|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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 it has been widely used in pregnant women. | 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 – Interferon beta 1-aARM NOT OPEN YET | 6MIU (0.5ml + 0.15ml overage) OD via nebulisation | Given via I-Neb (provided by sponsor)Parenteral interferon has been used in pregnancy.Stored in the fridge (2 – 8oC*)*Inhaled interferon is unlicensed and is still under investigation. | C/I in severe liver impairment |  | n/a | For **systemic** use: Flu-like symptoms, injection site reactions, decreased white blood cell count, hypertonia, chest pain. |
| 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. | 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 18 and 42 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 *(see hydroxychloroquine information under randomisation)*. | 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 no dose adjustment for renal impairment due to the short course needed. | 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/>

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