No. NCT	STUDY TITLE	STUDY TYPE	Technique	Location	# of Participants	# of Participants	Age (years)	Group 1	Group 2	Group 3	Group 4	Group 5	Group 6	Outcome	Published Journal
1 NCT04343092	Effectiveness of Ivermectin as add- on Therapy in COVID-19 Management	Interventional Phase 1	N/A	Iraq	(Control) 71; 69 completed (2 died)	G2/ IVM 16	>18 with pneumonia	SCA - treated with HCQ & AZT	IVM 0.2 mg /kg (single dose at once/weekly) + HCQ 400mg/daily					Time frame: 4 weeks 1. Number of Cured Patients 2. Length of hospital stay	Yes
2 NCT04402555	Ivermectin as a Novel Therapy in COVID-19 Treatment	Interventional Phase 2&3	RCT	Egypt	82	82	20-65 confirmed by swal test	standard protocol of treatment for 14 days	+ AZT 500mg/daily IVM plus standard of care treatment Dose 2 tablets 12mg per day for 3 days					Time frame: 4 weeks 1. The number of patients with mortality 2. Length of hospital stay 3. The need for mechanical ventilation 4. The assessment of the safety of IVM	Yes
2 NCTN/290022	Sars-CoV-2/COVID-19 Ivermectin Navarra-ISGlobal Trial (SAINT)	Interventional Phase 2	RCT double blind	Spain	12	12	18-59	single, oral dose of placebo tablets	Single dose of IVM tablets 400mcg/kg					 Proportion of Patients With a Positive SARS-CoV-2 PCR (TF: 7 days post treatment) Median Viral Load [TF: Baseline and on days 4, 7, 14 and 21] Fever and Cough Progression [TF: Days 4, 7, 14 and 21] Proportion of Drug-related Adverse Events [TF: 7 days post treatment] Levels of IgG, IgM and IgA (TF: Up to and including day 28) Frequency of Innate Immune Cells [TF: Up to and including day 7] Frequency SARS-CoV-2-specific CD4+ T and and CD8+ T Cells Results From Cytokine Human Magnetic 30-Plex Panel 	Yes
	Ivermectin Effect on SARS-CoV-2 Replication in Patients With COVID- 19	Interventional Phase 2	RCT	Argentina	15	30	18-69	standard protocol of treatment	IVM (IVER P®) 600 μg/kg/ once daily plus standard care.					 Reduction in SARS-CoV-2 viral load (TF: 1 - 5 days) # patients with partial/complete response in COVID-19 symptoms (TF: 1-7 days) # patients with worsening in the clinical condition (TF: 1-7 days) IVM concentrations measured in plasma Evaluation of reactivity of the antibodies against SARS-CoV-2 (TF: 1 month) Observed effects of IVM serum concentration quantified at different tx time points (TF: 1 month) 	Yes
5 <u>NCT04407507</u>	Efficacy, Safety and Tolerability of Ivermectin in Subjects Infected With SARS-CoV-2 With or Without Symptoms (SILVERBULLET)	Interventional	RCT Single blind (Care Provider)	Mexico	33; 32 completed (1 withdrawn)	33	>18	IVM placebo 12 mg / day for 3 days; in combination with paracetamol therapy (500 mg QID) for 14 days	IVM 12 mg/day for 3 days; in combination with standard paracetamol therapy (500 mg QID) for 14 days					 Participants With a Disease Control Status Defined as no Disease Progression to Severe. (TF: 14 days) SARS-CoV-2 Viral Load, at 5 and 14 Days (TF: days 1, 5 and 14) Presence and Frequency of Symptoms Associated With the COVID-19 Disease (TF: 14 days) 	N/A
6 <u>NCT03459794</u>	Ivermectin and Human Immunity	Interventional Early Phase 1	RCT Triple blind	Georgia, USA	4	8	18-65	An oral placebo will be administered, once	IVM 150 mcg/kg, by mouth.					 The Number of Cytokines Showing Statistically Significant Changes From Pre-treatment Levels Will be Recorded. [TF: Pre-treatment, 4 hours & 24 hours post-treatment) Number of Transcripts in PBMC With Statistically Significant Changes From Pre-treatment Levels. [TF: Pre-treatment, 4 hours & 24 hours post-treatment] Complete Blood Counts (CBC) [TF: Pre-treatment (Ohrs), 24 hours] 	Yes
7 INCTN/501600	Effectiveness of Ivermectin and Doxycycline on COVID-19 Patients	Interventional Phase 1 & 2	RCT Single blind (Outcomes Assessor)	Iraq	70	70	16-86	Standard care	IVM 200ug/kg PO per day for two days, and in some patients who needed more time to recover, a third dose 200ug/kg PO per day was given 7 days after the first dose. + Doxycycline 100mg capsule PO every 12h per day was given for 5 10 days, based on the clinical improvement of patients + Standard care					Time Frame: Up to 8 weeks 1. Mortality rate 2. Rate of progression disease 3. Time to recovery	Yes
8 <u>NCT04739410</u>	Effectiveness of Ivermectin in SARS CoV-2/COVID-19 Patients	- Interventional Phase 4	RCT	Pakistan	25	25	18-75	Standard care	IVM 12 mg/oral stat and then 12 mg/oral after 12 hours and 12 mg/oral after 24 hour					1. Resolution of symptoms [Time Frame: 7 days] 2. Progression of the disease [Time Frame: 14 days] [TF: At the 1st day of the study] 1. Gender Distribution of the Patients 2. Age Distribution of the Patients	Yes
9 INCT04646109	Ivermectin for Severe COVID-19 Management	Interventional Phase 3	RCT	Turkey	30	36; 30 completed (6 due to mutation disrupting IVM metabolims was found)	>18	Hydroxychloroquine, favipiravir and azithromycin (HFA) standard treatment protocol	IVM 200 ug/kg/day - 9mg between 36-50 kg, 12mg between 51-65 kg, 15mg between 66-79 kg 200 ug/kg in > 80 kg in the form of a solution prepared for enteral use was added (HFA+I) to the treatment protocol of the study group's for five days					 Percentage of Patients With Accompanying Diseases Percentage of Patients With Baseline Clinical Symptoms Body Temperature Means of the Patients Heart Rate Means of the Patients Respiratory Rate Means of the Patients Systolic and Diastolic Pressure Means of the Patients TF: From starting to the end of ivermectin therapy (0 to the end of 5th day)] Number of Participants With Clinical Response Changes in Oxygen Saturation (SpO2) Values Changes in the Ratio of Partial Pressure of Oxygen (PaO2) to Fraction of Inspired Oxygen (FiO2) (PaO2/FiO2) Changes in Serum Lymphocyte Counts Changes in Serum Lymphocyte Counts Changes in Serum Ferritin Levels Changes in Serum D-dimer Levels Genetic Examination of Haplotypes and Mutations That Cause Function Losing for Ivermectin Metabolism [TF: At the first day of ivermectin therapy (1st day)] Treatment-Related Adverse Events as Assessed by CTCAE v4.0 [TF: At the first 5 days of study] 	
