	Intervention	Number of participants, intervention vs control	Age, years (mean or median), intervention vs control	Comorbidity, present (% of patients Intervention vs control)	Illness severity*, (% of participants in the intervention vs control)	Primary outcome	Secondary outcomes	Results
Beigel et al[22], 2020	Remdesivir, intravenously, 200mg, loading dose on day 1, followed by 100mg daily for up to 9 additional days	541 (65% male) vs 521 (64% male)	58 (SD 14) vs 59 (SD 15)	Any comorbidity (82% vs 81%)	Mild disease (57% vs 51%) Severe disease (42% vs 48%) Missing data (1% vs 1%)	Time to recovery†.	Mortality at 14 and 28 day	The time to recovery was lower in the intervention group than control (10 days vs 15 days, RR, 1·29; 95% CI, 1·12-1·49; p<0·001); The mortality in 28 days was 6·7% with remdesivir and 11.9% with placebo (HR, 0·73; 95% CI, 0·52-1·03)
Cao et al[34], 2020	Lopinavir 400mg e ritonavir 100mg, orally, twice daily, for 14 days.	99 (62% male) vs 100 (59% male)	58 (IQR 50-68) vs 58 (IQR 48-68)	Diabetes (10% vs 13%) Cerebrovascular disease (5% vs 8%) Cancer (5% vs 1%)	Mild disease (84% vs 84%) Severe disease (16% vs 16%)	Time to clinical improvement	28-day mortality, duration of hospitalization	Time to clinical improvement were 16 days to both groups (HR, 1·31; 95% CI, 0·95-1·80; p=0·09); mortality was numerically lower in the intervention group than in the control (19·2% vs 25%)
Chen et al[38], 2020	Intervention 1‡: Chloroquine orally, 1000mg on day 1 and 500mg for 9 days; Intervention 2: 200mg, orally, by 10 days	Intervention 1: 18 (39% male) vs Intervention 2: 18 (44% male) vs Control: 12 (58% male)	Intervention 1: 45 (SD 13) vs Intervention 2: 45 (SD 14) vs Control: 51 (SD 15)	Any comorbidity: Intervention 1: 50% vs Intervention 2: 50% vs Control: 58%	No information	Time, in days, to clinical recovery§	Length of hospital stay and 28-day mortality	The chloroquine group achieved shorter time to clinical recovery than the control group (Logrank mantel-cox test, p=0·019)
Davoudi-Monfared et al[36], 2020	12 million international units of interferon β-1a, injected subcutaneously three times weekly for two consecutive weeks	42 (52% male) vs 39 (54% male)	56 (SD 14) vs 59 (SD 14)	Any comorbidity (76% vs 79%)	Mild disease (71% vs 69%) Severe disease (29% vs 31%)	Time to clinical improvement	Mortality at 28-day, length of hospital stay	On day 14, 66·7% vs 43·6% of patients in the IFN group and the control group were discharged, respectively (OR, 2·5; 95% CI, 1·05-6·37). The 28-day overall mortality was significantly lower in the IFN than the control group (19% vs 43·6% respectively, p=0·015)
Goldman et al[39], 2020	Intervention 1¶: Intravenous remdesivir 200mg on day 1 and 100mg, once daily on day 2-5; Intervention 2: Intravenous remdesivir 200mg on day 1 and 100mg, once daily on day 2-10	Intervention 1: 200 (60% male) vs Intervention 2: 197 (68% male)	Intervention 1: 61 (IQR 50-69) vs Intervention 2: 62 (IQR 50-71)	No information	Mild disease (Intervention 1: 73% vs Intervention 2: 65%); Severe disease (Intervention 1: 27% vs Intervention 2: 35%)	Differences in the clinical status assessed on day 14 by the six-point ordinal scale	Time to clinical improvement	There were no statistically significant differences in outcomes for clinical improvement time, clinical status on day 14, or in mortality between the groups that received the intervention

