Supplementary Appendix

This appendix has been provided by the authors to give readers additional information about their work.

Supplement to: ACTIV-3/TICO LY-CoV555 Study Group. A neutralizing monoclonal antibody for hospitalized patients with Covid-19. N Engl J Med. DOI: 10.1056/NEJMoa2033130

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Section 2: Methods

The complete inclusion and exclusion criteria from the protocol are given below.

Inclusion Criteria

- Age ≥ 18 years;
- Informed consent by the patient or the patient's legally-authorized representative
- SARS-CoV-2 infection, documented by PCR or other nucleic acid test (NAT) within 3 days prior to randomization OR documented by NAT more than 3 days prior to randomization AND progressive disease suggestive of ongoing SARS-CoV-2 infection per the responsible investigator;
- Duration of symptoms attributable to COVID-19 ≤ 12 days per the responsible investigator;
- Requiring admission for inpatient hospital acute medical care for clinical manifestations of COVID-19, per the responsible investigator, and NOT for purely public health or quarantine purposes.

Exclusion Criteria

- Prior receipt of
  - Any SARS-CoV-2 hIVIG, convalescent plasma from a person who recovered from COVID-19 or
  - SARS-CoV-2 nMAb at any time prior to hospitalization;
- Not willing to abstain from participation in other COVID-19 treatment trials until after Day 5;
- In the opinion of the responsible investigator, any condition for which, participation would not be in the best interest of the participant or that could limit protocol-specified assessments;
- Expected inability to participate in study procedures;
- Women of child-bearing potential who are not already pregnant at study entry and who are unwilling to abstain from sexual intercourse with men or practice appropriate contraception through Day 90 of the study.
- Men who are unwilling to abstain from sexual intercourse with women of child-bearing potential or who are unwilling to use barrier contraception through Day 90 of the study.
- **[stage 1 only]** Presence at enrollment of any of the following:
  a. stroke
  b. meningitis
  c. encephalitis
  d. myelitis
  e. myocardial infarction
  f. myocarditis
  g. pericarditis
  h. symptomatic congestive heart failure (NYHA class III-IV)
  i. arterial or deep venous thrombosis or pulmonary embolism

- **[stage 1 only]** Current or imminent requirement for any of the following:
    a. invasive mechanical ventilation
    b. ECMO
    c. mechanical circulatory support
    d. vasopressor therapy
    e. commencement of renal replacement therapy at this admission (i.e. not patients on chronic renal replacement therapy).

Outcomes

Day 5 Ordinal Outcomes

The 2 ordinal outcomes are assessed at day 5. The first ordinal outcome is a 7-category outcome largely based on oxygen requirements. The highest category that applies on day 5 was assigned. This outcome is referred to as the "pulmonary" ordinal outcome and is defined below:

1. Can independently undertake usual activities with minimal or no symptoms
2. Symptomatic and currently unable to independently undertake usual activities but no need of supplemental oxygen (or not above premorbid requirements)
3. Supplemental oxygen (<4 liters/min, or <4 liters/min above premorbid requirements)
4. Supplemental oxygen (≥4 liters/min, or ≥4 liters/min above premorbid requirements, but not high-flow oxygen)
5. Non-invasive ventilation or high-flow oxygen
6. Invasive ventilation, extracorporeal membrane oxygenation (ECMO), mechanical circulatory support, or new receipt of renal replacement therapy
7. Death

The second ordinal outcome, also assessed at Day 5, captures the range of organ dysfunction that may be associated with progression of Coronavirus-Induced Disease 2019 (COVID-19), such as respiratory dysfunction and coagulation-related complications. Again, the highest category that applies on day 5 was assigned. This outcome is referred to as the "pulmonary+" ordinal outcome. The 7 categories of the pulmonary+ ordinal outcome assessed at Day 5 are:

1. Can independently undertake usual activities with minimal or no symptoms
2. Symptomatic and currently unable to independently undertake usual activities but no need of supplemental oxygen (or not above premorbid requirements)
3. Supplemental oxygen (<4 liters/min, or <4 liters/min above premorbid requirements)
4. Supplemental oxygen (≥4 liters/min, or ≥4 liters/min above premorbid requirements, but not high-flow oxygen) or any of the following: stroke (NIH Stroke Scale [NIHSS] ≤14), meningitis, encephalitis, myelitis, myocardial infarction, myocarditis, pericarditis, new onset CHF NYHA class III or IV or worsening to class III or IV, arterial or deep venous thromboembolic events.
5. Non-invasive ventilation or high-flow oxygen, or signs and symptoms of an acute stroke (NIHSS >14)
6. Invasive ventilation, ECMO, mechanical circulatory support, vasopressor therapy, or new receipt of renal replacement therapy
7. Death

Primary Endpoint

The primary endpoint is ***time from randomization to sustained recovery,*** where sustained recovery is defined as being discharged from the index hospitalization, followed by being alive and *home* for 14 consecutive days prior to Day 90.

Home is defined as the level of residence or facility where the participant was residing prior to hospital admission leading to enrollment in this trial (the index hospitalization).

Residence or facility groupings to define home are:

1) **Independent/community dwelling** with or without help, including house, apartment, undomiciled/homeless, shelter, or hotel;
2) **Residential care facility** (e.g., assisted living facility, group home, other non-medical institutional setting);
3) **Other healthcare facility** (e.g., skilled nursing facility, acute rehab facility); and
4) L**ong-term acute care hospital** (hospital aimed at providing intensive, longer term acute care services, often for more than 28 days).

Lower (less intensive) level of residence or facility will also be considered as home. By definition, "home" cannot be a "short-term acute care" facility. Participants previously affiliated with a "long-term acute care" hospital recover when they return to the same or lower level of care.

Readmission from "home" may occur and if this occurs within 14 days of the first discharge to "home", then the primary endpoint will not be reached until such time as the participant has been at home for 14 consecutive days. Participants residing in a facility solely for public health or quarantine purposes will be considered as residing in the lowest level of required residence had these public health measures not been instated.

Primary Safety Endpoint
The primary safety endpoint is assessed at day 5 and day 28. It is defined as a composite of deaths, serious adverse events (SAEs), or grade 3 or 4 AEs. This composite is also expanded to include end organ dysfunction and serious infection events at day 28. These events were exempt from SAE reporting; instead they were reported at the time of discharge from the hospital on an eCRF.

Other Safety Outcomes
Clinical adverse events of any grade severity are collected on days 1-7; this information is compared to pre-existing AEs collected prior to infusion to determine incident grade 3 or 4 events. On day 14, incident grade 3 and 4 that occurred between day 7 and day 14 are reported on an eCRF; and on day 28 incident grade 3 and 4 events that occurred between day 14 and day 28 are reported on an eCRF.

Adverse events of any grade during the infusion and 2 hours post-infusion were collected using a checklist of 17 signs and symptoms.

Adverse events were graded for severity using a toxicity table of the Division of AIDS, NIAID.[1] For adverse events not in the table, a generic grading scheme was used. Adverse events were categorized according to codes in the Medical Dictionary for Regulatory Activities (MedDRA®), version 23.1.

Laboratory assessments of biomarkers for various types of organ dysfunction and the host's inflammatory state were determined at day 0 and day 5.

Sample Size for Ordinal Outcomes Used in Stage 1 to Assess Evidence of Activity
The sample size of 300 patients for stage 1 was planned to ensure that sufficient information would be available to determine whether sample size and eligibility should be expanded, i.e., whether to move into stage 2. It was assumed the pulmonary and pulmonary+ outcomes at day 5 would be highly correlated. The rationale for a 1-sided type 1 error rate of 0.30 and 95% power are based on previous work and an evaluation of the performance of the 2-stage plan during the planning stage of the protocol. The category percentages in the table below correspond to an odds ratio of 1.60. With these assumptions, total sample size for the comparison of each agent with placebo in stage 1 was 293 patients.[2] This was increased to 300 to allow for some missing data at day 5.

