room temperature (20–25 °C).

**DOSAGE AND ROUTE**

**Route**
The route of administration is oral (by mouth). Capsules should not be opened, broken or crushed for dispersion.

**Dose and duration**
The dose is 800 mg (four 200 mg capsules) orally every 12 hours for a total of 5 days.

**Dose adjustment**
- Renal impairment: no dose adjustment needed.
- Hepatic impairment: no dose adjustment needed.

4 x 200 mg = 800 mg 4 x 200 mg = 800 mg

**ADMINISTRATION OF MOLNUPIRAVIR WITH OTHER COVID-19 THERAPEUTICS**

- Several treatment alternatives are available for patients with non-severe COVID-19.
- Nirmatrelvir-ritonavir may represent a superior choice because it may have greater efficacy in preventing hospitalization than alternative COVID-19 medications. There are fewer concerns with respect to harms than with molnupiravir and it is easier to administer than remdesivir and the monoclonal antibodies.
- Ultimate choice of therapeutic will depend on patient characteristics, medication availability, route of administration, duration of treatment and time from onset of symptoms to initiation of treatment.

For detailed information, see WHO Therapeutics and COVID-19: living guideline. https://www.who.int/teams/health-care-readiness-clinical-unit/covid-19/therapeutics

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