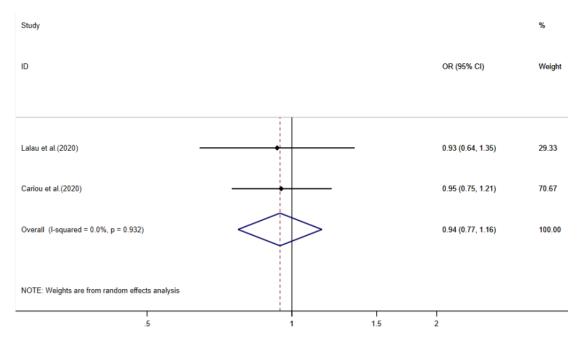
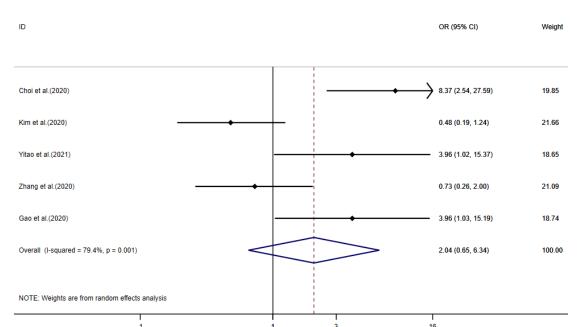


Supplementary Figure 1 Flowchart of study selection for the meta-analysis.

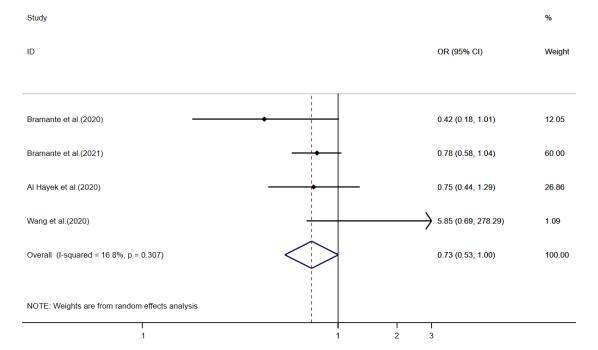


Supplementary Figure 2 Forest plot of studies assessing association between metformin use and intubation among COVID-19 patients. CI, confidence interval; OR, odds ratio.

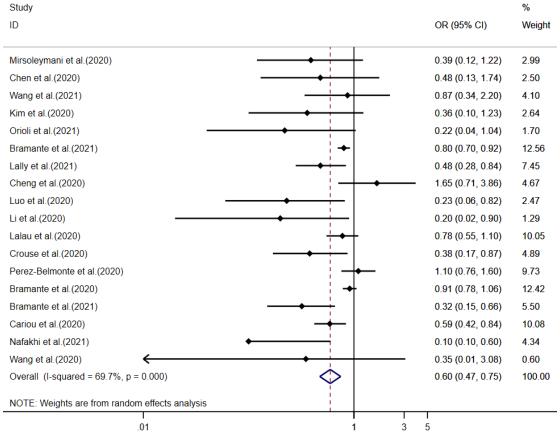
Study %



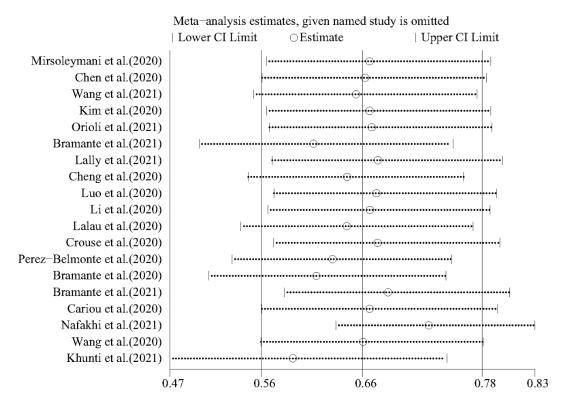
Supplementary Figure 3 Forest plot of studies assessing association between metformin use and deterioration among COVID-19 patients. CI, confidence interval; OR, odds ratio.