Category percentages assumed in the design for the pulmonary + ordinal outcome are in the table below. Estimates for the placebo + SOC group were obtained from the ACTT-1 trial of remdesivir. These percentages were assumed to be the similar for the pulmonary ordinal outcome at day 5.

	Percent in Each Category	
Pulmonary+ Outcome at Day 5	**Investigational Agent + SOC**	**Placebo + SOC**
No limiting symptoms due to COVID-19	3.2	2.0
Limiting symptoms due to COVID-19	53.5	43.0
Moderate end-organ dysfunction	20.6	23.0
Serious end-organ dysfunction	12.8	17.0
Life threatening end-organ dysfunction	5.0	7.3
End-organ failure	4.5	7.0
Death	0.4	0.7
Total	100.0	100.0

Sample Size to Assess Primary Endpoint
For the primary end point of sustained recovery we estimated that 843 primary events would be accrued if 1,000 patients were followed for 90 days; 843 primary evcnts provides 90% power at the 0.025 (1-sided) level of significance to detect a sustained recovery rate ratio (investigational agent/placebo) of 1.25

Monitoring Guidelines for the DSMB
Guidelines for advancing an investigational agent from stage 1 to stage 2 were provided to the independent DSMB. The guidelines were defined such that agents that did not meet the criteria for advancing to stage 2 were highly unlikely to demonstrate a statistically significant improvement in sustained recovery at full enrollment.

The guidelines, taken from the protocol, are given below.

- *If the investigational agent is superior (i.e. $p \leq 0.3$) to control for both ordinal intermediate outcomes, then advance agent to stage 2. The decision to advance an investigational agent before stage 1 is fully enrolled may be made at an interim review.*
- *If there is insufficient evidence for superiority versus control (i.e., $p>0.3$) in each of the two outcomes, then stop randomization, agent does not continue to stage 2. During stage 1, the decision to stop an investigational agent for futility would typically occur after the stage 1 trial is fully enrolled, and all participants were followed for 5 or more days.*
- *If there is a statistically significant ($p \leq 0.3$) association for one endpoint and not the other, then the agent may or may not advance depending on the risk/benefit profile emerging from the data at this early stage. If the effect estimate for both outcomes is on the side of benefit, the preference would be towards advancing the agent to stage 2, given that the decision to stop the investigational agent can be further considered as part of the planned safety and futility review in stage 2 follow-up.*

The DSMB will be asked to review whether the discordance is attributable to a positive or negative effect on extra-pulmonary organ dysfunction (the difference in the two ordinal scale categories, the conditions included in pulmonary+ but not in the pulmonary endpoint), and whether the same ordinal outcomes assessed on other days yield similar results, and weigh the risk/benefit profile. For example, if there is a significant positive effect on the pulmonary score and the lack of significant effect on the pulmonary+ score is driven by a lack of difference in the milder thrombotic symptoms in category 4 of the pulmonary+ scale (e.g. deep venous thrombosis) and there is no evidence of any raised risk of thrombosis overall, the agent will advance. Conversely, if the agent is superior to the control group with respect to the pulmonary outcome, but clearly inferior to the control group with respect to the pulmonary+ outcome or has a concerning safety profile, it will not advance. Analyses of "time to sustained recovery", the stage 2 primary endpoint will also be provided to the DSMB, as supporting information.

As a guideline, asymmetric boundaries will be provided to the DSMB to monitor the intermediate (stage 1) endpoint or each pairwise comparison of investigational agent versus control. For monitoring overwhelming benefit of an

investigational agent, the Lan-DeMets spending function analogue of the O'Brien-Fleming boundaries will be used. It will be chosen to preserve a 1-sided 0.30 level of significance. For computing the Lan-DeMets boundary, the information fraction at each interim analysis will be the number of participants who have completed 5 days of follow-up for stage 1 (divided by the planned sample size of 300). A Haybittle-Peto boundary using a 2.5 standard deviation (SD) for the first 50 participants enrolled and 2.0 SD afterwards will used as a guideline for harm.

Interim Analyses Conducted for the DSMB

The independent DSMB reviewed interim data on a regular basis. For LY-CoV555, safety data was limited at the beginning of the trial, therefore an early safety review was conducted after 28 participants had 5 days of follow-up. Subsequently, for LY-CoV555, three full interim data reports were provided to the DSMB. In addition, from September 28 through October 13, 2020, weekly safety updates were provided to the DSMB.

After the DSMB reviewed data from TICO on October 26, 2020 it was recommended that no further participants be randomized to receive LY-CoV555 / placebo, that the current result be unblinded, and that the 90 day follow-up be completed for all participants. Their recommendation was based on a low likelihood that the intervention would be of clinical value in this hospitalized patient population. Neither of the 2 ordinal outcomes favored LY-CoV555 compared to placebo with a p-value ≤ 0.30. The review on October 26 followed a review on October 13, 2020 that led the DSMB to recommend that enrollment be paused until the review on October 26, 2020. The review on October 13 included 211 participants with Day 5 data, and the pause was recommended because the Haybittle-Peto boundary for harm had been crossed.

Statistical Methods

Methods used for summarizing the ordinal outcomes are described in the main body of text. Additional details are provided here for methods used for the safety, time to event, and subgroup analyses. The risk score estimation used for subgroup analyses and for covariate adjustment is also described.

The primary safety analysis compared LY-CoV555 versus placebo for the proportion of participants who had died or experienced SAEs or new grade 3 or 4 AEs by Day 5 using logistic regression adjusting for study pharmacy. Kaplan-Meier estimates were calculated for time to the composite of time to death, SAEs, and grade 3 or 4 AEs and time to death through October 26. Treatment groups were compared using log-rank tests, and hazard ratios (HR) with 95% CIs and p-values were calculated using Cox proportional hazards models, stratified by study pharmacy.

To compare LY-CoV555 versus placebo for time to sustained recovery and for time to hospital discharge, rate ratios (RR) for (sustained) recovery were estimated using Fine-Gray models, stratified by study pharmacy.[3,4] The cumulative incidence functions within each treatment group were estimated using the Aalen-Johansen method, and treatment groups were compared using Gray's test with rho=0. The Fine-Gray model, Aalen-Johansen estimates, and Gray's test are analogues of the Cox proportional hazards model, Kaplan-Meier estimates, and the log-rank test, respectively, taking into account the competing risk of death.[5,6] Time to sustained recovery was assessed for the cohort of participants who were randomized up to September 28, because data from the Day 28 visit eCRF was required to ascertain sustained recovery.

The protocol defined a number of baseline-defined subgroup analyses for the primary endpoint of sustained recovery and for the Day 5 and Day 28 primary safety outcome. In this preliminary report subgroups are shown for the Day 5 pulmonary ordinal outcome. Heterogeneity of the treatment effect across subgroups was assessed by including interaction terms between treatment group and baseline subgroups in the proportional odds model for the Day 5 ordinal outcome.

One of the subgrouping factors defined was a disease progression risk score that considered the following factors measured at baseline: age, gender, duration of symptoms, pulmonary ordinal category, NEW score and chronic health conditions. Chronic health conditions included a history of asthma, chronic obstructive pulmonary disease (COPD), diabetes, heart failure, HIV or an immune suppression, hypertension, myocardial infarction, acute coronary syndrome or cerebrovascular accident, malignancy, or renal impairment. The number and percentage of participants with a history of these health conditions at entry are given in Table 1 and Table S1. This risk score was developed by fitting a logistic regression model of Day 5 pulmonary ordinal outcome categories dichotomized according to category ≥ 5 versus < 5 (5=noninvasive ventilation or high-flow oxygen; 6= invasive ventilation, ECMO, mechanical circulatory support, or new renal replacement therapy; or 7= death) for both treatment groups combined.

COPD and malignancy covariates were not included because no participants with these medical histories were in the worst 3 ordinal categories at Day 5. The estimated linear predictor from the fitted logistic regression model was used to construct a risk score (probability of being in category 5, 6 or 7 at Day 5) for each participant. The risk score was also used as covariate in selected analyses to adjust for chance baseline imbalances in some of the factors considered to develop the score. The table below summarizes the multiple logistic model with ORs and 95% CIs for the baseline factors considered. There were 61 participants in the 3 worst categories of the pulmonary ordinal outcome at Day 5.

