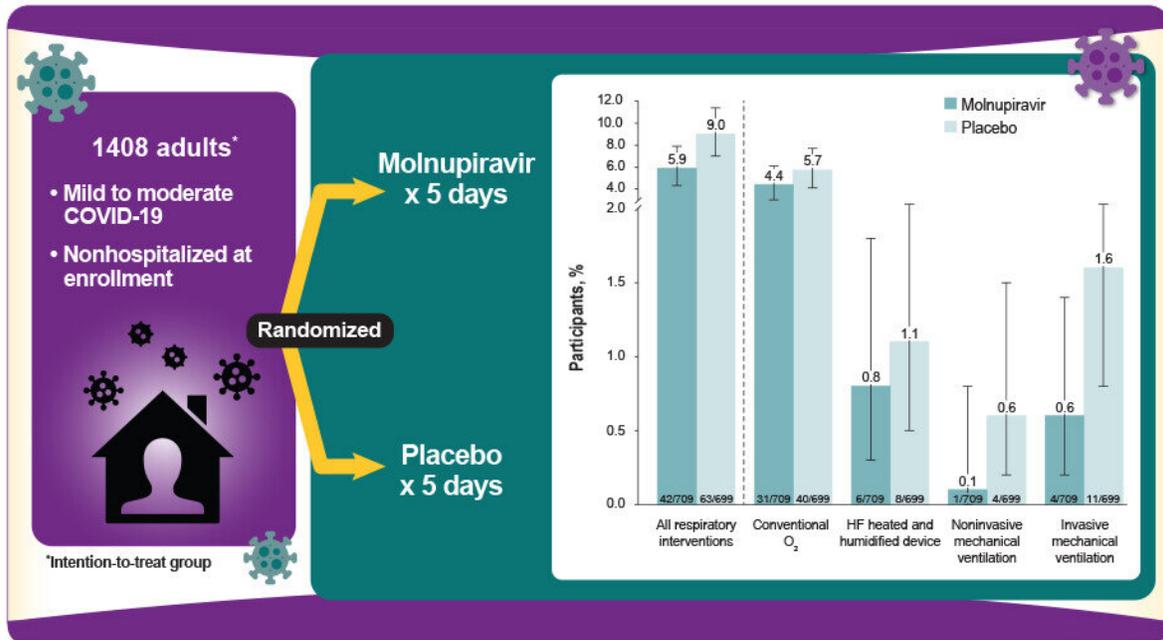


# Analysis finds additional clinical benefits of molnupiravir for nonhospitalized participants with COVID-19

June 6 2022

What is the effect of molnupiravir treatment of COVID-19 on the use of respiratory interventions?



**Annals** of Internal Medicine  
 Johnson MG, Puenpatom A, Moncada PA, et al. Effect of molnupiravir on biomarkers, respiratory interventions, and medical services in COVID-19. A randomized, placebo-controlled trial. *Ann Intern Med.* 2022. [Epub ahead of print]. doi:10.7326/M22-0729  
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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 Sp<sub>o</sub><sub>2</sub>, 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 Sp<sub>o</sub><sub>2</sub>, 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](https://doi.org/10.7326/M22-0729)

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