10 NCT04529525	Ivermectin to Prevent Hospitalizations in COVID-19 (IVERCORCOVID19)	Interventional Phase 2&3	RCT Quadruple blind	Province of Corrientes, Argentina	251	250	>18	Placebo > 48 kg and < 80 kg: 2 tablets of 6 mg each (12 mg in total) at the time of inclusion and the same dose at 24 hours. > 80 kg and > 110 kg: 3 tablets of 6 mg each (18 mg in total) at the time of inclusion and the same dose at 24 hours. > 110 kg: 4 tablets of 6 mg each (24 mg in total) at the time of inclusion and the same dose at 24 hours.	IVM > 48 kg and < 80 kg: 2 tablets of 6 mg each (12 mg in total) at the time of inclusion and the same dose at 24 hours. > 80 kg and < 110 kg: 3 tablets of 6 mg each (18 mg in total) at the time of inclusion and the same dose at 24 hours. > 110 Kg: 4 tablets of 6 mg each (24 mg in total) at the time of inclusion and the same dose at 24 hours.					18. Number of Participants With Clinical Response [TF: 10 days (5 days ivermectin therapy plus 5 days follow-up)] 19. Mortality [TF: Through study completion, an average of 3 months] [Time Frame: through study completion, an average of 30 days] 1. Percentage of Hospitalization of medical cause in patients with COVID-19 in each arm 2. Time to hospitalization 3. Percentage of Use of invasive mechanical ventilation support in each arm 4. Time to invasive mechanical ventilation support 5. Percentage of dialysis in each arm 6. All-cause mortality 7. Incidence of Treatment-Emergent Adverse Events [Safety and Tolerability]) 8. Negative of the swab at 3±1 days and 12±2 days after entering the study [Time Frame: At	Yes
11 187 177 / 97 / 91	Ivermectin Reproposing for Mild Stage COVID-19 Outpatients	Interventional Phase 1&2	RCT	Argentina	144	110	18-75	Coventional treatment	IVM orally 4 tablets of 6 mg = 24 mg every 7 days for 4 weeks.					days 3±1 and 12±2] 1. Proportion test [Time Frame: from 5th to 9th day] 2. Proportion test [Time Frame: from 10th to 14th day] 3. Odd Ratio [Time Frame: 28 days after enrollment]	Preprint
	Clinical Trial of Ivermectin Plus Doxycycline for the Treatment of Confirmed Covid-19 Infection	Interventional Phase 3	RCT double blind	Bangladesh	200; 180 completed (17 lost f/up; 3 died)	200; 183 completed (15 lost f/up; 2 adverse event)	>18	Standard treatment	IVM 6 mg, 2 tab stat and Doxycycline 100 mg twice daily for 5 days					 Odd Ratio and logistic regression test [Time Frame: 28 days after enrollment] Number of Patients With Early Clinical Improvement [Time Frame: 7 days] Number of Participants With Late Clinical Recovery [Time Frame: 12 days] Number of Patients Having Clinical Deterioration. [Time Frame: 1 month] Number of Patients Remain Persistently Positive for RT-PCR of Covid-19 [Time Frame: 14 days 	Yes
13 NCT04701710	Prophylaxis Covid-19 in Healthcare Agents by Intensive Treatment With Ivermectin and Iota-	Interventional Phase 1&2	RCT	Argentina	117	117	18-60	Standard biosecurity care	IVM orally 2 drops of 6 mg = 12 mg every 7 days and lota- Carrageenan 6 sprays per day for 4 weeks.					[Time Frame: 4 week] 1. Pearson's Chi-square and proportion test. 2. Odd Ratio, probabilistic test	Preprint
14 NCT04422561	carrageenan (Ivercar-Tuc) Prophylactic Ivermectin in COVID- 19 Contacts	Interventional Phase 2 & 3	RCT	Egypt	112; 101 completed (11 lost f/up)	228; 203 completed (25 lost f/up)	16-70	Contacts who will be only observed without prophylaxis	IVM 2 doses 72 hours apart 40-60 kg (15mg/day) 60-80kg (18mg/day)					3. Logistic regression test [Time Frame: within 14 days after enrollement] 1. Development of Symptoms (Fever ,Cough, Sore Throat, Myalgia,Diarrhea, Shortness of Breath)	Yes
15 <u>NCT04668469</u>	Efficacy and Safety of Ivermectin for Treatment and Prophylaxis of COVID-19 Pandemic	Interventional	RCT Triple blind	Egypt	Group 2 (mild) = 100 Group 4 (severe) = 100 Group 6 (prophylaxis) = 100	Group 1 (mild) = 100 Group 3 (severe) = 100 Group 5 (prophylaxis) = 100	18-80	G1 vs G2 (Mild) G1 = 4-days course of IVM 400 mcg/kg body weight maximum 4 tablets (6mg / tablet) once daily dose before breakfast plus standard of care	>80kg (24mg/day) Control for G1 G2 = HCQ (400 every 12 hours for one day followed by 200 mg every 12 hours for 5 days) plus standard care	G3 = 4 days course of IVM 400 mcg/kg body weight maximum 4 tablets (6mg / day tablet)	= HCQ (400 mg every 12 hours for one of followed by 200 mg ery 12 hours for 9days) plus standard be and steroids	nicrograms/kg single oral dose G6 = 100 h	ealth care and or household ceived only Personal	 Development of COVID by swab [Time Frame: 3 months] number of participants with improvement of clinical condition (symptoms and signs) Reduction of recovery time, hospital stay days and mortality rate improvement of laboratory investigations and 2 consecutive negative PCR tests taken at least 48 hours apart. 	Preprint
16 <u>NCT04405843</u>	Efficacy of Ivermectin in Adult Patients With Early Stages of COVID-19 (EPIC Trial) (EPIC)	Interventional Phase 2&3	RCT Quadruple blind	Colombia	198	200	>18	Substance with similar physical and organoleptic characteristics as ivermectin, without the active drug ingredient	IVM 300 micrograms / kg, once daily for 5 days					1. Time to event [Time Frame: 21 days] 2. Clinical condition on day 2 [Time Frame: On day 2 (± 1 day) after randomization] 3. Clinical condition on day 5 [Time Frame: On day 5 (± 1 day) after randomization] 4. Clinical condition on day 8 [Time Frame: On day 8 (± 1 day) after randomization] 5. Clinical condition on day 11 [Time Frame: On day 11 (± 1 day) after randomization] 6. Clinical condition on day 15 [Time Frame: On day 15 (± 1 day) after randomization] 7. Clinical condition on day 21 [Time Frame: On day 21 (± 1 day) after randomization] [Time Frame: 21 days] 3. Proportion of subjects with additional care 9. Proportion of subjects who die [Time Frame: From randomization up to 21 days] 10. Duration of additional care 11. Proportion of subjects who discontinue intervention 12. Time to event 13. Duration of fever 11. Adverse events	Yes
17 <u>NCT04407130</u>	Efficacy and Safety of Ivermectin and Doxycycline in Combination or IVE Alone in Patients With COVID-19 Infection	Interventional Phase 2	RCT double blind	Bangladesh	24	IVM+Doxycycline+ Placebo = 24 (1 withdrawn) IVM + Placebo = 24 (5 withdrawn)	40-65	3 Placebo tablets D1 followed by 2 tablets D2-5	Ivermectin + Doxycycline + Placebo Arm I: 200 mcg/kg (12 mg tablet) ivermectin (IVERA) single dose and 200 mg stat doxycycline day-1 followed by 100mg doxycycline 12hrly for 4 day (i.e. day2-day5) + Placebo one tablet D2-5	Ivermectin + Placebo Arm II: Ivermectin - 200 mcg/kg (12 mg tablet) once per day D1-D5 + Placebo two tablets D1 followed by Placebo one tablet D2-5				[Time Frame: within 7 days after enrollment] 1. Virological clearance 2. Remission of fever 3. Remission of cough 4. Patients requiring oxygen 5. Patients failing to maintain SpO2 >93% despite oxygenation 6. Number of days on oxygen support [Time Frame: within 14 days after enrollment] 7. Duration of hospitalization 8. All causes of mortality	Yes