Baseline Factor	Odds Ratio	95% CI
Age (per 10 years older)	1.25	0.96 - 1.63
Female vs male	0.51	0.25 – 1.05
Symptom duration (per 1 day longer)	0.96	0.84 – 1.09
NEW score (per 1 point higher)	1.28	1.08 – 1.52
Ordinal outcome at entry (per 1 category worse)	3.19	2.14 – 4.75
Asthma vs no history	0.49	0.12 – 1.96
Diabetes vs no history	2.22	1.04 – 4.76
CVD vs no history	3.23	0.66 – 16.0
HIV or immune suppression vs no history	2.87	0.46 – 18.1
CHF vs no history	0.33	0.04 – 3.15
Hypertension vs no history	0.57	0.27 – 1.22
Renal impairment vs no history	0.42	0.12 – 1.45

In a post hoc analysis carried out as result of chance imbalances at entry, the risk score was used as covariate in the analyses of major endpoints (Table S3). In this covariate adjusted analysis the risk score was used as a continuous variable. In subgroup analyses (Table S13), it was divided into 2 groups at the median score.

Data Management and Quality Assurance

Case reports forms were completed by trained staff at each clinical site, REDCap (Research Electronic Data Capture) was used for electronic data collection at each site. The central database for the trial resided at the Statistical and Data Management Center (SDMC) at the University of Minnesota. It was comprised of a number of database tables in Oracle, from which additional data views and analysis files were created. On a daily basis data queries based on pre-specified edits for clinical sites to address were posted to the INSIGHT study web site. Reports summarizing data quality (e.g., missing data) were posted to the INSIGHT web site and on a regular basis a the protocol team and a committee comprised of ICC and SDMC staff reviewed site quality performance data.

Section 3: Results

This section briefly summarizes tables and figures included in this supplement. The subheadings in the text of the main paper are used to organize this section.

Study Participants

Figure S1. 326 participants (169 LY-CoV555, 157 placebo), were randomized, 314 (163, 151) were infused, and 311 (161, 150) have a day 5 ordinal outcome. Through October 26, all participants had been followed for 7 days. The day 7 ordinal outcome is available for 299 (153, 146) participants.

Table S1. This tables includes an expanded list of baseline characteristics by treatment group and overall. Some items in Table 1 are also included in Table S1, e.g., history of chronic health conditions, so that the complete list of items collected are shown. The risk score computed and described in Methods was above the median for 52% of participants given LY-CoV555 and 48% of participants given placebo.

Table S2. The use of selected treatments was assessed at both baseline and Day 5. These treatments are summarized in Table S2. In both treatment groups the percentage of patients taking antiplatelet/anticoagulation treatment and immune modulating medication was lower at Day 5 than at baseline (Table S1).

Completeness of Follow-up

At day 14, an eCRF was completed for 274 participants, 95% of those eligible for the day 14 visit; 156 had a eCRF submitted on day 28, also 95% of those eligible to attend that visit. In the mITT analysis cohort, no participant has withdrawn consent.

Efficacy Outcomes

Table S3. As a consequence of chance imbalances in baseline characteristics, post-hoc covariate adjustment was carried out using the risk score described in Methods of this supplement. This table compares key test statistics in Table 2 of the manuscript using the protocol-specified analysis for covariate adjustment, no adjustment, and the protocol-specified covariate adjustment plus the risk score considered as a continuous variable. Effect estimates for each outcome, odds ratios (ORs), risk ratios (RRs), or hazard ratios (HRs) are similar with and without these adjustments.

Table S4. This table summarizes ORs for a more favorable outcome on LY-CoV555 than placebo for the pulmonary and pulmonary+ ordinal outcomes on days 1-7, day 14 and day 28. ORs are adjusted for the baseline category and study pharmacy. At day 14 and day 28 only the pulmonary ordinal outcome was assessed. All ORs are < 1.0.

Table S5a. Association Between the Day 5 Pulmonary Ordinal Outcome and Time to Sustained Recovery.
There is a clear gradient; participants with higher (worse) Pulmonary scores have longer time to recovery compared with patients with lower Pulmonary scores at Day 5 (RR < 1). To help interpret the association between the Pulmonary outcome and time to sustained recovery, Table S5b below describes the time to sustained recovery for participants in each Day 5 Pulmonary category.

The gradients are similar in the LY-CoV555 and placebo groups ($p=0.58$ for interaction between the treatment group indicator and the Pulmonary categories, $p=0.64$ for interaction with the continuous Pulmonary Day 5 score).

Table S5b. Time to Sustained Recovery by Category of the Day 5 Pulmonary Ordinal Outcome.
There is a clear gradient; participants with higher (worse) Pulmonary scores have longer time to recovery.

Organ Dysfunction and Serious Infections

Table S6. Specific end organ disease events and serious infections through October 26, 2020 are given in this table. These events are collected at the time of hospital discharge or death, an information was available for 152 patient given LY-CoV555 and 141 given placebo.

Safety Outcomes

Table S7. A checklist of 18 signs and symptoms was collected during and 2 hours post-infusion. These events are summarized by severity grade in Table S7. These signs and symptoms were to be reported irrespective or relationship to the LY-CoV555/placebo.

Table S8. This table gives the the number and percentage of participants who experienced each component of the composite safety outcome at Day 5. Thirty-one participants experienced at least one event in the LY-CoV555 group; these participants experienced a total of 35 events. In the placebo group, 21 participants experienced at least one event; 23 total events were experienced.

Table S9. The table gives the number and percentage of participants who experienced each of the components of the composite safety outcome, an end organ disease event, or a serious co-infection through Day 28. End organ disease events and serious infections are reported at the time of hospital discharge and this information is currently not available for 21 participants, 11 in the Ly-CoV555 group and and 10 in the placebo group.

Figure S2 (A-D). Kaplan Meier (K-M) plots are shown for 4 outcomes in this panel. Figures S2A and S2C are shown through Day 28 and correspond to the 2 composite safety outcomes summarized in Table 2 of the main report. These events are shown through Day 28 because that is the last visit at which Grade 3 and 4 events are collected.

Figures S2B and S2D show the K-M estimates through the censoring date for analyses in this report (October 26, 2020), up to 50 days. This range covers all deaths that occurred through October 26; the K-M estimate for death corresponds to the last line in Table 2 of the main report. Figure S2D considers the composite outcome of death, SAEs, organ failure events, or serious co-infections. Organ failure and serious co-infections are serious events that were exempted from SAE reporting in TICO since they were reported on other case report forms.

Table S10. This table summarizes, by MedDRA system organ class, the events that formed a composite outcome of death, SAEs, or grade 3 or 4 AEs through Day 28. The number and percentage of participants with at least one event in each system organ class is shown. Most events were classified as “Respiratory, Thoracic, Mediastinal” .

Table S11. Changes between baseline and Day 5 are given in this table for protocol-required locally determined laboratory markers.

Subgroup Analyses

Figure S3. This figure depicts category percentages of the pulmonary ordinal outcome at Day 5 according to the baseline category of the ordinal outcome. The upper part of this figure is also shown in Figure 1A in the main paper.

Table S12. In this table the pulmonary ordinal outcome at Day 5 is classified as “better”, “same”, or “worse” compared to baseline for each baseline category. Over all baseline categories, the percentage in each of these 3 categories was 45% (better), 35% (same), and 20% (worse) for the LY-CoV555 group and 55%, 27% and 18%, respectively, for the placebo group.

Table S13. A number of other baseline-defined subgroups besides the ordinal outcome at baseline were pre-specified. These are shown in Table S13 where the Day 5 pulmonary outcome OR is examined for heterogeneity across subgroups. ORs are estimated with a proportional odds model with adjustment for baseline category of the pulmonary ordinal outcome. Interaction p-values for trend across measured values of subgroups are marked with an "*". In addition to pre-specified subgroups, post-hoc subgroups according to treatment prescribed at entry and the risk score that was computed are shown.