Table continues on next page

	Intervention	Number of participants, intervention vs control	Age, years (mean or median), intervention vs control	Comorbidity, present (% of patients Intervention vs control)	Illness severity*, (% of participants in the intervention vs control)	Primary outcome	Secondary outcomes	Results
Hung et al[35], 2020	14 days of combination of Lopinavir 400mg e ritonavir 100mg, ribavirin 400mg, orally, every 12h, and three doses of 8 million international units of interferon beta-1b on alternative days	86 (52% male) vs 41 (56%male)‖	51 (IQR 31-61) vs 52 (IQR 33-62)	Any comorbidity (40% vs 60%)	No information	Time to achieve a negative RT-PCR result for SARS-CoV-2 in a nasopharyngeal swab sample	30-day mortality and length of hospital stay	There was no mortality in this trial. The length of hospital stay was lower in the intervention group than in the control (9 versus 14 days; HR, 2·7; 95% CI, 1·2-6·1)
Lou et al[37], 2020	Intervention 1**: baloxavir marboxil 80mg, orally on day 1, 4 and 7; Intervention 2: favipiravir, first dose of 1600mg or 2200mg orally, followed by 600mg, three times a day, the duration of administration was no more than 14 days	Intervention 1: 10 (70% male) vs Intervention 2: 9 (77% male) vs Control: 10 (70% male)	Intervention 1: 53 (SD 12) vs Intervention 2: 58 (SD 8) vs Control: 46 (SD 14)	Any comorbidity: Intervention 1: 50% vs Intervention 2: 44% vs Control: 40%	No information	Time to clinical improvement	Mortality at day 14	Time to clinical improvement was similar between groups intervention 1, intervention 2 and control (14, 14 and 15 days, respectively)
Recovery Collaborative Group[24], 2020	Dexamethasone, orally or intravenously, 6mg once daily for up to 10 days	2104 (64% male) vs 4321 (64% male)	67 (SD 15) vs 66 (SD 15)	Any comorbidity (56% vs 56%)	Mild disease (85% vs 84%) Severe disease (15% vs 16%)	28-day mortality	Length of hospital stay	The mortality was lower in the dexamethasone group than the control group (22·9% and 25·7% respectively; RR, 0·83, 95% CI, 0·75-0.93; p<0·001). The difference is more pronounced in patients who that need receive oxygen therapy
Wang et al[13], 2020	Intravenous remdesivir, 200mg on day 1 followed by 100mg on days 2-10 in single daily infusions	158 (56% male) vs 78 (65% male)	66 (IQR 57-73) vs 64 (IQR 53-70)	Any comorbidity (71% vs 71%)	Mild disease (82% vs 87%) Severe disease (18% vs 13%)	Time to clinical improvement	28-day mortality, duration of hospitalization	The time to clinical improvement were similar between the intervention and control group (21 versus 23 days, respectively; HR, 1·23; 95% CI, 0·87-1·75)

SD=Standard deviation. IQR=Interquartile range. CI=Confidence interval. *According to six-point ordinal scale by WHO. †Time to recovery were defined as the first day on which patients satisfied categories 1 or 2 on the six-point ordinal scale by the WHO. ‡In this trial there were two groups of intervention, the chloroquine group, and the hydroxychloroquine group. §Patients were considered to have achieved clinical recovery when they had met all of the following criteria for at least 48 hours: 1. axillary body temperature ≤36.9°C or oral body temperature ≤37.2°C; 2. complete relief of all symptoms other than cough; 3. cough graded as mild or absent on a patient-reported scale of severe, moderate, mild, absent. ¶This study did not use a control group, they only performed a trial to evaluate the efficacy of remdesivir administrated by 5 or 10 days, in our review we use these data only to perform comparisons between variable related to baseline characteristics, for example gender, age (years) and the presence of comorbidity. ‖ The control group in this trial was patients that received just lopinavir, 400mg and ritonavir,100mg every 12h for 14 days.** This trial presents two groups of intervention, the baloxavir marboxil group and the favipiravir group.

Table 1: Characteristics of included studies