



Written by [Luis Miguel](#) on February 11, 2023

## Study: Subsidized Covid-19 Pill May Be Causing New Variants

Is another government-pushed Covid product proving to be a case of the cure being worse than the disease?

According to a Wellcome Trust-funded [study](#) that is currently at the pre-print stage, the Covid-19 oral pill molnupiravir, which is supposed to treat coronavirus infections by inhibiting replication of certain RNA viruses, may actually be [causing the creation](#) of new Covid-19 variants that might prove harmful to those infected.

If true, the news could spell major trouble for manufacturer Merck, which has made billions from the drug. It would also bring scrutiny on the U.S. government, which subsidized the production and distribution of the drug.

Molnupiravir is marketed as Lagrevio. In 2022, sales totaled almost \$5.7 billion, with especially strong sales in Asia during the year's fourth quarter.

But the drug wouldn't have had the reach it has without assistance from the federal government. In June of 2021, before molnupiravir had finished clinical trials, the government invested in it, signing a \$1.2 billion contract with Merck for 1.7 million full courses of the drug — which comes out to \$712 per patient. One [study](#) pointed out that this was a 4,000-percent markup on the drug's actual production cost.

On December 23, 2021, the FDA gave molnupiravir emergency use authorization, just a day after the approval of Pfizer's antiviral Paxlovid.

The government then went on to buy 3.1 million full courses of molnupiravir in February 2022, with an option for further purchases down the line. Just one month later, the Biden administration added the drug to its "Test to Treat" program, under which anyone testing positive for Covid-19 could get free antiviral drugs at a pharmacy.

Yet from the moment they were announced, molnupiravir and Paxlovid sparked concerns. These worries were especially strong for molnupiravir because of the way the drug functions, directly inducing mutations in the virus' RNA genome.

Paxlovid, meanwhile, increases the virus' lifetime in the human body, which gives it more time to naturally mutate — something vaccines do as well.

Dr. Harvey Risch, professor emeritus at the Yale School of Public Health, told [The Defender](#) that molnupiravir works by causing particular types of mutation in Covid-19 so that the virus "mutate[s] itself to death."



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Risch added that problems may develop if users of the drug do not completely clear an infection and then a drug-mutated strain escapes and goes on to infect others. He said it is “not a surprise” that this appears to now actually be happening, per the Wellcome Trust-funded study.

“The idea is that it will mutate itself to death. But some live mutants could get out, and this paper gives evidence that they have,” Risch said in reference to the study.

The National Pulse reported on the study’s procedure and origin:

A team of researchers from the US and UK used global databases of SARS-COV-2 sequences to search for mutations that were characteristic of the changes Molnupiravir makes to the viral genome. They found noticeable increases in such changes in the database beginning from when the drug was first marketed. Importantly, the increases took place in those countries where the drug was used.

The initial inspiration for the study came from author Ryan Hisner, an Indiana middle-school teacher, who noticed that a significant number of new variants of COVID-19 emerged after the widespread distribution of Molnupiravir started to take place. He then teamed up with lead author Theo Sanderson, of the Francis Crick Institute in London, and researchers from Imperial College and the Universities of Liverpool and Cambridge to investigate further. The multinational research team is now awaiting the peer-review process for their paper.

Brian Hooker, Ph.D., P.E., and chief scientific officer for Children’s Health Defense, told The Defender: “Although this isn’t ‘direct proof’ that the mutations came directly from Molnupiravir use, the evidence is very compelling, confirming the fears of many who warned of this prior to FDA [U.S. Food and Drug Administration] approval of the drug in late 2021.”

Virologist William Haseltine, Ph.D., who serves as chair and president of ACCESS Health International, had previously warned of the dangers of molnupiravir and told [Science](#) in light of the new study: “It’s very clear that viable mutant viruses can survive [molnupiravir treatment] and compete [with existing variants]. I think we are courting disaster.”

At the time that molnupiravir went on the market, a Merck representative dismissed worries as “an interesting hypothetical concern.”

And despite the mutation-related risks, a [study](#) published in *The Lancet* in January determined that the drug does little to actually reduce “the frequency of COVID-19-associated hospitalizations or death among high-risk vaccinated adults in the community.”

To date, none of the variants which molnupiravir has potentially caused to emerge has been seen to be deadlier than other Covid-19 variants thus far discovered. But will it remain that way?

This latest development is further evidence of the kind of folly that takes place when mass hysteria is combined with reckless spending and zero accountability.



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