Supplementary Appendix References

1. Division of AIDS (DAIDS) Table for Grading the Severity of Adult and Pediatric Adverse Events, Corrected Version 2.1. 2017. (Accessed August 14, 2020, at https://rsc.niaid.nih.gov/sites/default/files/daidsgradingcorrectedv21.pdf.)

2. Whitehead J. Sample Size Calculations for Ordered Categorical Data. Stat Med 1993; 12:2257-2271.

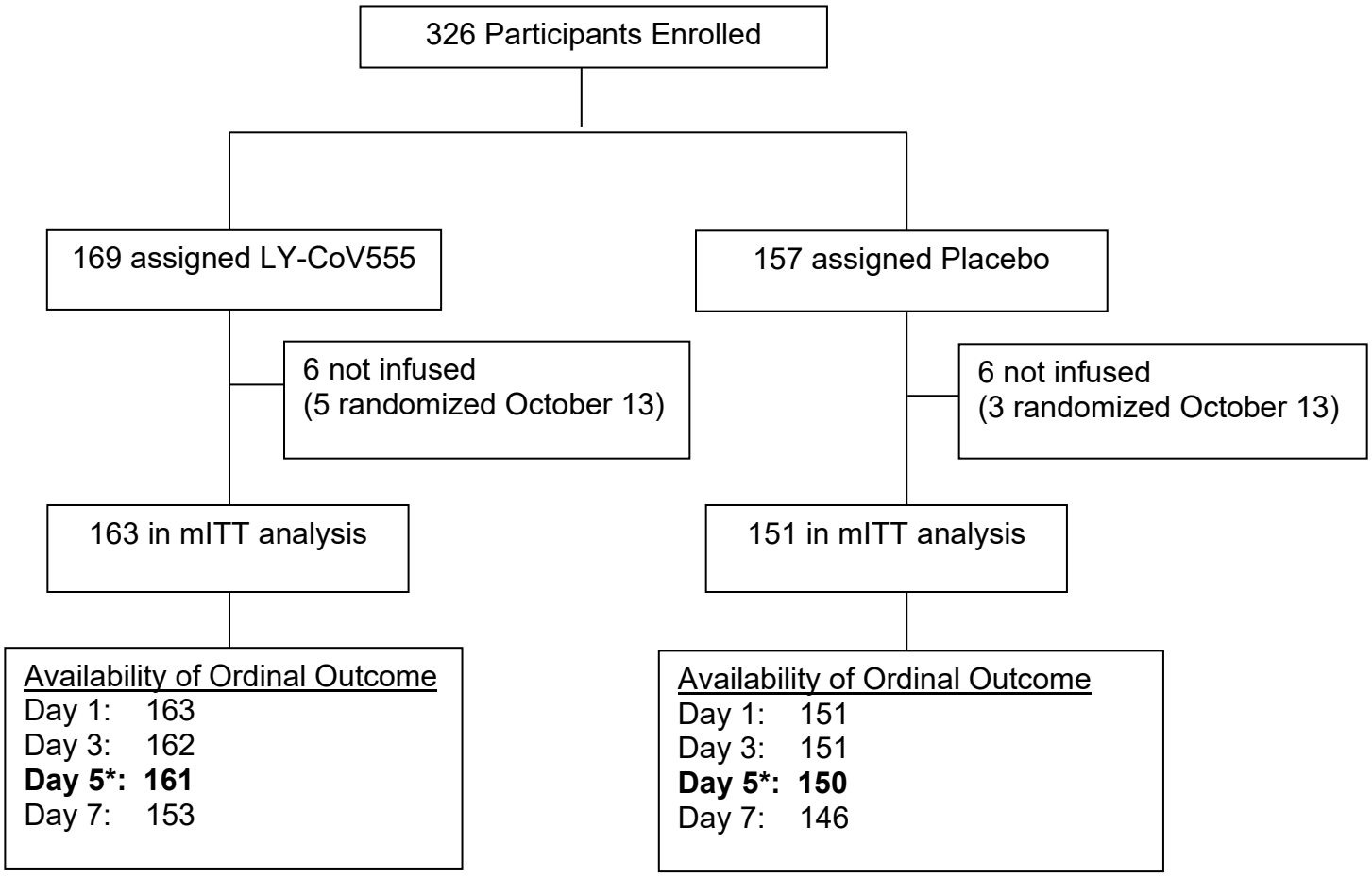
3. Fine JP, Gray RJ. A Proportional Hazards Model for the Subdistribution of a Competing Risk. J Am Stat Assoc 1999;94:496-509.

4. Zhou B, Latouche A, Rocha V, Fine J. Competing risks regression for stratified data. Biometrics 2011;67:661-70.

5. Aalen OO, Johansen S. An Empirical Transition Matrix for Non-Homogeneous Markov Chains Based on Censored Observations. Scandinavian Journal of Statistics 1978;5:141-50.

6. Gray RJ. A Class of K-Sample Tests for Comparing the Cumulative Incidence of a Competing Risk. Annals of Statistics 1988;16:1141-54.

Figure S1: CONSORT diagram



* Primary measure of efficacy in stage 1; safety outcomes were available for all participants at Day 5. The sustained recovery outcome was missing for 1 participant in the LY-CoV555 group.

Table S1: Additional Baseline Characteristics by Treatment Group

Baseline Characteristic			LY-CoV555 (n=163)	Placebo (n=151)	Total (n=314)
NEW score	Median (IQR)		4 (2, 5)	3 (2, 6)	4 (2, 6)
	No. (%)				
<2			21 (13%)	21 (14%)	42 (13%)
2-3			50 (31%)	60 (40%)	110 (35%)
4-5			52 (32%)	30 (20%)	82 (26%)
≥6			40 (24%)	40 (27%)	80 (26%)
Modified Borg Dyspnea Scale Score	No. (%) - available		160 (98%)	145 (96%)	305 (97%)
< 1 – nothing or very, very slight			35 (22%)	30 (21%)	65 (21%)
1 – Very slight			18 (11%)	11 (8%)	29 (10%)
2 – Slight			21 (13%)	23 (16%)	44 (14%)
3 – Moderate			35 (22%)	37 (26%)	72 (24%)
4 – Somewhat severe			22 (14%)	12 (8%)	34 (11%)
5 – Severe			9 (6%)	13 (9%)	22 (7%)
6 -			6 (4%)	6 (4%)	12 (4%)
7 – Very severe			6 (4%)	5 (3%)	11 (4%)
8 -			3 (2%)	6 (4%)	9 (3%)
9 – very, very severe			4 (3%)	2 (1%)	6 (2%)
10 – maximal			1 (1%)	0 (0%)	1 (.3%)
History of any	No. (%)				
of the below			117 (72%)	98 (65%)	215 (69%)
Hypertension requiring medication			82 (50%)	72 (48%)	154 (49%)
Diabetes requiring medication			54 (33%)	36 (24%)	90 (29%)
Renal impairment			24 (15%)	9 (6%)	33 (11%)
Cerebrovascular disease			2 (1%)	2 (1%)	4 (1%)
MI or acute coronary syndrome			7 (4%)	3 (2%)	10 (3%)
Heart failure			12 (7%)	1 (1%)	13 (4%)
Asthma			14 (9%)	14 (9%)	28 (9%)
COPD			10 (6%)	8 (5%)	18 (6%)
HIV or other immunosuppression			3 (2%)	4 (3%)	7 (2%)
Malignancies			7 (4%)	5 (3%)	12 (4%)
Ongoing use of		No. (%)			
Antiplatelets/anticoagulants			106 (65%)	95 (63%)	201 (64%)
Aspirin			30 (18%)	28 (19%)	58 (19%)
Other antiplatelets			13 (8%)	7 (5%)	20 (6%)
Heparin in prophylactic doses			74 (45%)	73 (48%)	147 (47%)
Heparin in intermediary and therapy doses			5 (3%)	7 (5%)	12 (4%)
Warfarin			4 (3%)	1 (1%)	5 (2%)
DOAC			9 (5%)	5 (3%)	14 (5%)
Antibiotics		No. (%)	54 (33%)	36 (24%)	90 (29%)
IV antibiotics			46 (28%)	33 (22%)	79 (25%)
Oral antibiotics			13 (8%)	10 (7%)	23 (7%)
Antivirals		No. (%)	2 (1%)	1 (1%)	3 (1%)
Immune modulating medication		No. (%)	93 (57%)	86 (57%)	179 (57%)

Corticosteroids		80 (49%)	74 (49%)	154 (49%)
NSAID		17 (10%)	16 (11)	33 (11%)
Antirejection medicines		8 (5%)	0 (0%)	8 (3%)
Immune modulators[1]		1 (1%)	5 (3%)	6 (2%)
Biologics for cancer and/or autoimmune disease		3 (2%)	4 (3%)	7 (2%)

[1] None on IL1, IL6, interferon, and TNF inhibitor; 1 on JAK inhibitor (placebo), and remaining "other types".

