**Supplementary Table 1. Details of drugs used in the management of COVID-19**

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| --- | --- | --- | --- |
| **Drugs** | **Dosing** | **Indication** | **Adverse effects** |
| **Normal** | **Renal impairment** | **Hepatic impairment** |
| HCQs1,s2 | 400 mg BD- day 1 200 mg BD days 2-5 | No dosage adjustment | - | QT prolongation, retinopathy |
| LPV/r s3 | 400/100 BD for 14 days | No dosage adjustment | - | GI effects, transaminitis |
| RDVs4 | 200 mg q24 h- day 1 100 mg q24 h-days 2-5 | Avoid in CCr <30 mL/m | Avoid if elevated transaminases (>5 ULN) | Any patient requiring oxygen | Hepatic and renal impairment |
| TCZs5 | 8 mg/kg-over 1 hThe dose may be repeated after 12 h | No dosage adjustment | Avoid if elevated transaminases (>5 ULN) | Severe or life-threatening disease with increased IL-6 | Hepatic impairmentSecondary infections |
| DEXAs6,s7  | 6 mg/day for 10 days  | No dosage adjustments | Any patient requiring oxygen  | Adrenal suppression, hyperglycemia, GI effects |
| CPs8 | 500 mL (250 mL on 2 days) | No dosage adjustments | Severe or life-threatening disease | Transfusion-related reactions |
| Bamlanivimabs9 | 700 mg intravenous single dose | No dosage adjustments | Hospitalized patients not requiring oxygen | Hypersensitivity reactions |

BD, twice daily; CP, convalescent plasma; GI, gastrointestinal; HCQ,hydroxychloroquine; LPV/r, lopinavir/ritonavir; RDV, remdesivir; TCZ, tocilizumab.

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