18 <u>NCT04673214</u>	Evaluation of Prognostic Modification in COVID-19 Patients in Early Intervention Treatment	Interventional Phase 3	RCT Single blind (Participant)	Mexico	47; 46 completed (1 lost f/up)	67; 65 completed (2 lost f/up)	>18	Paracetamol 500 mg orally 1 tablet every 8 hours for 3 days in case of fever equal to or greater than 38.3C + Azithromycin 500 mg tablets will take 1 tablet single dose the first day and then half a tablet orally every 24 for 4 days +	Paracetamol 500 mg orally 1 tablet every 8 hours for 3 days in case of fever equal to or greater than 38.3°C + Azithromycin 500 mg tablets will take 1 tablet single dose the first day and then half tablet (250 mg) orally every 24 for 4 days + IVM tablets of 200mcg which will be calculated according to your weight and dose, will be every 24 hours for 2 days					[Time Frame: 14 days] 1. Average Days in COVID-19 Symptoms by Type of Therapy in the IMSS 2. Crosstabulated Outcome in Modification of the Evolution Clinical of Treatment in Patients With COVID-19 UMF 13 and UMF 20 of the Second Symptoms Under Treatment of Early in UMF 13 and 20 of the IMSS
								Rivaroxaban 10 mg tablets will take 1 every 24 hours for 10 days.	Rivaroxaban tablets of 10 mg will take 1 every 24 hours for 10 days					4. Number of Participants Who Were Alive and Had COVID-19 Sym During a 14-day Follow-up [Time Frame: At the end of study dosing, which is day 42] 1. Laboratory-confirmed COVID-19 in treatment arms (hydroxychl povidone iodine)
19 <u>NCT04446104</u>	A Preventive Treatment for Migrant Workers at High-risk of COVID-19	Interventional Phase 3	RCT	Singapore	619	617	21-60 Male only	Vitamin C tablet 500mg daily for 42 days	IVM tablet 12mg single dose	HCQ tablet 400mg loading dose, followed by 200mg daily for 42 days = 432 patient :	Zinc tablet 80 mg/vitamin C 500mg daily for 42 days = 634 patients	Povidone-iodine throat spray (3 times daily) for 42 days = 735 patients		 Acute respiratory illness in treatment arms Febrile respiratory illness in treatment arms Rate of hospitalization for COVID-19 and non-COVID-19 related Rate of oxygen supplementation and mechanical ventilation in Duration of oxygen supplementation and mechanical ventilatio Length of hospital stay in treatment arms Rate of laboratory-confirmed COVID-19 in treatment arms Adverse events and serious adverse events in control arm (Vital 10. Drug discontinuation due to adverse events in control arm (Vital 10. Drug discontinuation due to adverse events in control arm (Vital 10. Drug discontinuation due to adverse events in control arm (Vital 10. Drug discontinuation due to adverse events in control arm (Vital 10. Drug discontinuation due to adverse events in control arm (Vital 10. Drug discontinuation due to adverse events in control arm (Vital 10. Drug discontinuation due to adverse events in control arm (Vital 10. Drug discontinuation due to adverse events in control arm (Vital 10. Drug discontinuation due to adverse events in control arm (Vital 10. Drug discontinuation due to adverse events in control arm (Vital 10. Drug discontinuation due to adverse events in control arm (Vital 10. Drug discontinuation due to adverse events in control arm (Vital 10. Drug discontinuation due to adverse events in control arm (Vital 10. Drug discontinuation due to adverse events in control arm (Vital 10. Drug discontinuation due to adverse events in control arm (Vital 10. Drug discontinuation due to adverse events in control arm (Vital 10. Drug discontinuation due to adverse events in control arm (Vital 10. Drug discontinuation due to adverse events in control arm (Vital 10. Drug discontinuation due to adverse events in control arm (Vital 10. Drug discontinuation due to adverse events in control arm (Vital 10. Drug discontinuation due to adverse events in control arm (Vital 10. Drug discontinuation due to adverse events in control
20 <u>NCT04632706</u>	Exploratory Ph I Trial of the Active IMP in Healthy Volunteers in Relation to COVID-19	Interventional Early Phase 1	RCT double blind	UK		*24	18-45 Male only	Placebo using tablets identical to the Active IMP	Starting Active IMP dose of 200 mcg/kg on D1 followed by daily	on D1 followed by daily doses of	IVM 100mcg/kg (oral) Starting Active IMP dose of 200 mcg/kg on D1 followed by daily doses of 100mcg/kg from D2 to D28			[Time Frame: Study day 42 (at 14 days post the final dose)] 1. Pharmacokinetic concentrations - Maximum Plasma Concentration [Cmax]) - Time to reach Cmax (tmax) - trough plasma concentration (Ctrough) - Area under the plasma concentration-time curve from zero to 24 - Area under the plasma concentration-time curve from zero to 44 - Average Plasma Concentration at steady state [Cavg ss] - Apparent Terminal Half-Life [T1/2] 2. Safety and Tolerability - Number of participants with treatment emergent adverse event - Number of participants with abnormal electrocardiograms (ECG - Number of participants with abnormal clinical neurological examinvestigator - Number of participants with abnormal urine and/or blood test, a laboratory values - Number of participants with abnormal physical exams, as assess
21 <u>NCT04832945</u>	SARS-CoV-2 Pre-exposure Prophylaxis With Ivermectin Retrospective Cohort Study	Observational Cohort	Retrospective	Dominican Republic	387	326	>18	Not receiving Ivermectin	IVM weekly oral dose 0.2 mg/kg equivalent for 4 weeks					[Time Frame: 4 weeks] 1. Number of participants RT-PCR positive for Covid-19 2. Number of sick participants who condition deteriorated 3. Number of sick participants who died
22 <u>NCT04425850</u>	USEFULNESS of Topic Ivermectin and Carrageenan to Prevent Contagion of Covid 19 (IVERCAR)	Observational Cohort	Prospective	Argentina	98	131	>18	follow standard prophylactic measures and use PPE	lota carrageenan nasal spray + IVM oral drops (used as buccal drops) Topical application in the nose and oral cavity 5x a day					[Time Frame: 28 days] 1. Number of Infected Subjects 2. Adverse Events Other Than Those Resulting From Contagion or
23 <u>NCT04434144</u>	A Comparative Study on Ivermectin and Hydroxychloroquine on the COVID19 Patients in Bangladesh	Observational Case-only	Prospective	Bangladesh	56	60	16-80	Hydroxychloroquine 400mg first day then 200mg BID for 9days + Azithromycin 500mg daily for 5Days.	Ivermectin 200μgm/kg single dose + Doxycycline 100mg BID for 10days					Number of participants with "treatment success" determine by 2. Number of participants with "adverse effects" determined by the pharmacological side effects of the particular drug during treatments.
