Supplementary Table 1. Summary of findings table (sensitivity analysis using Peto's method)

Outcome Timeframe	**Study results and measurements**	**Absolute effect estimates** Standard care	Intervention	**Certainty of the Evidence** (Quality of evidence)	**Plain text summary**
Remdesivir					
Acute kidney injury	Odds Ratio: 0.86 (CI 95% 0.51 - 1.43) Based on data from 1281 patients in 2 studies	**56** per 1000	**49** per 1000 Difference: **7 fewer per 1000** (CI 95% 27 fewer - 22 more)	**Low** Due to serious imprecision and serious indirectness[1]	Remdesivir may have little or no effect on acute kidney injury.
Cognitive dysfunction/delirium	Odds Ratio: 1.22 (CI 95% 0.48 - 3.08) Based on data from 1048 patients in 1 studies	**16** per 1000	**19** per 1000 Difference: **3 more per 1000** (CI 95% 8 fewer - 32 more)	**Low** Due to serious imprecision and serious indirectness[2]	Remdesivir may have little or no effect on cognitive dysfunction/delirium.
Fatigue	NR	NR	NR	**NA**	NA
Hydroxychloroquine					
Cardiac toxicity	Odds Ratio: 1.35 (CI 95% 0.96 - 1.91) Based on data from 3287 patients in 7 studies	**46** per 1000	**61** per 1000 Difference: **15 more per 1000** (CI 95% 2 fewer - 38 more)	**Low** Due to serious imprecision and risk of bias[3]	Hydroxychloroquine may increase the risk of cardiac toxicity, including serious arrhythmias.
Diarrhoea	Odds Ratio: 1.96 (CI 95% 1.42 - 2.72) Based on data from 979 patients in 6 studies	**149** per 1000	**255** per 1000 Difference: **106 more per 1000** (CI 95% 50 more - 174 more)	**Moderate** Due to serious imprecision[4]	Hydroxychloroquine probably increases the risk of diarrhoea.
Nausea and/or vomiting	Odds Ratio: 1.75 (CI 95% 1.27 - 2.41) Based on data from 1429 patients in 7 studies	**99** per 1000	**161** per 1000 Difference: **62 more per 1000** (CI 95% 23 more - 110 more)	**Moderate** Due to serious imprecision[4]	Hydroxychloroquine probably increases the risk of nausea and vomiting.
Cognitive dysfunction/delirium	Odds Ratio: 1.57 (CI 95% 0.77 - 3.2) Based on data from 423 patients in 1 studies	**62** per 1000	**94** per 1000 Difference: **32 more per 1000** (CI 95% 14 fewer - 113 more)	**Low** Due to serious imprecision and serious indirectness[2]	Hydroxychloroquine may increase cognitive dysfunction/delirium
Fatigue	Odds Ratio: 6.75 (CI 95% 0.41 - 111.3)	**54** per 1000	**278** per 1000	**Very Low**	The effect of Hydroxychloroquine

	Based on data from 180 patients in 2 studies	Difference: **224 more per 1000** (CI 95% 31 fewer - 810 more)	Due to very serious imprecision and serious risk of bias[6]	on fatigue is uncertain
Hydroxychloroquine with azithromycin				
Cardiac toxicity	Odds Ratio: 2.06 (CI 95% 0.28 - 15.07) Based on data from 667 patients in 1 studies	**6** per 1000 / **12** per 1000 Difference: **6 more per 1000** (CI 95% 4 fewer - 77 more)	**Very Low** Due to very serious imprecision and serious risk of bias[6]	The effect of Hydroxychloroquine with azithromycin on cardiac toxicity is uncertain
Nausea and/or vomiting	Odds Ratio: 1.47 (CI 95% 0.39 - 5.58) Based on data from 667 patients in 1 studies	**17** per 1000 / **25** per 1000 Difference: **8 more per 1000** (CI 95% 10 fewer - 71 more)	**Very Low** Due to very serious imprecision and serious risk of bias[6]	The effect of Hydroxychloroquine with azithromycin on nausea and/or vomiting is uncertain
Diarrhoea	NR	NR / NR	**NA**	NA
Cognitive dysfunction/delirium	NR	NR / NR	**NA**	NA
Fatigue	NR	NR / NR	**NA**	NA
Lopinavir/ritonavir				
Acute kidney injury	Odds Ratio: 0.52 (CI 95% 0.14 - 1.98) Based on data from 259 patients in 2 studies	**45** per 1000 / **24** per 1000 Difference: **21 fewer per 1000** (CI 95% 38 fewer - 40 more)	**Very Low** Due to very serious imprecision and serious risk of bias[6]	The effect of lopinavir/ritonavir on acute kidney injury is uncertain.
Diarrhoea	Odds Ratio: 3.99 (CI 95% 2.04 - 7.81) Based on data from 370 patients in 4 studies	**67** per 1000 / **223** per 1000 Difference: **156 more per 1000** (CI 95% 61 more - 292 more)	**Low** Due to very serious imprecision[7]	Lopinavir/ritonavir may increase the risk of diarrhoea.
Nausea and/or vomiting	Odds Ratio: 6.63 (CI 95% 3.25 - 13.54) Based on data from 370 patients in 4 studies	**17** per 1000 / **103** per 1000 Difference: **86 more per 1000** (CI 95% 36 more - 173 more)	**Low** Due to very serious imprecision[7]	Lopinavir/ritonavir may increase the risk of nausea and vomiting.

Fatigue	Odds Ratio: 1.6 (CI 95% 0.54 - 4.75) Based on data from 254 patients in 2 studies	**54** per 1000 **84** per 1000 Difference: **30 more per 1000** (CI 95% 24 fewer - 159 more)	**Very Low** Due to very serious imprecision and serious risk of bias[6]	The effect of lopinavir/ritonavir on fatigue is uncertain.
Cognitive dysfunction/delirium	NR	NR NR	**NA**	NA

NR: Not reported; NA: Not applicable

1. **Risk of bias: Not serious. Indirectness: Serious** as studies used change in serum creatinine rather than patient-important measures of acute kidney injury (i.e. renal replacement therapy requirement). **Imprecision: Serious.** Using a threshold of 15 per 1000, confidence intervals include important risk increase.
2. **Risk of bias:** Not serious. **Indirectness:** Serious as this outcome was not collected systematically, and the definition of cognitive dysfunction/delirium was not specified. **Imprecision: Serious**. Using a threshold of 15 per 1000, confidence intervals include important risk increase.
3. **Risk of bias:** Data primarily from unblinded studies, but we would expect that patients would be more closely monitored for cardiac toxicity in trials than in usual clinical practice. Therefore, we expect the risk of cardiac toxicity to be higher in usual clinical practice. **Indirectness: Not serious.** Trials measured cardiac toxicity differently in different trials. **Imprecision: Serious.** Confidence intervals include no effect.
4. **Risk of bias: Serious.** Most of the evidence is from unblinded trials, we didn't downgrade for RoB as our concerns were mitigated by a large effect size and indirect evidence showing consistent results. **Imprecision:** OIS not met**.**
5. As there were no events in the control arms of included studies, we used the baseline risk estimated for Lopinavir/ritonavir vs. SOC comparison for the same outcome.
6. **Risk of bias: Serious.** Most of the evidence is from unblinded trials**. Imprecision: Very serious.** Very small number of events.
7. **Risk of bias: Serious.** Most of the evidence is from unblinded trials; we did not downgrade for RoB as our concerns were mitigated by a large effect size and indirect evidence showing consistent results.; **Imprecision: Very serious.** Very small number of events.