Table S1: Characteristics of clinical studies exploring relationships between amlodipine and mortality in COVID-19 inpatients with hypertension

Study	Country	Number of patients	Age (mean)	Only HTA patients	Only Amlodipine	Chronic prescription (9-15 days)	Mortality % Amlodipine % No-Amlodipine	OR (95% CI)	Adjusted OR (95% CI)	Adjusted covariates
Solaimanzadeh, 2020 (15)	USA	65 (32M,33F)	74.9 & 75.6	-	- Nifedipine	?	50% (12/24) 85.4% (35/41)	0.17 (0.05-0.56)	-	-
Zhang et al, 2020 (5)	China	96 (51M,45F)	66.5	+ (without other comorbidities)	+	-	0% (0/19) 19.5% (15/77)	0	-	-
Darquennes et al, 2021 (16)	Belgium	317 (184M, 133F)	62.36	-	+	+	11.7% (7/60) 20.6% (53/257)	0.51 (0.22-1.19)	0.24 (0.09-0.62)	(age, HTA, chronic cardiac disease, chronic kidney disease, malignant neoplasm, chronic neurologic disorder, dementia, chronic hematologic disease)
Nouri-Vasken et al, 2021 (18)	Iran	80 (41M, 39F)	67.3 & 60.1	+	+	-	12.82% (5/39) 4.9% (2/41)	2.87 (0.52-15.75)	-	-

Table S2: Association between Amlodipine and reduced risk of death in COVID-19 patients: a retrospective cohort study

STROBE Statement—Checklist of items that should be included in reports of ***cohort studies***

	Item No	Recommendation
Title and abstract	1	(*a*) Indicate the study's design with a commonly used term in the title or the abstract: yes page 1.
		(*b*) Provide in the abstract an informative and balanced summary of what was done and what was found: yes page 1
Introduction		
Background/rationale	2	Explain the scientific background and rationale for the investigation being reported: yes pages 2-3
Objectives	3	State specific objectives, including any prespecified hypotheses: yes page 3
Methods		
Study design	4	Present key elements of study design early in the paper: yes page 7
Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection: yes page 7-8
Participants	6	(*a*) Give the eligibility criteria, and the sources and methods of selection of participants. Describe methods of follow-up: yes page 7 and see population flow chart (figure S1)
		(*b*) For matched studies, give matching criteria and number of exposed and unexposed:
Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable: yes pages 7
Data sources/ measurement	8*	For each variable of interest, give sources of data and details of methods of assessment (measurement). Describe comparability of assessment methods if there is more than one group: yes pages 7-8
Bias	9	Describe any efforts to address potential sources of bias: yes 7-8
Study size	10	Explain how the study size was arrived at: yes pages 7-8 and see population flow chart (figure S1)
Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why
Statistical methods	12	(*a*) Describe all statistical methods, including those used to control for confounding: yes page 8
		(*b*) Describe any methods used to examine subgroups and interactions: yes page 8
		(*c*) Explain how missing data were addressed
		(*d*) If applicable, explain how loss to follow-up was addressed: yes see population flow chart (figure S1)
		(*e*) Describe any sensitivity analyses
Results		
Participants	13*	(a) Report numbers of individuals at each stage of study—eg numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analysed: yes pages 7-8 and the two tables
		(b) Give reasons for non-participation at each stage
		(c) Consider use of a flow diagram: yes see population flow chart
Descriptive data	14*	(a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders: yes see table 1

		(b) Indicate number of participants with missing data for each variable of interest: yes see population flow chart (figure S1)
		(c) Summarise follow-up time (eg, average and total amount)
Outcome data	15*	Report numbers of outcome events or summary measures over time
Main results	16	(*a*) Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (eg, 95% confidence interval). Make clear which confounders were adjusted for and why they were included: yes see table 2
		(*b*) Report category boundaries when continuous variables were categorized
		(*c*) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period
Other analyses	17	Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses
Discussion		
Key results	18	Summarise key results with reference to study objectives: yes page 4.
Limitations	19	Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias: yes page 7.
Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence: yes pages 6-7
Generalisability	21	Discuss the generalisability (external validity) of the study results: yes page 7
Other information		
Funding	22	Give the source of funding and the role of the funders for the present study and, if applicable, for the original study on which the present article is based: yes page 9

*Give information separately for exposed and unexposed groups.

Note: An Explanation and Elaboration article discusses each checklist item and gives methodological background and published examples of transparent reporting. The STROBE checklist is best used in conjunction with this article (freely available on the Web sites of PLoS Medicine at http://www.plosmedicine.org/, Annals of Internal Medicine at http://www.annals.org/, and Epidemiology at http://www.epidem.com/). Information on the STROBE Initiative is available at http://www.strobe-statement.org.

Figure S1: Population flow chart