24 <u>NCT04425863</u>	Ivermectin, Aspirin, Dexamethasone and Enoxaparin as Treatment of Covid 19 (IDEA)	Observational Cohort	Prospective	Argentina	G1 = 135	G2 = 12 G3 = 20; 19 completed (1 died)	>5	G1 = Mild Case 24 mg oral Ivermectin on days 0 and 7 and 1 Aspirin tables daily for 30 days. Outpatient treatment.	G2 = Moderate Case 36 mg oral Ivermectin on days 0 and 7; 1 daily injection of 4-mg Dexamethasone until discharge, 1 Aspirin tablet daily for 30 days. Inpatient treatment in ward care, including Low flow washed oxygen or oxygen concentrator					 Patients Who Improved Their Condition or Did Not Worsen it (T ICU-treated Patients After 2-week Treatment [Time Frame: 14 Mortality [Time Frame: 30 days] Patients Needing Drug Dose Adjustment [Time Frame: 14 days Adverse Events [Time Frame: 14 days]
25 <u>NCT04714515</u>	Montelukast - a Treatment Choice for COVID-19	Observational Cohort	Retrospective	China & Pakistan		*150	20-80	Standard of care (SOC) + HCQ + Montelukast	Standard of care (SOC) + Montelukast	Istandard of care $(S()() + H())$	Standard of care (SOC) + Montelukast + HCQ and Ivermectin			[Time Frame: 2 Week] 1. Patients admittance to ICU 2. Length of total stay at the hospital 3. Alleviating the symptoms of COVID-19 [Time Frame: 14 days]
1 26 INCTO/17/6365 1	Ivermectin Role in Covid-19 Clinical Trial (IRICT)	Interventional Phase 4	RCT double blind	Egypt		*300	>18	Unlabelled standard treatment according to the clinical	IVM was given as a total daily dose of 36 mg on days 0, 3, 6. The daily dose was divided into 3 equal doses of 12 mg (2 tablets) every 8 hours	HCQ was given as 200 mg (one tablet) every 12 hours for 5 days				1. Reduction in the WHO ordinal scale of clinical status by at least 2. Time to discharge 3. mortality 4. Adverse event
27 <u>NCT04391127</u>	Hydroxychloroquine and Ivermectin for the Treatment of COVID-19 Infection	Interventional Phase 3	RCT double blind	Mexico		*108	16-90	A. Patients with COVID-19 QTc < 500 mseg Two tablets of placebo PO every 12 hours for one day. Subsequently one tablet of placebo every 12 hours per 4 more days. B. Patients with COVID-19 infection with QTc >500ms		A. Patients with COVID-19 QTc < 500 mseg HCQ: 400 mg PO every 12 hours for one day. Subsequently 200 mg every 12 hours per 4 more days.				[Time Frame: Three months] 1. Mean days of hospital stay 2. Rate of Respiratory deterioration, requirement of invasive mech 3. Mean of oxygenation index delta
								more days.	IVM 12 mg PO every 24 hours for one day (in case of weight less than 80 kg) or 18 mg PO every 24 hours for one day (in case of weight over 80 kg) Subsequently this group will take two tablets of placebo 12 hrs after ivermectin ingestion and then one tablet of placebo each 12 hrs per 4 more daysc					4. Mean time to viral PCR negativization [Time Frame: 5, 14, 21 and positive PCR]
28 <u>NCT05040724</u>	Evaluation of the Impact of the Administration of Single Dose of Ivermectin in the Early Phase of COVID-19 (IVERCoV)	interventional Phase 3	RCT Triple blind	France	200	>18		e Ivermectin 3mg, on tablet. e As a single dose of 400 μg / kg orally (rounded down to the nearest unit). T+ usual care					[Time Frame: Day 3] Negativation of the RT-PCR test on nasopharyngeal samples of SARS-CoV-2	
29 <u>NCT04425707</u>	Ivermectin In Treatment of COVID 19 Patients	interventional	RCT	Egypt	100	\10	standard care alone standard care will be administarted alone	ivermectin alone ivermectin will be administarted alone to COVID 19 patients	<u>ivermectin added to standard of care</u> ivermectin will be administarted in adition to standard care				[Time Frame: 2 months] 1. to evaluate the role of Ivermectin as a line of treatment for COVID 19 2. To asses the rate of viral clearance in comparison to other treatment protocols	
30 <u>NCT04373824</u>	Max Ivermectin- COVID 19 Study Versus Standard of Care Treatment for COVID 19 Cases. A Pilot Study		Non-randomized Cross-over	India	50 (25 each group)	18-75	standard treatment	Ivermectin 200 to 400mcg per kg body weight on day 1 and day 2 along with standard treatment					[Time Frame: 3 months] effect of Ivermectin on eradication of virus. 1. Proportion of patients with	
31 <u>NCT04834115</u>	Efficacy of Ivermectin in Outpatients With Non-severe COVID-19	interventional Phase 3	RCT Triple blind	Paraguay	400	>18	Inactive medication tablets indistinguishable from ivermectin tablets	lvermectin 200mcg/kg single dose, maximum dose 18mg					hospitalization criteria [Time Frame: 30 days] 2. Proportion of patients with COVID-19 signs and symptoms [Time Frame: 14 days] 3. Proportion of cohabitants who had COVID-19 after the index case [Time Frame: 30 days] 4. Proportion of cohabitants who had COVID-19 after the index case [Time Frame: 30 days] 5. Levels of IgG for SARS-CoV-2 [Time	
32 <u>NCT04723459</u>	Efficacy of Nano- Ivermectin Impregnated Masks in Prevention of Covid-19 Among Healthy Contacts and Medical Staff		RCT	Egypt	150	>18	use regular masks	ivermectin impregnated mask mask with ivermectin nano solution					Frame: 30-60 days] 1. Number of persons in each group who Complain of any suspected Symptoms [Time Frame: within 14 days after enrollement] 2. Number of persons in each group who are diagnosed as COVID-19 patients [Time Frame: within 21 days after enrollement] [Time Frame: Within 28 days since administered Ivermectin]	
33 <u>NCT04920942</u>	Ivermectin Treatment Efficacy in Covid-19 High Risk Patients (I- TECH)	interventional Phase 4	RCT Single blind	Malaysia (12 hospitals)	500	50-100	Standard care	Ivermectin 0.4mg/kg/day for 5 days + standard care					1. Number of Patients who Progressed to Severe Disease (Clinical stage 4 or 5) 2. Time Required for Patients on Treatment Arm to Progressed to Severe Disease (Clinical stage 4 or 5) [Time Frame: Through study completion, an average of 28 days] 3. Mortality 4. Numbers of Participants Admitted to the Intensive Care Unit 5. Numbers of Participants who Require Mechanical Ventilation 6. The Length of Hospital Stay (in Calendar days) [Time Frame: 5 days since time of recruitment] 7. Number of Participants with Complete Resolution of Symptoms by day 5 of Enrolment 8. Chest Radiograph Changes Pertaining to COVID-19 by Day 5 of Enrolment [Time Frame: From starting to the end of ivermectin therapy (0 to end of 5th day)]	