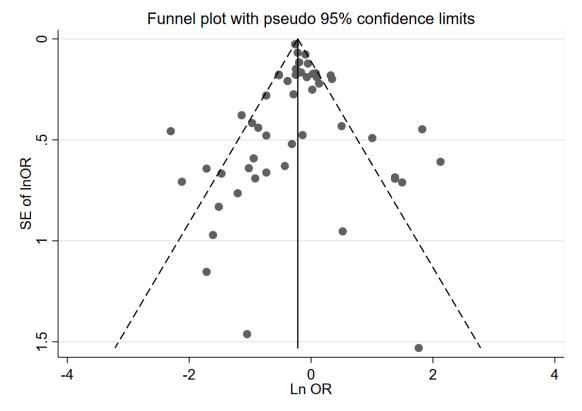
Supplementary Figure 4 Forest plot of studies assessing association between metformin use and being hospitalized among COVID-19 patients. CI, confidence interval; OR, odds ratio.



Supplementary Figure 5 Sensitivity analysis of association between metformin use and risk of COVID-19 mortality after excluded the study with the largest number of sample size. CI, confidence interval; OR, odds ratio.



Supplementary Figure 6 Influencing analysis of association between metformin use and risk of COVID-19 mortality. CI, confidence interval; OR, odds ratio.



Supplementary Figure 7 Funnel plot for the studies assessing the association between metformin use and mortality among COVID-19 patients. P value for Egger's test = 0.879; P value for Begg's test = 0.270. Abbreviation: OR, odds ratio; SE, standard error.

#1	((COVID-19 [Mesh]) OR (SARS-Cov-2 [Mesh]) OR (coronavirus [Mesh]) OR
	(NCov-2019))
#2	((COVID-19 [Title/Abstract]) OR (SARS-Cov-2 [Title/Abstract]) OR
	(coronavirus [Title/Abstract]) OR (NCov-2019 [Title/Abstract]) OR (2019-nCoV
	[Title/Abstract]) OR (2019 nCoV [Title/Abstract]) OR (Coronavirus Disease-19
	[Title/Abstract]) OR (Coronavirus Disease 19 [Title/Abstract]) OR (Coronavirus
	Disease 2019 [Title/Abstract]) OR (SARS CoV 2 [Title/Abstract]) OR(2019
	Novel Coronavirus [Title/Abstract]) OR (SARS Coronavirus 2 [Title/Abstract])
	OR (Severe Acute Respiratory Syndrome Coronavirus 2 [Title/Abstract]))
#3	#1 OR #2
#4	(Metformin [Mesh])
#5	((Metformin [Title/Abstract]) OR (Dimethylbiguanidine [Title/Abstract] OR
	(Dimethylguanylguanidine [Title/Abstract]) OR (Glucophage [Title/Abstract]) OR
	(Metformin HCl [Title/Abstract]))
#6	#4 OR #5
#7	#3 AND #6

## Supplementary Table 2 Medication, outcomes, and adjusted confounders of included studies

Author	Year		Medication			Outcomes	Adjusted potential confounders
		Metformin group	Control group	Dose	Туре	Definition	-
Izzi-Engbeaya et al.	2021	NA	NA	NA	Mortality/ICU	NA	None
Mirsoleymani et al	2020	NA	NA	NA	Mortality	NA	None
Liu et al.	2020	NA	NA	NA	Mortality/ICU	NA	HbA1c at admission
Jiang et al.	2020	NA	NA	≥500 mg/d	Mortality; ARDS	NA	Age, gender, weight, FBG, severity of COVID-19, Charlson comorbidity index, glucocorticoids, DDI, LDH, CRP, duration of diabetes, metformin therapy prior to hospitalization.
Wang et al.	2021	Patients should be on a current metformin prescription (extending into the pandemic period) and co-prescribed at least one of eight other glucose-lowering agents. Patients who were on metformin monotherapy were excluded as they will be at an early disease status resulting in	be a current or recent user of metformin and should have a prescription for at least one of the eight other glucose- lowering agents extending into the	NA	Mortality	Defined as individuals who died within 28 days after the diagnosis of suspected or confirmed COVID-19	Age, sex, smoking status, high alcohol consumption (alcoholism), body mass index categories, total cholesterol categories, high-density lipoprotein categories, Albumin-creatinine ratio categories, estimated glomerular filtration rate categories, HbA1c categories, atrial fibrillation, rheumatoid arthritis, hypertension, cardiovascular disease, non-alcoholic fatty liver disease or non-alcoholic steatohepatitis, prescriptions of renin angiotensin aldosterone system inhibitors, other antihypertensive drugs, lipid lowering drugs, antiplatelets, anticoagulants, diabetes complications, diabetes duration, respiratory

