

## **LABELLING**

## **PARTICULARS TO APPEAR ON THE OUTER PACKAGING**

HDPE bottle

### **1. Name of the medicinal product**

[CV010 trade name]\*

Molnupiravir 200 mg hard capsules

### **2. Statement of active substance**

Each capsule contains 200 mg molnupiravir

### **3. List of excipients**

See the patient information leaflet for further information.

### **4. Pharmaceutical form and contents**

Hard capsule.

40 capsules

### **5. Method and route of administration**

Oral use

Read the patient information leaflet before use.

### **6. Special warning that the medicinal product must be stored out of the reach and sight of children**

Keep this medicine out of the sight and reach of children.

### **7. Other special warning(s), if necessary**

### **8. Expiry date**

EXP {MM/YYYY}

### **9. Special storage conditions**

Store protected from moisture, below 30°C

### **10. Special precautions for disposal of unused medicinal products or waste materials derived from such medicinal products, if appropriate**

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\* Trade names are not prequalified by WHO. This is the national medicines regulatory authority's responsibility.

**11. Name and address of the supplier**

Emcure Pharmaceuticals Ltd  
T-184, MIDC, Bhosari  
Pune 411 026  
India  
Tel. + 91 20 30610000  
Fax + 91 20 30610111  
Email [order@emcure.co.in](mailto:order@emcure.co.in)

**12. WHO Reference Number (Prequalification Programme)**

CV010

**13. Manufacturer's batch number**

<Batch> <Lot> {number}

**14. (Advice on) General classification for supply**

{Medicinal product subject to medical prescription.}

**15. Instructions on use**

**MINIMUM PARTICULARS TO APPEAR ON BLISTERS OR STRIP**

**{Nature/type}**

**1. Name of the medicinal product**

[<PQ number> trade name] {name} {strength} {pharmaceutical form}

{Active substance(s)}

**2. Name of the supplier**

**3. Expiry date**

**4. Manufacturer's batch number**

<Batch> <Lot> {number}

**5. Other**

## MINIMUM PARTICULARS TO APPEAR ON SMALL IMMEDIATE PACKAGING UNITS

{Nature/type}

### 1. Name of the medicinal product and route(s) of administration

[<PQ number> trade name] {name} {strength} {pharmaceutical form}

{Active substance(s)}

{Route(s) of administration}

### 2. Method of administration

### 3. Expiry date

### 4. Manufacturer's batch number

<Batch> <Lot> {number}

### 5. Contents by weight, by volume, or by unit

### 6. Other