**Supplementary Table 2. Summary of studies of pharmaceuticals used for the treatment of COVID-19**

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| --- | --- | --- | --- | --- | --- |
| **Study** | ***n*** | **Type of study** | **Severity** | **Study arms** | **Results** |
| Boulware *et al*.s1  | 821 | Randomized, double-blind, placebo-controlled trial | Exposure to a confirmed case within 4 days | HCQ-50%Placebo-50% | HCQ did not prevent infection when used as a post-exposure prophylaxis |
| Skipper *et al*.s2 | 491 | Randomized, double-blind, placebo-controlled trial | Symptomatic non-hospitalized patient | HCQ-50%Pacebo-50% | HCQ did not reduce symptom severity |
| Cao *et al*.s3 (LOTUS CHINA) | 199 | Randomized, open label, trial | All severity | LPV/r- 99No LPV/r- 100 | Did not show any decrease in time to clinical improvement, mortality or viral load after addition of LPV/r  |
| Beigel *et al*.s4(ACTT1 study) | 1059 | Randomized, double-blind, placebo-controlled trial | Lower respiratory tract involvement | RDV-51%Placebo-49% | RDV shortened the time to recovery |
| Wang *et al*.s5 | 237 | Randomized, double-blind placebo-controlled trial | Moderate/Severe | RDV-67%Placebo-33% | RDV not associated with significant clinical improvement |
| Goldman *et al*.s6 | 397 | Randomized, open label trial | Moderate/Severe | RDV 5-day-50%RDV 10-day-50% | For patients not requiring mechanical ventilation, 5-day treatment is enough. For patients requiring mechanical ventilation, 10-day may be required. |
| Spinner *et al*.s7 | 584 | Randomized, open label trial | Moderate | RDV 5-day-33%RDV 10-day-33%SOC-34% | No difference in clinical outcomes between 10 d vs. SOC. Statistically significant improvement in clinical outcomes in 5 d vs. SOC |
| The RECOVERY collaborative groups8 | 6425 | Randomized, open label trial | Hospitalized COVID patients | DEXA-33%SOC-67% | Reduced mortality in those receiving oxygen therapy or mechanical ventilation |
| Ip *et al*.s9 | 547 | Retrospective observational cohort study | ICU patients | SOC-76%TCZ-24% | TCZ showed a trend towards reduced mortality |
| Biran *et al*.s10 | 764 | Retrospective observational cohort study | ICU patients | SOC-73%TCZ-27% | TCZ was associated with decreased mortality |
| Agarwal *et al*.s11 | 464 | Randomized, open label trial | Moderate | SOC-49%CP-51% | CP not associated with reduction in progression or decreased mortality |

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