	immortal time b	ias.				disease, cancers, immunosuppressant therapies, and systemic corticosteroid use.
Choi et al.	2020 NA	NA	NA	Progression; improvement /stabilization; progression-free survival	The progression group comprised mild or moderate cases that progressed to moderate or severe cases; The improvement/stabilization group comprised mild cases that did not progress further; Progression-free survival was defined as the duration of time over which patients with COVID-19 remained stable during their hospitalization.	Age, healthcare-associated infection, ECOG performance status, asymptomatic on initial evaluation, BT at hospital admission, diastolic BP at hospital admission, PR at hospital admission, SpO2 at hospital admission, hypertension, and diabetes mellitus
Kim et al.	2020 NA	NA	NA	Mortality; progression	The necessity for the use of a high-flow nasal cannula, mechanical ventilation, CRRT, or ECMO, or admission to an ICU	None
Orioli et al.	2021 NA	NA	NA	Mortality	NA	None
Do et al.	2020 NA	NA	NA	Survival	NA	Age, gender, Charlson Comorbidity Index score,

						hypertension and group according to metformin use
Bramante et al.	2021 NA	NA	> 90 days during the year before admission		NA	None
I aller at al	2021 NA	NIA	to hospital		NIA	A co hadr mass index hamaslahin A la
Lally et al.	2021 NA	NA	NA	Mortality	NA	Age, body mass index, hemoglobin A1c, estimated glomerular filtration rate, long stay (>90 days), and underlying psychoses.
Cheng et al.	2020 NA	NA	NA	Mortality; acidosis; lactic acidosis; ARDS; DIC; heart failure; acute kidney injury; acute heart	NA	Age, gender, comorbidities (cerebrovascular disease and coronary heart disease), blood glucose, C-reactive protein, estimated glomerular filtration rate, alanine aminotransferase, and creatinine
Luo et al.	2020 NA	NA	≥3 days	injury Mortality	NA	None
Li et al.	2020 NA	NA	NA	Mortality	NA	None
Lalau et al.	2020 NA	NA	NA	Mortality; IMV and Mortality in 8 days; IMV in 28 days	Tracheal intubation for mechanical ventilation	None
Crouse et al.	2020 NA	NA	NA	Mortality	NA	Age, race, sex, obesity, hypertension, diabetes, insulin in T2DM

Perez-Belmonte et	t 2020	monotherapy	other	glucose-	NA	Mortality;	NA	None
al.			lowering dr	rugs		Mortality/ICU/IMV;		
						complications; long-		
						time hospital stay		
Bramante et al.	2020	NA	NA		NA	Hospitalized	The hospital disposition	None
							indicator	
Bramante et al.	2020	NA	NA		NA	Mortality	NA	Age, sex, pre-existing conditions, BMI,
								medications
Bramante et al.	2021	documented in the	NA		NA	Mortality;	NA	Age, race/ethnicity, gender, English-speaking
		home medication list				hospitalized; ICU;		status, T2DM, BMI category, history of bariatric
		in the EHR within the						surgery,4 NAFLD/non-alcoholic steatohepatitis
		3 months before the						(NASH),4 coronary artery disease, heart failure,
		positive SARS-CoV-						CKD; hypertension, hyper- or hypo-coagulable
		2 PCR test						state, interstitial lung disease, tobacco use; and
								home medications: steroids; insulin, glucagon-
								like-peptie-1 receptor agonists 4, sulfonylureas,
								sodium-glucose transport protein 2 inhibitors,
								dipeptidyl deptidase-4 inhibitors, statins, anti-
								dementia medications,25 and angiotensin-
								converting enzyme inhibitors and angiotensin
								receptor blockers
Cariou et al.	2020	NA	NA		NA	Mortality; IMV in 7	Death within 7 days of	None
						days	admission	
Nafakhi et al.	2021	NA	NA		NA	Mortality; length of	NA	Baseline comorbidities, blood indices, and ECG
						ICU stays; length of		markers on admission
						hospital stays		

Yitao et al.	2021 NA	NA	NA	Progression	When one or more of the	None
					following conditions	
					occurred: 1) shortness of	
					breath, with respiratory	
					rates (RR) 30 times/min;	
					2) arterial oxygen	
					saturation (resting status)	
					93%; or 3) ratio of partial	
					pressure of oxygen to	
					fraction of inspiration O2	
					(PaO2/FiO2) 300 mmHg.	
Al Hayek et al.	2020 NA	NA	NA	Hospitalized	Hospital admission	None
					severity criteria: i) Mild to	
					moderate: patients who	
					exhibited distinct upper	
					respiratory and	
					constitutional symptoms or	
					patients who revealed	
					early clinical or	
					radiological pneumonia. ii)	
					Severe: patients with ≥1 of	
					the listed symptoms,	
					respiratory rate ≥30/min,	
					blood oxygen saturation	
					≤93%, partial pressure of	