Table S2: Concomitant Treatments Prescribed at Day 5

	LY-CoV555 (n=161)		Placebo (n=150)		Total (n=311)	
Concomitant Medication	**No.**	**Pct.**	**No.**	**Pct.**	**No.**	**Pct.**
Antibiotics	28	17.5	20	13.4	48	15.5
IV antibiotic	13	8.1	10	6.7	23	7.4
Oral antibiotic	15	9.4	11	7.4	26	8.4
Antifungals	4	2.5	2	1.3	6	1.9
ACE inhibitor	22	13.8	16	10.7	38	12.3
ARB	15	9.4	14	9.4	29	9.4
Antiplatelets/anticoagulants	74	46.3	61	40.9	135	43.7
Aspirin	26	16.3	24	16.1	50	16.2
Other antiplatelet	9	5.6	6	4.0	15	4.9
Heparin prophy dose	35	21.9	33	22.1	68	22.0
Heparin intermediate dose	5	3.1	3	2.0	8	2.6
Heparin therapeutic dose	5	3.1	4	2.7	9	2.9
Warfarin	2	1.3	1	0.7	3	1.0
DOAC	8	5.0	6	4.0	14	4.5
Antiviral	0	0.0	0	0.0	0	0.0
Immune modulating medication	67	41.9	66	44.3	133	43.0
Corticosteroids	59	36.9	60	40.3	119	38.5
NSAID	3	1.9	8	5.4	11	3.6
Antirejection meds	6	3.8	0	0.0	6	1.9
Immune modulator	1	0.6	2	1.3	3	1.0
Biologic meds for cancer/autoimmune disease	0	0.0	2	1.3	2	0.6

Note - concomitant medications used within the last 24 hours.

Table S3: Impact of Covariate Adjustment on Major Outcomes

Outcome	OR, RR or HR (95%CI)	OR, RR or HR (95%CI)	OR, RR or HR (95%CI)
Efficacy Outcomes*	**Pre-Specified Analysis[1]**	**No adjustment or stratification**	**Adjustment for baseline risk score in addition to covariates in primary analysis [2]**
Pulmonary ordinal outcome at Day 5 (OR)	0.85[a] (0.56, 1.29)	0.82 (0.55, 1.22)	0.86 (0.57, 1.31)
Pulmonary+ ordinal outcome at Day 5 (OR)	0.87[a] (0.57, 1.31)	0.84 (0.56, 1.24)	0.87 (0.58, 1.33)
Sustained recovery through October 26 (RR)	1.06[b] (0.77, 1.47)	1.07 (0.78, 1.47)	1.03 (0.73, 1.44)
Discharged from hospital through October 26 (RR)	0.97[b] (0.78, 1.20)	0.93 (0.75, 1.16)	1.05 (0.84, 1.31)
Safety Outcomes**			
Infusion reactions (OR)	1.64[c] (0.79, 3.44)	1.61 (0.79, 3.25)	1.72 (0.82, 3.62)
Composite safety outcome*** through Day 5 (OR)	1.56[c] (0.78, 3.10)	1.45 (0.79, 2.66)	1.62 (0.78, 3.40)
Composite safety outcome*** through Day 28 (HR)	1.22[d] (0.75, 1.98)	1.22 (0.76, 1.97)	1.21 (0.74, 1.98)
Composite safety outcome*** or organ dysfunction or serious infections through Day 28 (HR)	1.25[d] (0.81, 1.93)	1.30 (0.85, 1.99)	1.24 (0.80, 1.93)
Deaths through 26 October 2020 (HR)	2.00[d] (0.67, 5.99)	1.75 (0.59, 5.24)	1.96 (0.64, 5.97)

* Estimates greater than 1.0 favor LY-CoV555; estimates <1.0 favor placebo.
** Estimates less than 1.0 favor LY-COV555; estimates > 1.0 favor placebo.
*** Composite defined as deaths, SAEs, or grade 3 or 4 AEs

[1] Data similar to what is displayed in Table 2 (i.e. the primary, protocol-specified, analysis; i.e. adjusted for baseline ordinal category and site pharmacy.)

[2] The baseline risk score intends to capture in a single score potential risk factors for the presented outcomes; comparison of data in this column with those in two columns to the left informs on the possible effects of differences in patient characteristics between the two arms of the trial at baseline (see section 2 ("Methods") of this supplement for details on the development of the risk score).

[a] ORs estimated from a proportional odds model adjusted for baseline ordinal category and site pharmacy.
[b] Recovery RR (LY-CoV555/placebo) of cumulative incidence accounting for competing risk of death stratified by site pharmacy.
[c] ORs estimated from a logistic regression model adjusted for site pharmacy.
[d] HRs estimated from a proportional hazards regression model stratified by site pharmacy.

Abbreviations: HR=hazard ratio, OR=odds ratio, RR=recovery rate ratio (sub-distribution hazard ratio with competing risk of death).

Table S4: Summary of Odds Ratios from Proportional Odds Model by Day of Follow-up for the Pulmonary and Pulmonary+ Ordinal Outcomes by Treatment Group

		Pulmonary Outcome			Pulmonary+ Outcome		
Visit	No.	OR*	95% CI	p-value	OR*	95% CI	p-value
Baseline	314	0.86	0.57, 1.29	.45	0.86	0.57, 1.29	.45
Day 1	314	0.76	0.48, 1.19	.23	0.75	0.48, 1.18	.21
Day 2	314	0.67	0.43, 1.04	.08	0.70	0.45, 1.09	.12
Day 3	313	0.61	0.40, 0.94	.03	0.63	0.41, 0.96	.03
Day 4	313	0.79	0.52, 1.21	.29	0.81	0.53, 1.23	.31
Day 5	311	0.85	0.56, 1.29	.45	0.87	0.57, 1.31	.50
Day 6	298	0.75	0.49, 1.15	.19	0.76	0.49, 1.16	.20
Day 7	299	0.84	0.55, 1.29	.43	0.85	0.55, 1.30	.45
Day 14**	276	0.87	0.55, 1.37	.54	-	-	-
Day 28**	159	0.83	0.43, 1.63	.60	-	-	-

* Summary odds ratio (LY-CoV555/Placebo) of being in a better category, using proportional odds model with adjustment for patient's baseline clinical category and pharmacy.

** The pulmonary+ outcome is not assessed beyond day 7.

Table S5a. Association Between the Day 5 Pulmonary Ordinal Outcome and Time to Sustained Recovery

Predictor	RR*	95% CI	P-value
Treatment group (LY-Cov555 vs Placebo)	0.96	0.68 to 1.36	0.82
Pulmonary score at Day 5			<0.0001
Category 2 vs 1	0.34	0.19 to 0.59	0.0002
Category 3 vs 1	0.24	0.14 to 0.42	<0.0001
Category 4 vs 1	0.07	0.03 to 0.14	<0.0001
Category 5 vs 1	0.03	0.01 to 0.07	<0.0001

* The recovery rate ratio (RR) was estimated in a Fine-Gray regression model for time to sustained recovery, taking into account the competing risk of death; the RR is the sub-distribution hazard ratio for recovery. The analysis includes 167 participants with Day 28 eCRF data (or ≥28 days of administrative follow-up); of those, 11 participants died. For this analysis, categories 5-7 were merged, because only few participants were in category 6 on Day 5, and none had died.