1. Average Days in COVID-19 Symptoms by Type of Therapy in the UMF 20 and UMF 13 of the

2. Crosstabulated Outcome in Modification of the Evolution Clinical vs Fails Therapeutic by Type

3. Average Days of COVID-19 Symptoms Under Treatment of Early Intervention Due to Outcome

1. Laboratory-confirmed COVID-19 in treatment arms (hydroxychloroquine, ivermectin, zinc and

4. Rate of hospitalization for COVID-19 and non-COVID-19 related indications in treatment arms

5. Rate of oxygen supplementation and mechanical ventilation in treatment arms 6. Duration of oxygen supplementation and mechanical ventilation in treatment arms

- Area under the plasma concentration-time curve from zero to 24 hours [AUC0-24h] - Area under the plasma concentration-time curve from zero to 48 hours [AUC0-48h]

- Number of participants with abnormal clinical neurological exam, as assessed by the

- Number of participants with abnormal urine and/or blood test, as compared to reference

- Number of participants with abnormal physical exams, as assessed by the investigator

2. Adverse Events Other Than Those Resulting From Contagion or Disease Progression

2. Number of participants with "adverse effects" determined by the existence of the

1. Patients Who Improved Their Condition or Did Not Worsen it (TF: 7 days) 2. ICU-treated Patients After 2-week Treatment [Time Frame: 14 days]

1. Reduction in the WHO ordinal scale of clinical status by at least two points

2. Rate of Respiratory deterioration, requirement of invasive mechanical ventilation or dead

4. Mean time to viral PCR negativization [Time Frame: 5, 14, 21 and 28 days after the first

1. Number of participants with "treatment success" determine by a negative RT PCR for COVID19

4. Number of Participants Who Were Alive and Had COVID-19 Symptoms by Type of Therapy

N/A

Yes

N/A

Yes

N/A

Yes

Preprint

N/A

N/A

Preprint

of Treatment in Patients With COVID-19 UMF 13 and UMF 20 of the IMSS

9. Adverse events and serious adverse events in control arm (Vitamin C) 10. Drug discontinuation due to adverse events in control arm (Vitamin C)