-						
					oxygen/fraction of inspired	
					oxygen ratio <300 or lung	
					infiltrates >50% of the	
					lung field from between	
					24-48 hours, and iii)	
					Critical: patients who	
					revealed $\geq 1$ of the	
					following symptoms such	
					as ARDS, sepsis, altered	
					consciousness, multi-organ	
					failure or cytokine release	
					syndrome.	
Zhang et al.	2020 NA	NA	NA	Progression	Acute respiratory distress	None
					syndrome, sepsis and	
					septic shock, and those	
					organ dysfunctions	
					requiring admission to the	
					ICU	
Gao et al.	2020 NA	NA	NA	Progression	Acute respiratory distress	Age, sex, blood glucose, and LDH levels
					syndrome, sepsis and	
					septic shock, and those	
					organ dysfunctions	
					requiring admission to the	
					ICU	
Wang et al.	2020 NA	NA	NA	Mortality;	NA	None
				hospitalized		

Khunti et al.	2021	Prescription	No prescription	NA	COVID-19	related	Deaths were defined as	Propensity score
		for metformin	for metformin		mortality		COVID-19 related if	
							the ICD-10 codes U07.1	
							(COVID-19, virus	
							identified) or U07.2	
							(COVID-19, virus not	
							identified) were recorded.	

ARDS, acute respiratory distress syndrome; IMV, intubation for mechanical ventilation; T2DM, Type 2 diabetes; NAFLD, non-alcoholic fatty liver disease; NA, not available.

## Supplementary Table 3 Quality assessment of included studies by Newcastle-Ottawa Scale.

First author (year)	Representati-	Selection	Ascertainment	Outcome	Control for	Control for	Assessm	Duration of	Adequacy of	Total
	veness	of non-	of exposure	not present	primary	secondary	ent of	follow-up	follow-up	
		exposed		at start	confounders	confounders	outcome			
Izzi-Engbeaya et al. (2021)	1	1	1	0	0	0	0	1	1	5
Mirsoleymani et al. (2020)	1	1	1	0	0	0	1	1	1	6
Liu et al. (2020)	1	1	1	0	0	1	1	1	1	7
Jiang et al. (2020)	1	1	1	0	1	1	1	1	1	8
Wang et al. (2021)	1	1	1	0	1	1	1	1	1	9
Choi et al. (2020)	1	1	0	1	1	1	1	1	0	7
Kim et al. (2020)	1	1	1	0	1	1	1	1	1	8
Orioli et al. (2021)	1	1	1	0	0	0	1	1	1	6
Do et al. (2020)	1	1	1	0	1	1	1	1	1	8
Bramante et al. (2021)	1	1	1	0	0	0	1	1	1	6
Lally et al. (2021)	1	1	1	0	1	1	1	1	1	8
Cheng et al. (2020)	1	1	1	0	1	1	1	1	1	8
Luo et al. (2020)	1	1	1	0	0	0	1	1	1	6
Li et al. (2020)	1	1	1	0	0	0	1	1	1	6
Lalau et al. (2020)	1	1	1	0	0	0	1	1	1	6
Crouse et al. (2020)	1	1	1	0	1	0	1	1	1	7

First author (year)	Representati-	Selection	Ascertainment	Outcome	Control for	Control for	Assessm	Duration of	Adequacy of	Total
	veness	of non-	of exposure	not present	primary	secondary	ent of	follow-up	follow-up	
		exposed		at start	confounders	confounders	outcome			
Perez-Belmonte et al.	1	1	1	0	1	1	0	1	1	7
(2020)										
Bramante et al. (2020)	1	1	1	0	0	0	1	1	1	6
Bramante et al. (2020)	1	1	1	0	1	1	1	1	1	8
Bramante et al. (2021)	1	1	1	0	1	1	1	1	1	8
Cariou et al. (2020)	1	1	1	0	0	0	1	0	0	4
Nafakhi et al. (2021)	1	1	1	0	1	1	1	1	1	8
Yitao et al. (2021)	1	1	1	0	0	0	1	1	1	6
Al Hayek et al. (2020)	1	1	1	0	1	0	1	1	1	7
Zhang et al. (2020)	1	1	1	0	0	0	0	1	1	5
Gao et al. (2020)	1	1	1	0	1	1	1	1	1	8
Wang et al. (2020)	1	1	1	0	0	0	1	1	1	6
Khunti et al. (2021)	1	1	1	1	1	1	1	1	1	9