|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Treatment Arm | Dose -  For 10 days or until discharge (whichever is sooner) | Notes | Contraindications & Cautions | Renal / Hepatic dose adjustments | Interactions | Side Effects |
| Arm 1 - Standard treatment | n/a | n/a | n/a | n/a | n/a | n/a |
| Arm 2 – Lopinavir/ Ritonavir | 400mg / 100mg, BD, PO  **THERE ARE MANY DRUG INTERACTIONS –**  **CHECK**  <https://www.hiv-druginteractions.org/checker>  <http://www.covid19-druginteractions.org/>  **BNF/ SmPC** | Tablets cannot be crushed and the liquid is incompatible with polyurethane feeding tubes so PVC or silicone tubes should be used (dieticians are aware of this).  Liquid contains 42% v/v alcohol – avoid metronidazole with this.  Liquid may not be available at the start of the trial.  Protocol states can be used in pregnancy. | C/I in severe liver impairment | No adjustment needed for renal impairment.  No dose adjustment needed for mild – moderate hepatic impairment. | Lopinavir/Ritonavir should not be co-administered with medicines that are dependent on CYP3A for clearance.  Alfuzosin, amiodarone, ranolazine, neratinib, colchicine, quetiapine, simvastatin, sildenafil, midazolam, ergot alkaloids, St John’s wort. **(see SmPC for full list)** | Common - diarrhoea, nausea, vomiting.  Upper respiratory infection, hypersensitivity, blood glucose and lipid disorders, anxiety, headache, dizziness, insomnia, hypertension, neuropathy, hepatitis, myalgia, fatigue. (see SmPC) |
| Arm 3 - Azithromycin | 500mg, OD, PO/IV | Protocol states can be used in pregnancy. | C/I in prolonged QT interval | No dose adjustment for renal impairment or patients on dialysis. | Antacids, digoxin (may increase levels).  Caution with other drugs that prolong QT interval. | Common – headache, diarrhoea, vomiting, abdominal pain, nausea, changes to WBC. |
| Arm 4 - Dexamethasone | 6mg, OD, IV/ PO | 6mg dose is of dexamethasone base therefore 6mg IV = 1.8ml of the 3.3mg/ml IV solution.  For pregnant patients use **oral prednisolone 40mg for 10 days or IV hydrocortisone 80mg BD for 10 days.** | Patients on long term (2+ months) corticosteroids should be excluded from this arm as they may need increased dose due to sick day rules. | No dose adjustments required. | n/a | Hyperglycaemia |
| Arm 5 - Hydroxychloroquine | 800mg at 0 + 6 hours, then 400mg at 12 and 24 hours. Then 400mg 12 hourly thereafter. | No dose adjustment needed for body weight.  Tablets may be crushed and dispersed in water to give via NG or in swallowing difficulties.  Doses are much higher than those seen in the BNF and SmPC but are in line with doses used by the WHO.  Protocol states can be used in pregnancy. | Contraindicated in prolonged QT interval.  Caution with other drugs that prolong QT interval (macrolides, quinolones) – consider ECG to check QT interval.  SmPC states contraindicated in pregnancy however protocol states prophylaxis of choice as anti-malarial. | Trial states clinicians may reduce maintenance dose (do standard loading dose for first 24 hours) if eGFR < 30ml/min – including patients on dialysis. | Digoxin (increased levels), anti-diabetics (hypoglycaemia), antacids (reduce absorption), ciclosporin, tamoxifen. | Dyspepsia, nausea, vomiting (occasionally), visual disturbances, headache, urticaria.  Hypoglycaemia, rash, dizziness (uncommon), anorexia. (See SmPC for more) |

* Information in red is taken from the SmPC and not the trial protocol – see references below.
* Trial Protocol & Pharmacy Information is available at <https://www.recoverytrial.net/>
* See <https://www.recoverytrial.net/files/recovery-information-for-pregnant-patients-v1-0-final-080420.pdf> for information on these drugs in pregnancy.

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