34 <u>NCT04681</u>	Inhaled Ivermectin and COVID-19 (CCOVID-19)	interventional	Non-randomized Parallel	Egypt	80	18-80	Standard care	use oral and inhaled ivermectin + standard care Administration through inhalation (6mg) BID for 3 days	receive oral ivermectin + standard care	received inhaled ivermectin + standard care Administration through inhalation (6mg) BID for 3 days		[Time Frame: througout the study completion up to one year(for every case must be done after 2 weeks from the start of treatment).] 1. Rate of virological cure by Rt -PCR for COVID -19 using ivermectin when compared to standard treatment 2. resolution of pneumonia
35 <u>NCT04351</u>	The Efficacy of Ivermectin in Larger Doses in COVID-19 Treatment	interventional Phase 2&3	RCT	Egypt	300	Child, adult	Standard care	Ivermectin alone in larger doses				Number of patients with improvement or died [Time Frame: 1 month]
36 <u>NCT04445</u>	Ivermectin in Treatment of COVID- 19	interventional Phase 2&3	RCT	Egypt	100	18-70	Standard care	3 successive days ttt of ivermectin started within 48 hou of symptoms	ırs			[Time Frame: within 21 days after enrollment] 1. time to be symptoms free 2. hospitalization 3. Mechanical ventilation [Time Frame: within one month days after enrollement] 4. length of stay 5. mortality
37 <u>NCT04392</u>	713 Efficacy of Ivermectin in COVID-19	interventional	RCT	Pakistan	100	15-65	only receive chlore	12 mg single dose of Ivermectin				1. Negative PCR [Time Frame: 144 hours] 2. Need for mechanical ventilation [Time
38 <u>NCT04703</u>	Study in COvid-19 Patients With iveRmectin (CORVETTE-01)	interventional Phase 2	RCT double blind	Japan	240	>20	Placebo without ivermectin as an ingredient, single oral administration on Day 1 (fasting stat	Ivermectin 3 MG Ivermectin approximately 200 μg/kg administered as a single oral dose on Day 1 (fasting state)				[Time Frame: 15days] [COVID-19 PCR test (SARS-CoV-2 nucleic acid detection) Period until the COVID-19 PCR test (SARS-CoV-2 nucleic acid detection) becomes negative
39 <u>NCT04716</u>	Evaluation of Ivermectin Mucoadhesive Nanosuspension as Nasal Spray in Management of Early Covid-19	interventional Phase 2&3	RCT	Egypt	150	>18	receive regular pro	otc will receive intranasal ivermectin				[Time Frame: within 14 days after enrollement] progression of covid 19 clinical picture 1. Proportion of patients with a positive
40 NCT04635	Randomized Phase IIA Clinical Trial to Evaluate the Efficacy of Ivermectin to Obtain Negative PCR Results in Patients With Early Phase COVID-19 (SAINT-PERU)	interventional	RCT triple blind	Peru	186	18-90	The placebo presentation will be an oral drop solution undistinguishable from ivermectin, but without this device pharmaceutical ingredient.	1 daily dose of NOXAL-Ivermectin Oral Solution (6 mg/m				SARS-CoV-2 PCR. [Time Frame: 7 days post-treatment] 2. Mean viral load [Time Frame: Baseline and on days 4, 7, 14 and 21 [Time Frame: Up to and including day 21] 3. Fever and cough progression 4. Seroconversion at day 21 5. Levels of IgG, IgM and IgA 6. Results from cytokine Human Magnetic 30-Plex Panel 7. Proportion of drug-related adverse events [Time Frame: 7 days post treatment] 8. Presence of intestinal helminths [Time Frame: Baseline and on day 14] 9. Frequency of innate immune cells [Time Frame: Up to and including day 7] 10. Frequency SARS-CoV-2-specific CD4+ T and and CD8+ T cells [Time Frame: Up to and including day 7]
41 NCT04447	Early Treatment With Ivermectin and LosarTAN for Cancer Patients With COVID-19 Infection (TITAN)	interventional Phase 2	RCT double blind	Brazil	176	>18	ivermectin-placeb single dose on the day of confirmed diagnosis of COVII 19, followed by losartan-placebo daily for 15 days.	a single dose of 12mg of ivermectin on the day of the confirmed diagnosis of COVID-19, followed by losartan 50mg orally once daily for 15 consecutive days				[Time Frame: 28 days] 1. Incidence of severe complications due COVID-19 infection 2. Incidence of Severe Acute Respiratory Syndrome - oxygen saturation 3. Incidence of Severe Acute Respiratory Syndrome - respiratory rate higher than 24 incursion per minute 4. Adverse events - Incidence of hepatic toxicity (elevation of ALT, AST above the upper limit of normal, measured by U/L) - Incidence of hepatic toxicity (elevation of bilirubin above the upper limit of normal, measured by mg/dL) - Incidence of renal toxicity (elevation of serum creatinine levels above the upper limit of normal, measured by mg/dL) - Incidence of symptomatic postural hypotension, diagnosed by clinical assessment of reduction of > 20 mmHG of arterial systolic pressure after measurement in prone position and orthostatic position. 5. Overall survival
42 <u>NCT04602</u>	Ivermectin in Adults With Severe COVID-19	interventional Phase 2	RCT Quadruple blind	Colombia	100 (50 each group)	18-100	Routinary care offered in the hospital + placebo (2 drops per kg) orally in a single dose	Routinary care offered in the hospital + ivermectin 400 s µg/kg (2 drops per kg) orally in a single dose				[Time Frame: 21 days] 1. Admission to the intensive care unit. 2. Hospital length of stay 3. Mortality rate 4. ICU length of stay 5. Length of stay in ventilator time. 6. Adverse effects of ivermectin
43 <u>NCT04894</u>	Prophylaxis for COVID- 19: Ivermectin in Close Contacts of COVID-19 Cases (IVERNEX-TUC) (IVERNEX-TUC)	interventional Phase 2&3	RCT Triple blind	Argentina	750	18-60	a placebo on days and 7 + standard biosecurity care	ivermectin 0,6mg/kg of weight orally on days 1 and 7 + standard biosecurity care				1. Number of subjects who were diagnosed with COVID-19 in EG and CG (Negative polymerase chain reaction - realtime). [Time Frame: At 2 weeks] 2. Contagion risk. [Time Frame: Up to 2 weeks] 3. Prophylactic effect associated with patient's preexisting comorbidity [Time Frame: Up to 2 weeks]
44 <u>NCT04435</u>	Ivermectin vs Combined Hydroxychloroquine and Antiretroviral Drugs (ART) Among Asymptomatic COVID-19 Infection (IDRA-COVID19)		RCT Single blind	Thailand	80	>18	Combined ART/hydroxychlo quine Day 1 hydroxychloroquin 400mg bid, Day2- hydroxychloroquin 200mg bid Darunavir/ritonav (400/100mg) q 12 hours for 5 days	oral ivermectin 600 mcg/kg/day once daily for 3 days Zinc sulfate (100mg/tab) 2 tab every 12 hours for 3 days				1. Adverse event rates [Time Frame: after first dose until day 28 of follow up] 2. Efficacy for shortening duration of SAR-CoV2 detection by PCR [Time Frame: weekly after treatment until 4th week] 3. Antibody detection rates [Time Frame: weekly after treatment until 4th week]
45 <u>NCT04384</u>	Comparative Study of Hydroxychloroquine and Ivermectin in COVID-19 Prophylaxis	interventional	RCT	Brazil	400	18-70	Oral hydroxychloroquii 400 mg twice a da on day 1, one 400 mg tablet on day 2 3, 4, and 5, followed by one 400 mg tablets every 05 days unti day 50th associate with 66 mg of zinc sulfate.	Oral ivermectin dosage guidelines based on participant body weight, once on day for 2 consecutive days. This dose schedule should be repeated every 14 days for 45 days associated with 20 milligrams twice on day of active zinc.				[Time Frame: Post-intervention at day 52] 1. Proportion of participants in whom there was a positivity for SARS-CoV-2. 2. Participants who developed mild, moderate, or severe forms of COVID-19. 3. Occurrence of adverse events 4. Assessment of COVID-19 symptom severity. 5. Proportion of participants who discontinue study intervention 6. Proportion of participants who required hospital care 7. Proportion of participants who required mechanical ventilation 8. Measurement of the QT interval. [Time Frame: Baseline, 3, 15 and 45 days post-intervention.] [Time Frame: Day 52.] 9. Widening of the corrected QT interval or with changes in heart rate on the ECG. 10. Comparison of hematological and biochemical parameters