Table S5b. Time to Sustained Recovery by Category of the Day 5 Pulmonary Ordinal Outcome

Group	N (%) in Group	Time to Sustained Recovery**	
		Median (days) (95% CI)	25^{th} , 75^{th} Percentile
Overall		20 (19 to 21)	17, 27
Pulmonary Categories on Day 5			
1 = Usual activities with minimal/no symptoms	29 (17%)	17 (16 to 18)	16, 18
2 = No supplemental oxygen; symptomatic and unable to undertake usual activities	43 (26%)	18 (17 to 19)	17, 22
3 = Supplemental oxygen < 4 L/min*	40 (24%)	20 (18 to 20)	17, 21
4 = Supplemental oxygen ≥ 4 L/min*	19 (11%)	23 -	21, -
5 = Non-invasive ventilation or high-flow oxygen	30 (18%)	34 -	25, -
6 = Invasive ventilation, ECMO, mechanical circulatory support, renal replacement therapy***	6 (4%)	None recovered	

* Compared to pre-morbid use, if applicable

** Median time to sustained recovery, the 95% CI for the median, and the 25^{th} and 75^{th} percentiles were estimated using a modified Kaplan-Meier estimate to take into account the competing risk of death (for participants who died, time to event was imputed as time to October 26, 2020, the date of administrative censoring); this approach approximates the Aalen-Johansen estimator for the cumulative incidence function of sustained recovery.

***No participants died

Table S6: End Organ Disease Events and Serious Infections through October 26 by Treatment Group

	LY-CoV555 (n =152 *)		Placebo (n=141 *)	
Diagnoses	**No.**	**Pct.**	**No.**	**Pct.**
Cardiac and vascular dysfunction				
MI	0	0.0	0	0.0
CHF NYHA class III or IV	0	0.0	1	0.7
Hypotension requiring vasopressor	5	3.3	5	3.5
Myocarditis	0	0.0	0	0.0
Pericarditis	0	0.0	0	0.0
Hematological dysfunction				
Major bleeding event	1	0.7	0	0.0
DIC	0	0.0	0	0.0
Thromboembolic events	3	2.0	1	0.7
Hepatic dysfunction				
Hepatic dysfunction	0	0.0	0	0.0
Infection				
Intercurrent serious coinfection	4	2.6	4	2.8
Neurologic dysfunction				
Acute delirium	4	2.6	1	0.7
Cerebrovascular accident/stroke	0	0.0	1	0.7
Encephalitis	0	0.0	0	0.0
Meningitis	0	0.0	0	0.0
Myelitis	0	0.0	0	0.0
TIA	0	0.0	0	0.0
Renal dysfunction				
Renal replacement therapy	2	1.3	0	0.0
Respiratory dysfunction				
Respiratory failure	15	9.9	15	10.6
Any of above	25	16.4	19	13.5

* - N = number of patients with index hospitalization form in the database. Diagnoses associated with clinical organ failure are collected on the index (and readmission, if applicable) hospitalization forms, which are submitted upon hospital discharge.

Table S7: Signs and Symptoms Reported During and 2 Hours Post-Infusion by Treatment Group

	LY-CoV555 (n=163)				Placebo (n=151)			
Infusion Reaction*	**Grade 1 N (%)**	**Grade 2 N (%)**	**Grade 3 N (%)**	**Grade 4 N (%)**	**Grade 1 N (%)**	**Grade 2 N (%)**	**Grade 3 N (%)**	**Grade 4 N (%)**
Angioedema	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Anaphylaxis	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (1%)	0 (0%)	0 (0%)
Bronchospasm	0 (0%)	0 (0%)	1 (1%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Chills	2 (1%)	1 (1%)	2 (1%)	1 (1%)	0 (0%)	3 (2%)	0 (0%)	0 (0%)
Diarrhea	0 (0%)	0 (0%)	0 (0%)	0 (0%)	2 (1%)	0 (0%)	0 (0%)	1 (1%)
Fever	3 (2%)	4 (2%)	1 (1%)	0 (0%)	2 (1%)	1 (1%)	0 (0%)	0 (0%)
Headache	2 (1%)	0 (0%)	1 (1%)	0 (0%)	0 (0%)	1 (1%)	1 (1%)	0 (0%)
Hypotension	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (1%)	0 (0%)
Pruritus	1 (1%)	0 (0%)	1 (1%)	0 (0%)	1 (1%)	0 (0%)	0 (0%)	0 (0%)
Myalgia	0 (0%)	0 (0%)	1 (1%)	1 (1%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Nausea	0 (0%)	2 (1%)	1 (1%)	0 (0%)	1 (1%)	0 (0%)	0 (0%)	1 (1%)
Rash - non-urticarial	0 (0%)	0 (0%)	1 (1%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Shortness of breath	0 (0%)	0 (0%)	1 (1%)	0 (0%)	1 (1%)	0 (0%)	0 (0%)	0 (0%)
Tachycardia	1 (1%)	0 (0%)	1 (1%)	0 (0%)	0 (0%)	0 (0%)	1 (1%)	0 (0%)
Throat irritation/tightening	0 (0%)	0 (0%)	1 (1%)	0 (0%)	1 (1%)	0 (0%)	0 (0%)	0 (0%)
Urticaria/hives	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Vomiting	1 (1%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Other reaction	7 (5%)	1 (1%)	0 (0%)	1 (1%)	4 (3%)	0 (0%)	3 (2%)	0 (0%)
Any of above	15 (9%)	8 (5%)	3 (2%)	1 (1%)	9 (6%)	6 (4%)	4 (3%)	1 (1%)

* Collected via checklist during and within 2 hours following the completion of the infusion of blinded study medication. Limited to signs and symptoms that are new or increased in grade (as compared to pre-infusion). A participant with multiple *other* reactions is counted once according to highest grade of *other reaction* recorded.

