**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 h  The 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 impairment  Secondary 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.

**References**

s1. Satarker S, Ahuja T, Banerjee M, Vignesh Balaji E, Dogra S, Agarwal T, *et al*. Hydroxychloroquine in COVID-19: Potential Mechanism of Action Against SARS-CoV-2. Curr Pharmacol Rep 2020:1-9. doi: 10.1007/s40495-020-00231-8.

s2. Skipper CP, Pastick KA, Engen NW, Bangdiwala AS, Abassi M, Lofgren SM, *et al*. Hydroxychloroquine in nonhospitalized adults with early COVID-19 : A randomized trial. Ann Intern Med 2020;173(8):623-631. doi: 10.7326/M20-4207.

s3. Lopinavir-ritonavir in patients admitted to hospital with COVID-19 (RECOVERY): a randomised, controlled, open-label, platform trial. Lancet 2020;396(10259):1345–1352. doi: 10.1016/S0140-6736(20)32013-4.

s4. Wang Y, Zhang D, Du G, Du R, Zhao J, Jin Y, *et al*. Remdesivir in adults with severe COVID-19: a randomised, double-blind, placebo-controlled, multicentre trial. Lancet 2020;395(10236):1569-1578. doi: 10.1016/S0140-6736(20)31022-9.

s5. Biran N, Ip A, Ahn J, Go RC, Wang S, Mathura S, *et al*. Tocilizumab among patients with COVID-19 in the intensive care unit: a multicentre observational study. Lancet Rheumatol 2020;2(10):e603-e612. doi: 10.1016/S2665-9913(20)30277-0.

s6. Horby P, Lim WS, Emberson JR, Mafham M, Bell JL, Linsell L, *et al*. Dexamethasone in hospitalized patients with Covid-19. N Engl J Med 2021;384(8):693-704. doi: 10.1056/NEJMoa2021436.

s7. Sterne JAC, Murthy S, Diaz JV, Slutsky AS, Villar J, Angus DC, *et al*. Association between administration of systemic corticosteroids and mortality among critically ill patients with COVID-19: A meta-analysis. JAMA 2020;324(13):1330-1341. doi: 10.1001/jama.2020.17023.

s8. Altuntas F, Ata N, Yigenoglu TN, Bascı S, Dal MS, Korkmaz S, *et al*. Convalescent plasma therapy in patients with COVID-19. Transfus Apher Sci 2021;60(1):102955. doi: 10.1016/j.transci.2020.102955.

s9. Gottlieb RL, Nirula A, Chen P, Boscia J, Heller B, Morris J, *et al*. Effect of bamlanivimab as monotherapy or in combination with etesevimab on viral load in patients with mild to moderate COVID-19: A randomized clinical trial. JAMA 2021;325(7):632-644. doi: 10.1001/jama.2021.0202.