46 NCT04431466	A Study to Compare the Efficacy and Safety of Different Doses of Ivermectin for COVID-19 (IFORS) (TERMINATED)	interventional Phase 2	RCT	Brazil	64	>18	Standard treatment	IVM lower single dose & lower repeated dose - 100mcg / kg PO on the first day - followed by 100mcg / kg PO after 72h	IVM higher single dose & higher repeated dose - 200mcg / kg on the first day - followed by 200mcg / kg PO after 72h			[Time Frame: 7 days following intervention] 1. Time to undetectable SARS CoV-2 viral load in the nasopharyngeal swab. 2. Viral load variation in the nasopharyngeal swab 3. Time to undetectable SARS CoV-2 viral load in the nasopharyngeal swab [Time Frame: 7 after intervention.] 4. Proportion of patients with undetectable SARS CoV-2 viral load in the nasopharyngeal swab. 5. Proportion of patients with clinical improvement.
47 NCT04429711	Ivermectin vs. Placebo for the Treatment of Patients With Mild to Moderate COVID-19	interventional	RCT Quadruple blind	Israel	100	18-80	IPIACENO	IVM 3mg Capsules, 12-15mg/ day for 3 days				1. Viral clearance at day 6 [Time Frame: Outcome will be determined till 6 days post intervention] 2. Viral shedding duration [Time Frame: Outcome will be determined till 14 days post intervention] 3. Symptoms clearance time [Time Frame: Outcome will be determined till 14 days post intervention]
48 NCT04729140	An Outpatient Clinical Trial Using Ivermectin and Doxycycline in COVID-19 Positive Patients at High Risk to Prevent COVID-19 Related Hospitalization	interventional Phase 4	RCT Triple blind	USA	150	>18	Body Weight (kg) Single oral Dose number of 3 mg tablets of Placebo 15-24 kg 1 tablet 25-35 kg 2 tablets 36-50 kg 3 tablets 51-65 kg 4 tablets 66-79 kg 5 tablets 80-109 kg 6 tablets	Ivermectin 200 mcg/kg on day 1 and day 2-plus placebo tablet twice a day for 7 days Body Weight (kg) Single oral Dose number of 3 mg tablets of Ivermectin and Placebo 15-24 kg 1 tablet 25-35 kg 2 tablets 36-50 kg 3 tablets 51-65 kg 4 tablets 66-79 kg 5 tablets 80-109 kg 6 tablets	Ivermectin plus Doxycycline Ivermectin 200 mcg/kg on day 1 and day 2-plus doxycycline 100 mg tablets twice a day for 7 days Body Weight (kg) Single oral Dose number of 3 mg tablets of Ivermectin 15-24 kg 1 tablet 25-35 kg 2 tablets 36-50 kg 3 tablets 51-65 kg 4 tablets 66-79 kg 5 tablets 80-109 kg 6 tablets >110 kg 7 tablets			1. Decreased admission rate to the hospital secondary to respiratory illness related to COVID-19 2. Decrease in total duration of symptoms secondary to respiratory illness related to COVID-19 [Time Frame: 2 weeks] 3. Assessment of White Blood Cell Count, Hemoglobin level, Hematocrit level, platelet count, sodium level, potassium level, chloride level, CO2 level, Blood Urea Nitrogen level, Creatinine level, Calcium level, Glucose level, Total Bilirubin level, Total Protein level , Albumin leve 4. Assessment of AST level, ALT level, ALP level, Ferritin, D-dimer, Creatine Phosphokinase, C-Reactive Protein, Prothrombin Time and International Normalized Ratio, activated Partial Thromboplastin Time, Fibrinogen Activity 5. Assessment of Interleukin 6 level, Interleukin 6 receptor level, Tumor Necrosis Factor Alpha Receptor level
49 <u>NCT04472585</u>	(SIZI-COVID-PK)	interventional Phase 1&2	RCT Quadruple blind	Pakistan	180	18-60	O.9% normal saline Arm II: by oral Placebo empty capsule	IVM only Subcutaneous Ivermectin 200ug/kg body weight 48 hourly Arm II: by oral IVM only	Arm I: by injection Ivermectin with Zinc Sub-cutaneous injection ivermectin 200ug/kg body weight once every 48 hourly with 20mg Zinc Sulphate 8 hourly Arm II: by oral IVM + Zinc Oral ivermectin 0.2mg/kg/day with 20mg Zinc Sulphate 8 hourly	Zinc only 20mg Zinc Sulphate 8 hourly		[Time Frame: 5 weeks] 1. qRT-PCR [Time Frame: 14 days] 2. Time taken for alleviation of symptoms [Time Frame: upto 14 days] 3. Severity of symptoms [Time Frame: upto 14 days] 4. Morality [Time Frame: 30 days]
50 NCT04399746 51 NCT04959786	(IvAzCol) MANS-NRIZ Trial for COVID-19	interventional	Non-randomized Parallel RCT	Mexico Egypt	100	18-90 >18	Standard of care	Ivermectin (6mg once daily in day 0,1,7 and 8) + Azithromycin (500mg once daily for 4 days) + Cholecalciferol (400 IU twice daily for 30 days). oral intake of the 3 drugs ivermectin, ribavirin and				1. Viral clearance 2. Symptoms duration 3. SpO2 4. SpO2/FiO2 [Time Frame: 28 days] 1. Stabilization of oxygen 2. In-hospital and 28-day mortality
	Repurposed Approved and Under Development Therapies for Patients With Early-Onset COVID-19 and Mild Symptoms	interventional Phase 3	RCT Quadruple blind	Brazil	3645	>18	Placebo SC normal saline syringe Placebo oral tablets	Tablets started right after randomization (Day 0; 400mcg/kg dosing), administered once a day for 03 consecutive	Dosaxozin oral tablets (1 or 2 mg): One tablet right after randomization (Day 0) until Day 3, when uptritation of tablets will happen as per protocol, up to 4 pills daily (08 mg/ day) ending on Day 13.	Fluvoxamine 100 mg oral tablets: One tablet right after randomization (Day of the following 09 days)	randomization (Day 0 - single dose SC	3. Negative conversion of SARS-CoV- 2 by Day 2 4. Time to clinical improvement 1. Rate of fluvoxamine, ivermectin, doxasozin, peginterferon Lambda and peginterferon beta in changing the need for emergency care AND observation for more than 06 hours due to the worsening of COVID-19 2. Rate of fluvoxamine, ivermectin, doxasozin, peginterferon lambda and peginterferon beta in changing need for Hospitalization due to COVID-19 progression and related complications, including lower respiratory tract infection (LRTI) 3. Change in viral load on day 03 and 07 after randomization (first 400 enrolled participants on the IV arms) [Time Frame: Day 3 and Day 7] [Time Frame: Randomization through day 28] 4. Time to clinical changes defined as greater than 50% symptoms changing in reference to baseline symptoms) 5. Time to clinical failure, defined as time to need for hospitalization due to the clinical progression of COVID-19 or
53 <u>NCT04779047</u>	Comparative Therapeutic Efficacy and Safety of Different Antiviral and Anti Inflammatory Drugs in COVID-19 Patients.	interventional Phase 4	RCT	Egypt	150	18-88	once daily for 5 days. + Lopinavir /	Hydroxychloroquine will be administrated at a dose of 400 mg twice daily at day 1 then 200 mg twice daily for 5 days + Tocilizumab 800 mg once + Ivermectin 36 mg at day 1,3 and 6				[Time Frame: through an average of 5-7 days] Percentage of clinical cure in each arm
54 NCT04374019	Novel Agents for Treatment of High- risk COVID-19 Positive Patients	interventional Phase 2	RCT	USA	240	18-99			Camostat Mesilate Days 1-14: 2 tab TID after a meal (600 mg total daily dose)	Artemesia annua Days 1-14: tea or coffee pod TID (1350 mg total daily dose)	Artesunate Days 1-14	[Time Frame: 14 days] 1. Clinical Deterioration 2. Change in Clinical Status 3. Mortality 4. Rate of severe adverse events [Time Frame: 28 days] 5. Rate of Organ Failure 6. Progression to ICU Care or Ventilation 7. Oxygen-free days 8. Ventilator-free days 9. Vasopressor-free days 10. ICU Free days 11. Hospital-free days 12. Patients meeting Hy's Law criteria 13. Liver & Heart Function 15. Change in Viral Load [Time Frame: 40 days]

