

**Supplementary Table S1.** Vitamins and supplements recommended in COVID-19 phase 0 (asymptomatic with positive swab).

Drug	Dosage	Contraindications/warnings	Selected references
vitamin D3	50,000 IU/die for 6 days (if not already taking as prophylaxis) or 10,000 IU/day for 6 days (if already taking as prophylaxis). Continue thereafter with 4,000 IU/day with a high-fat meal (i.e. at lunch). In children: 200 IU/Kg/day until a negative swab is obtained	- severe chronic renal failure - hypercalcemia	Bae & Kim, 2020; Grant et al., 2020; Xu et al., 2020; <a href="https://c19vitamind.com/">https://c19vitamind.com/</a> [1–4]
vitamin C	minimum 1 g/day, depending on formulation	- severe chronic renal failure - G6PD deficiency	Bae & Kim, 2020; Colunga Biancatelli et al., 2020; Holford et al., 2020, <a href="https://c19vitaminc.com/">https://c19vitaminc.com/</a> [1,5–7]
zinc picolinate	30-50 mg/day	- none	Skalny et al., 2020; Wessels et al., 2020; <a href="https://c19zinc.com/">https://c19zinc.com/</a> [8–10]
hesperidin	100 mg/day	- none	Adhikari et al., 2021; Bellavite & Donzelli, 2020 [11,12]

quercetin	up to 250 mg twice a day	- none	Colunga Biancatelli et al., 2020; Derosa et al., 2021 <a href="https://c19quercetin.com/">https://c19quercetin.com/</a> [6,13,14]
lactoferrin	up to 200 mg twice a day	- none	Chang et al., 2020; Wang et al., 2020 [15,16]
bromhexine	8 mg three times a day.	- none	Depfenhart et al., 2020 [17]
<i>Pelargonium sidoides</i>	6 to 12 years of age: 13 mg 3 times a day for 7 days. Over 12 years of age: 20mg 3 times a day for 7 days	- haemorrhagic diathesis (for example, treatment with anticoagulants)	Brendler et al., 2021 [18]
fumigations	3 times a day	- none	
hydroxytyrosol and $\alpha$ -cyclodextrin	2-3 oropharyngeal sprays 3-4 times a day	- none	Carrouel et al., 2021; Kiani et al., 2020 [19,20]
vitamin A	up to 30,000 IU/day	- pregnancy	Midha et al., 2021; Trasino, 2020 [21,22]
resveratrol	up to 1,000 mg/day		Filardo et al., 2020 [23]

Important note: doctor will choose among the various options according to the profile and needs of individual patients. As a general recommendation, vitamin D3, vitamin C and zinc picolinate should be always included in any plan, also in more advanced phases of COVID-19.

**Supplementary Table S2.** Drugs recommended in COVID-19 phase 1 (symptomatic without signs of lung disease).

Drug	Dosage	Contraindications/warnings	Selected references
acetylsalicylic acid	100 mg/day until symptoms subside		Bianconi et al., 2020; Cacciapuoti & Cacciapuoti, 2021; <a href="https://c19aspirin.com/">https://c19aspirin.com/</a> [24–26]
Ivermectin	0.2 mg/kg up to 20 mg total dose. If insufficient clinical response, severe disease or obesity, daily dose can be increased up to 0.4-0.6 mg/kg		Kory et al., 2021; Marik & Kory, 2021; <a href="https://c19ivermectin.com/">https://c19ivermectin.com/</a> [27–29]
Hydroxychloroquine	200 mg twice a day for 7 days	- arrhythmia - retinopathy - G6PD deficiency	Million et al., 2021; Nina & Dash, 2020; Sinha & Balayla, 2020; <a href="https://c19hcq.com/">https://c19hcq.com/</a> [30–33]
Azithromycin	500 mg/day for 3 days, stop for 2 days, then repeat	- long Q-T Syndrome	Million et al., 2021; Echeverría-Esnal et al., 2021; [30,34]
doxycycline (as an alternative to azithromycin)	100 mg twice a day for 7 days		Yates et al., 2020 [35]
Colchicine	0.5 mg twice a day for 14 days	- cardiac insufficiency - severe chronic renal failure	Reyes et al., 2021; <a href="https://c19colchicine.com/">https://c19colchicine.com/</a> [36,37]

Important note: ivermectin, hydroxychloroquine and colchicine can be prescribed only with the patient's prior written informed consent, as required by Italian law (art. 3 paragraph 2 of the Law n. 94/98, published in the Official Gazette no. 86, 14 April 1998).

**Supplementary Table S3.** Drugs recommended in COVID-19 phase 2a (symptomatic with lung disease).

<b>Drug</b>	<b>Dosage</b>	<b>Contraindications/warnings</b>	<b>Selected references</b>
amoxicillin/clavulanic acid (consider associating azithromycin in case of bacterial superinfection)	875 mg+125 mg 3 times a day for 8-10 days		
Enoxaparin	4.000 IU/day for 10 days if <90 Kg bw 6.000 IU/day for 10 days if >90 Kg bw	- haemorrhagic diathesis - thrombocytopaenia	Drago et al., 2020; Susen et al., 2020 [38,39]
Levodropopropizine	60 mg as needed, up to 3 times a day		
Acetylcysteine	600 mg up to 3 times a day for 7 days		Shi & Puyo, 2020 [40]
Montelukast	10 mg 2 hours after dinner for 14 days		Aigner et al., 2020 [41]

Important note: doctors may consider already in this phase glucocorticoids recommended in COVID-19 phase 2b.

**Supplementary Table S4.** Drugs recommended in COVID-19 phase 2b (symptomatic with lung disease and desaturation).

Therapy	Dosage	Contraindications/warnings	Selected references
oxygen therapy	1-6 L/min if SpO <sub>2</sub> <92% in ambient air (*)		
Enoxaparin	100 IU/Kg/12 hours		Drago et al., 2020; Susen et al., 2020 [38,39]
Glucocorticoids			Alexaki and Henneicke, 2021 [42]
Dexamethasone	6 mg every morning or 3 mg twice a day	- do not associate, use as alternatives - use gastroprotection - carefully monitor for possible hyperglycemia, elevated blood pressure, and other common glucocorticoid-associated adverse effects	
Betamethasone	8 mg every morning or 4 mg twice a day		
Methylprednisolone	32 mg every morning or 16 mg twice a day		
Prednisone	40 mg every morning or 20 mg twice a day		
Deflazacort	30 mg twice a day		
Antibiotics	according to clinical judgement		

Important note: never use glucocorticoids at the beginning symptoms, wait until the end of the viremic phase. Treatment should be up to 6-7 days, thereafter taper off the drug. Prefer a single administration in the morning, consider two administrations in suffering patients. Deflazacort has a short half-life and should be always given in two separate administrations.

(\*) hospitalization is mandatory whenever >6 L/min needed and/or SpO<sub>2</sub> permanently < 92%.

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