Table S8: Summary of Components of Primary Safety Outcome at Day 5

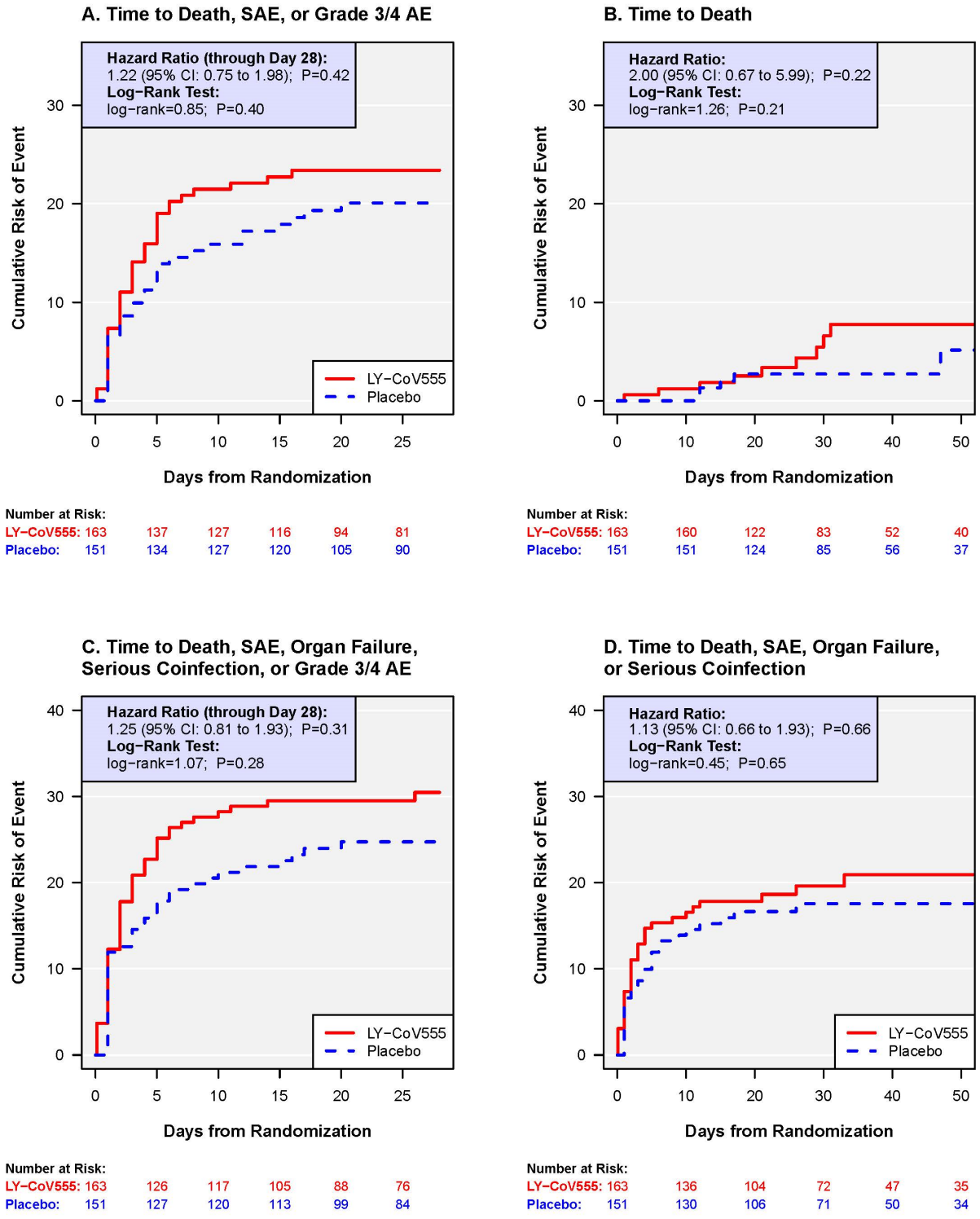
Composite Safety Outcome and Components through Day 5	LY-CoV555 (n=163)	Placebo (n=151)	OR (95%CI)	P-value
No. (%) with composite safety outcome	31 (19.0)	21 (13.9)	1.56 (0.78, 3.10)	.20
No. (%) Deaths	1 (0.6)	0 (0.0)	-	-
No. (%) SAEs	4 (2.5)	2 (1.3)	-	-
No. (%) Grade 3 or 4 adverse events	30 (18.4)	21 (13.9)	-	-

Table S9: Summary of Components of Primary Safety Outcome, including Organ Failure and Serious Infections at Day 28 by Treatment Group

Composite Outcome and Components through Day 28	LY-CoV555 (n=163)	Placebo (n=151)	HR (95%CI)	P-value
No. (%) with composite safety outcome[+], organ dysfunction, or serious co-infection	49 (30.1)	37 (24.5)	1.25 (0.81, 1.93)	.31
No. (%) deaths	6 (3.7)	4 (2.6)	-	-
No. (%) SAEs	5 (3.1)	5 (3.3)	-	-
No. (%) Grade 3 or 4 adverse events	37 (22.7)	27 (17.9)	-	-
No. (%) Organ dysfunction events[++]	24 (15.8)	18 (12.8)	-	-
No. (%) Serious co-infections[++]	4 (2.6)	4 (2.8)	-	-

[+] Deaths, SAEs, or grade 3 or 4 AEs.
[++] Dates of organ dysfunction events and serious infections are reported at the time of hospital discharge or death. These data are currently missing for 11 participants given LY-CoV555 and 10 participants given placebo. All other events are reported through Day 28.

Figure S2 (A-D): Kaplan-Meier plots for 4 safety outcomes.



Footnote: Composite outcomes containing grade 3 or 4 AEs (panels A and C) are analyzed through Day 28, because these events are collected only up to Day 28. Hazard ratios are estimated in Cox proportional hazards models; all tests are stratified by study pharmacy.

Table S10: Deaths, SAEs and New Grade 3 and 4 Adverse Events through Day 28 by MedDRA System Organ Class and Treatment Group

System Organ Class (MedDRA SOC)	LY-CoV555 (n=163)		Placebo (n=151)		p-value**
	Pts w/ events*	Pct w/ events	Pts w/ events*	Pct w/ events	
Blood and Lymphatic System	0	0.0	2	1.3	
Cardiac	6	3.7	2	1.3	.12
Congenital, Familial, Genetic	0	0.0	0	0.0	
Ear and Labyrinth	0	0.0	0	0.0	
Endocrine	0	0.0	0	0.0	
Eye	0	0.0	0	0.0	
Gastrointestinal	0	0.0	5	3.3	.02
General and Administration Site	14	8.6	8	5.3	.20
Hepatobiliary	0	0.0	0	0.0	
Immune System	0	0.0	0	0.0	
Infections and Infestations	6	3.7	4	2.6	.78
Injury, Poisoning, Procedural	2	1.2	0	0.0	
Investigations	1	0.6	1	0.7	
Metabolism and Nutrition	8	4.9	5	3.3	.42
Musculoskeletal, Connective Tissue	2	1.2	0	0.0	
Neoplasms - Benign and Malignant	0	0.0	0	0.0	
Nervous System	2	1.2	3	2.0	.61
Pregnancy, puerperium, perinatal	0	0.0	0	0.0	
Psychiatric	9	5.5	1	0.7	.01
Renal and Urinary	5	3.1	0	0.0	.03
Reproductive System and Breast	0	0.0	0	0.0	
Respiratory, Thoracic, Mediastinal	20	12.3	16	10.6	.62
Skin and Subcutaneous Tissue	0	0.0	1	0.7	
Social Circumstances	0	0.0	0	0.0	
Surgical and Medical Procedures	0	0.0	0	0.0	
Vascular	5	3.1	3	2.0	.50
Any of above	39	23.9	30	19.9	.34

* Limited to MedDRA-coded events reported through Day 28

** Cochran-Mantel-Haenszel test stratified by site pharmacy, displayed if no. events is ≥5

Table S11: Changes in Laboratory Measures from Baseline to Day 5 by Treatment Group

	Day 5 Means		Changes from Baseline		Treatment Group Difference		
	LY-CoV555 (n=131)	Placebo (n=137)	LY-CoV555 (n=131)	Placebo (n=137)	Adj. Dif.*	SE	p-value
Serum creatinine mg/dL	1.03	1.02	-0.12	-0.00	-0.13	0.05	.007
AST/SGOT U/L	38.3	33.2	-13.3	-9.8	3.05	3.18	.34
ALT/SGPT U/L	58.1	55.4	15.3	14.8	1.56	5.72	.79
WBC $x10^9/L$	10.19	9.71	2.28	2.87	0.24	0.55	.66
Hemoglobin g/dL	12.9	12.9	0.1	0.1	-0.03	0.16	.86
Platelets $x10^9/L$	335.4	341.5	125.7	126.0	0.59	12.99	.96
Lymphocytes $x10^9/L$	1.43	1.55	0.47	0.61	-0.04	0.14	.79
CRP log_2 mg/L	4.45	3.99	-1.88	-2.13	0.34	0.22	.12

* Treatment group difference (LY-CoV555 minus Placebo) in Day 5 lab value adjusted for baseline value and study pharmacy.