COVID-OUT: Early Outpatient Treatment for SARS-CoV-2 Infection	interventional Phase 2&3	RCT Quadruple blind	USA	1160	30-85	placebo		Metformin and Ivermectin Group Metformin; immediate release formation; 1,500mg daily for 14 days + IVM 390mcg/kg for weight category <104 kg 470mcg/kg for weight category >104 kg for 3 days	twice-daily dosing, 50 mg twice per day	Metformin Only Group immediate release formation; 1,500mg daily for 14 days		1. Decreased oxygenation 2. Emergency Department Utilization 3. Post-Acute Sequelae of SARS-CoV-2 Infection (PASC) Questionnaire [Time Frame: 6 and 12 months] [Time Frame: 14 days and day 28] 4. Maximum symptom severity 5. Clinical Progression Scale 6. Time to meaningful recovery 7. Laboratory Outcome Subsidy [Time Frame: Day 1, 5, 10] - Change in Viral Load between Baseline and Follow-up with be compared between treatment arms Change in CRP between Baseline and Follow-up with be compared between treatment arms Change in Albumin between Baseline and Follow-up with be compared between treatment arms Change in Albumin between Baseline and Follow-up with be compared between treatment arms Optional self-collect stool samples.16S rRNA sequencing and shotgun sequencing will be used to assess the impact of metformin-based treatment options for
ACTIV-6: COVID-19 Study of Repurposed Medications	interventional Phase 3	RCT double blind	USA	15,000	>30	placebo	Ivermectin Only Group receive a total of twenty 7-mg tablets to be taken as directed based on their weight.	Fluvoxamine Only Group administered at a dose of 50 mg, twice daily for 10 days	Fluticasone Only Group self-administer 200 µg (1 blister) of fluticasone furoate once daily for 14 days			[Time Frame: Up to 14 days] 1. Number of hospitalizations as measured by patient reports. 2. Number of deaths as measured by patient reports 3. Number of symptoms as measured by patient reports [Time Frame: Up to 28 days] 4. Change in COVID Clinical Progression Scale 5. Number of hospitalizations as measured by patient reports 6. Number of deaths as measured by patient reports 7. Number of Symptom Resolutions as measured by patient reports 8. Composite score of hospitalizations, urgent care visits, and emergency room visits as measured by patient reports 9. Change in Quality of Life (QOL) as measured by the PROMIS-29 [Time Frame: Baseline, Day 7, 14, 28, and 29]
Prevention and Treatment for COVID -19 (Severe Acute Respiratory Syndrome Coronavirus 2 SARS-CoV-2) Associated Severe Pneumonia in the Gambia (PaTS-COVID)	interventional Phase 3	RCT Single blind	Gambia	1200	>5	placebo	Ivermectin 0.3-0.4mg/Kg daily for 3 days	Aspirin 150mg daily for 28 days or until hospital discharge (whichever is sooner)				[Time frame 14 days] 1. Percentage of patients with COVID-19 associated mild disease/moderate pneumonia progressing to severe pneumonia 2. Percentage of HH members that get infected with SARS-CoV-2 3. Household contacts IgG geometric mean titre (GMT) at day 14 after recruitment 4. Percentage of HH members infected that develop COVID19 symptoms [Time frame 28 days] 5. Days from recruitment to virological clearance 6. Days from recruitment until clinical recovery 7. IgG geometric mean titre (GMT) at day 14 and 28 after recruitment
Trial of Combination Therapy to Treat COVID-19 Infection	interventional Phase 2	RCT double blind	USA	30	18-75	Placebo, Vitamin	combination of Ivermectin, Doxycycline, Zinc, Vitamin D3 and Vitamin C IVM = Treatment days 1, 4, and 8 The rest; 10 day treatment					[Time Frame: 6 months] 1. Time to Non-Infectivity by RT-PCR 2. Time to Symptom progression in days as measured by NEWS scoring system (National Early Warning Score) 3. Time to Symptom improvement as measured by NEWS scoring system (National Early Warning Score) 4. Efficacy of Treatment as measured by Titer 5. Safety of Treatment as Measured by Dimer, Pro-Calcitonin, C-Reactive Protein, Ferritin, Liver Enzymes, Complete Blood Count, Electrolyte Levels, Treatment Related Adverse Events 6. Efficacy of Treatment as measured by RT-PCR [Time Frame: 10 days]
Finding Treatments for COVID-19: A Trial of Antiviral Pharmacodynamics in Early Symptomatic COVID-19 (PLATCOV) (PLATCOV)	Interventional Phase 2	RCT	Thailand	750	18-50	Positive control Monoclonal antibodies: 1,200mg casirivimab/ 1,200mg imdevimab given once on D0		Favipiravir 1800mg BD D0 and 800mg BD for a further 6/7.	Ivermectin 600micrograms/kg/day for 7/7.	Remdesivir 200mg D0 and 100mg for a further 4/7.	[Time Frame: Days 0-7] 1. Rate of viral clearance for repurposed drugs 2. Rate of viral clearance of positive control (monoclonal antibodies) over time relative to the negative control 3. Rate of viral clearance for small novel molecule drugs 4. Viral kinetic levels in early COVID-19 disease 5. Number of antiviral treatment arms that show a positive signal (>90% probability of >5% acceleration in viral clearance) 6. Rates of viral clearance by treatment arm, as compared against REGN-COV2 (monoclonal antibody cocktail) 7. Rates of hospitalisation by treatment arm	
Clinical Trial to "Study the Efficacy and Therapeutic Safety of Ivermectin: (SAINTBO) (SAINTBO)	Interventional Phase 2	RCT Double blind	Bolivia	90	18-75	Placebo	a single 600 μg / kg dose of ivermectin				 Evolution of viral load [Time Frame: 3 days] [Time Frame: 28 days] Clinical remission Clinical signs of toxicity Need for supplemental oxygen Hospital stay [Time Frame: 3 months] Need for mechanical ventilation [Time Frame: 21 days] 	
61 NCT04392427 New Antiviral Drugs for Treatment of COVID-19	Interventional Phase 3	RCT Single blind	Egypt	100	>12	Control group: w not receive nothi Data collection w include: sociodemographi data, clinical history, results of follow up	rill a combination of Nitazoxanide, Ribavirin and Ivermectin for a duration of seven days:				negative test result for COVID-19 [Time F	rame: 2 YEARS]
62 NCT04510233 Ivermectin Nasal Spray for COVID19 Patients	Interventional Phase 2	RCT	TBD	60	18-60	standard care oxygen via masks ventilators	or Ivermectin nasal spray 1 ml in each nostril two times daily	Ivermectin oral 1 tablet 6 mg three times daily			PCR of SARS-Cov2 RNA [Time Frame: 14 d	_ lays] _

63 <u>N</u>	CT04360356	Ivermectin and Nitazoxanide Combination Therapy for COVID-19	Interventional Phase 2&3	RCT Double blind	TBD	100	18-65	Oxygen via	Ivermectin 200 mcg/kg once orally on empty stomach + Nitazoxanide 500 mg twice daily orally with meal for 6 days		1. Number of Patients with COVID-19- negative PCR [Time Frame: within 10 days] [Time Frame: within 30 days] 2. Number of patients with improved respiratory rate 3. Number of patients with improved PaO2 4. Number of patients with normalized Serum IL6 5. Number of patients with normalized Serum TNFα 6. Number of patients with normalized Serum iron 7. Number of patients with normalized Serum ferritin 8. Number of patients with normalized International normalized ratio "INR" for prothrombin time 9. