Analysis finds additional clinical benefits of molnupiravir for nonhospitalized participants with COVID-19

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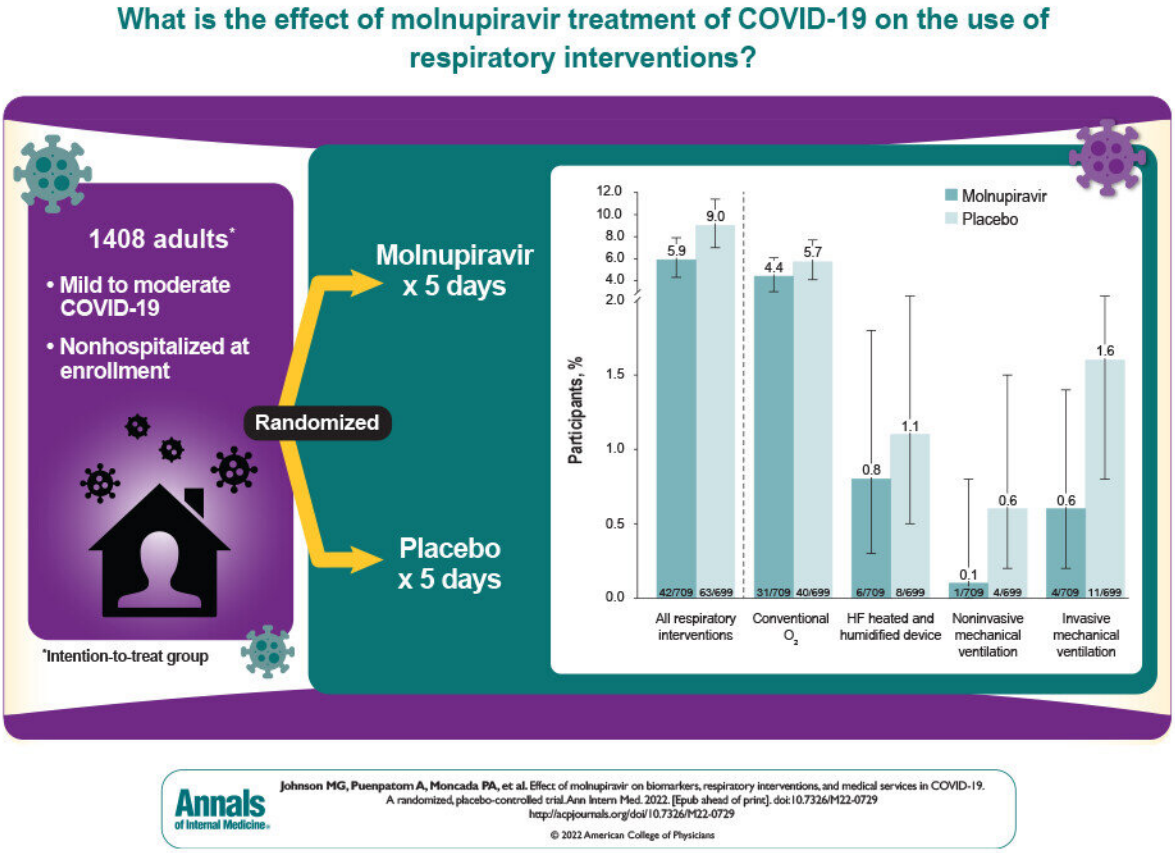

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A secondary analysis of the randomized controlled MOVe-OUT trial found additional clinical benefits of molnupiravir for nonhospitalized participants with mild to moderate COVID-19 and risk factors for progression to severe disease. Participants treated with molnupiravir had a decreased need for respiratory interventions and fewer COVID-19-related acute care visits compared to those in the placebo group through day 29. The findings are published in *Annals of Internal Medicine*.

The phase 3 component of the MOVe-OUT randomized, controlled, clinical trial demonstrated the efficacy and safety of the oral antiviral, molnupiravir, for preventing hospitalization or death in high-risk nonhospitalized participants with mild to moderate COVID-19 through day 29. Participants who received molnupiravir showed a shorter time to resolution for most COVID-19 signs and symptoms, a greater reduction in mean viral load from baseline, and a lack of safety concerns compared with placebo. Additional clinical benefits of molnupiravir were not analyzed at that time.

The researchers conducted a secondary analysis of the MOVe-OUT trial to evaluate additional potential benefits of molnupiravir for the treatment of mild to moderate COVID-19 based on clinical markers and the need for respiratory interventions and medical services. Changes in high-sensitivity C-reactive protein (CRP) concentration and Spo_2, and the need for respiratory interventions, acute care visits, and COVID-19–related acute care visits were evaluated in participants who received molnupiravir or placebo.

The researchers found that participants receiving molnupiravir showed faster normalization of CRP and Spo_2, with improvements observed on day 3 of therapy. Respiratory interventions, acute care visits and COVID-19–related acute care visits were less frequent in molnupiravir-treated versus placebo-treated participants. Hospitalized participants who

received molnupiravir had a decreased need for respiratory interventions and were discharged a median of 3 days before those who received placebo. Altogether, these findings suggest that molnupiravir may have benefits to patients and the health care system that go beyond the benefits already presented from the MOVe-OUT trial.

More information: Effect of Molnupiravir on Biomarkers, Respiratory Interventions, and Medical Services in COVID-19, *Annals of Internal Medicine* (2022). DOI: 10.7326/M22-0729

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