Figure S3: Category of Pulmonary Ordinal Outcome at Day 5 According to Category at Baseline by Treatment Group

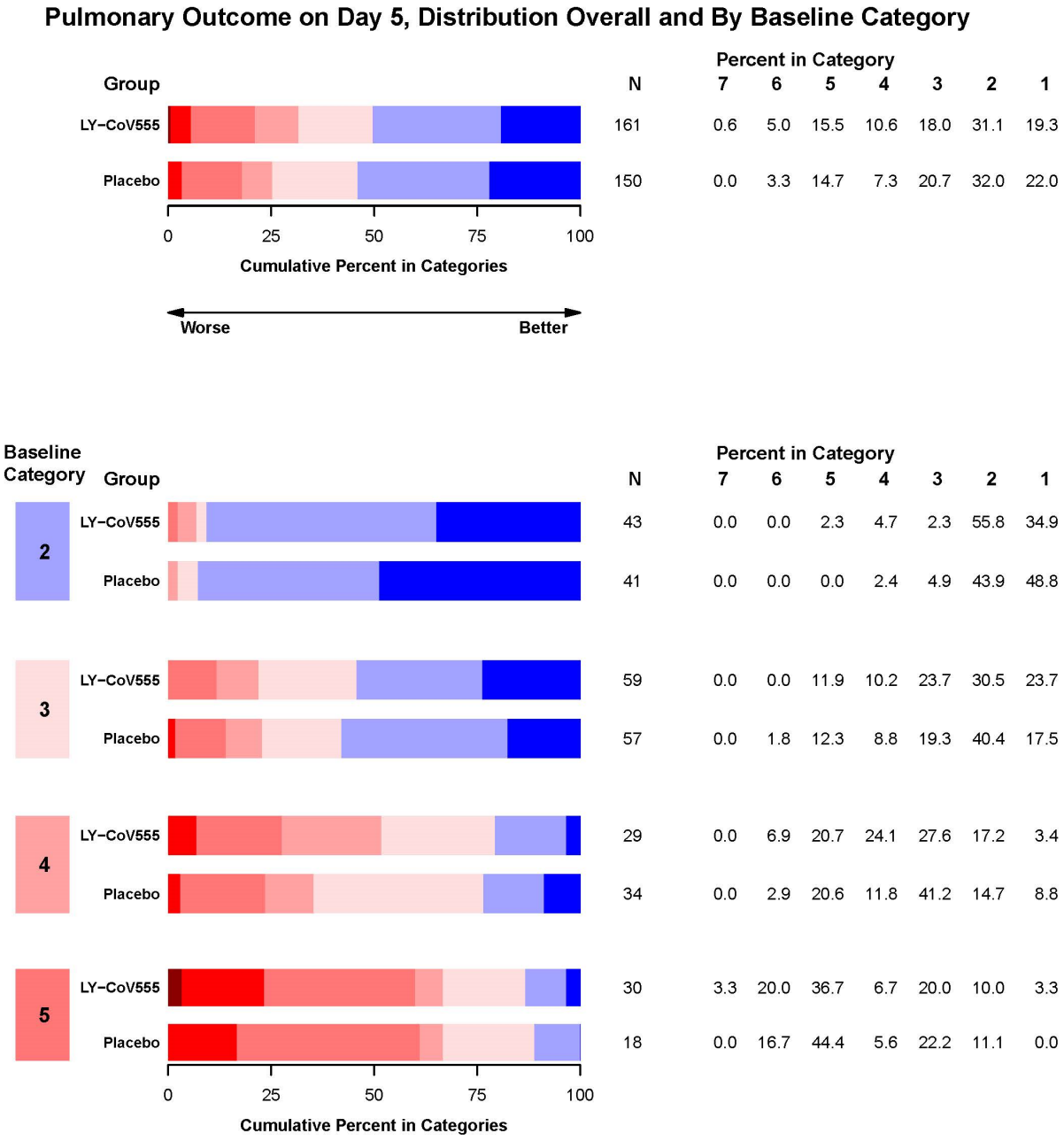


Table S12: Change in Category of Pulmonary Ordinal Outcome at Day 5 According to Category at Baseline by Treatment Group

	LY-CoV555		Placebo	
Baseline Category*	**No.**	**Pct.**	**No.**	**Pct.**
No oxygen use	**43**	**100.0**	**41**	**100.0**
Better category on Day 5	15	34.9	20	48.8
Same category on Day 5	24	55.8	18	43.9
Worse category on Day 5	4	9.3	3	7.3
Conventional supplemental O2 < 4 L/min	**59**	**100.0**	**57**	**100.0**
Better category on Day 5	32	54.2	33	57.9
Same category on Day 5	14	23.7	11	19.3
Worse category on Day 5	13	22.0	13	22.8
Conventional supplemental O2 ≥ 4 L/min	**29**	**100.0**	**34**	**100.0**
Better category on Day 5	14	48.3	22	64.7
Same category on Day 5	7	24.1	4	11.8
Worse category on Day 5	8	27.6	8	23.5
HFNC or non-invasive ventilation	**30**	**100.0**	**18**	**100.0**
Better category on Day 5	12	40.0	7	38.9
Same category on Day 5	11	36.7	8	44.4
Worse category on Day 5	7	23.3	3	16.7
All participants	**161**	**100.0**	**150**	**100.0**
Better category on Day 5	73	45.3	82	54.7
Same category on Day 5	56	34.8	41	27.3
Worse category on Day 5	32	19.9	27	18.0

* Baseline category of ordinal pulmonary endpoint.

Table S13: Subgroup Analysis for Day 5 Pulmonary Ordinal Outcome

	LY-CoV555		Placebo		Proportional Odds			Interaction
Baseline Subgroup	No.	Score	No.	Score	OR	95% CI	P-value	P-value
Age* (years)								
< 50	37	2.5	40	2.7	1.28	0.55, 2.96	.57	.30
50-59	30	3.0	39	2.8	0.80	0.32, 1.97	.63	
60-69	45	3.2	28	2.6	0.59	0.24, 1.42	.24	
70+	49	2.9	43	2.7	0.80	0.38, 1.69	.56	
Gender								
Male	96	3.0	79	2.8	0.66	0.38, 1.15	.14	.22
Female	65	2.7	71	2.6	1.05	0.57, 1.96	.87	
Race								
Black	33	2.9	34	2.5	0.60	0.25, 1.46	.26	.15
Hispanic	41	3.0	33	3.4	1.70	0.72, 4.03	.22	
White/other	87	2.9	83	2.5	0.68	0.39, 1.19	.18	
Days since symptom onset*								
≤ 5	56	2.9	44	2.6	0.91	0.43, 1.95	.82	.55
6-8	45	3.0	53	2.7	0.69	0.32, 1.48	.34	
9 +	60	2.9	53	2.8	1.11	0.56, 2.20	.76	
BMI*								
< 30	81	2.7	66	2.5	0.86	0.47, 1.60	.64	.61
30 - 34.9	35	3.1	41	2.8	0.65	0.28, 1.51	.31	
35 +	45	3.0	42	3.0	0.89	0.41, 1.90	.76	
Diabetes								
yes	54	3.0	36	3.5	1.40	0.64, 3.04	.40	.15
no	107	2.9	114	2.5	0.71	0.44, 1.16	.17	
Hypertension								
yes	82	3.0	72	2.8	0.77	0.43, 1.37	.37	.73
no	79	2.8	78	2.6	0.93	0.52, 1.66	.80	
Modified Borg dyspnoea scale*								
0-2	73	2.6	63	2.3	0.69	0.36, 1.32	.26	.39
3+	85	3.2	81	3.0	0.80	0.46, 1.40	.44	
NEW score*								
≤ 3	70	2.1	80	2.2	0.85	0.46, 1.57	.60	.38
4 +	91	3.5	70	3.3	0.80	0.46, 1.41	.45	
Baseline pulmonary category*								
Not on supplemental O2	43	1.8	41	1.6	0.58	0.25, 1.35	.21	.78
Sup O2, flow rate < 4 L/min	59	2.6	57	2.6	1.08	0.56, 2.07	.82	
Sup O2, flow rate ≥ 4 L/min	29	3.6	34	3.3	0.64	0.26, 1.57	.33	
HFNC/non-invasive ventil.	30	4.4	18	4.3	0.91	0.32, 2.61	.86	
Remdesivir prior to randomization								
yes	59	2.9	66	2.8	1.03	0.54, 1.98	.92	.59
no	102	2.9	84	2.6	0.77	0.45, 1.31	.33	
Corticosteroids								
yes	80	3.2	74	2.8	0.65	0.36, 1.16	.14	.30
no	81	2.6	76	2.6	1.05	0.59, 1.87	.88	
Risk score*								
Above median	84	3.6	72	3.4	0.75	0.42, 1.33	.32	.46
Below median	77	2.1	78	2.1	0.98	0.54, 1.77	.95	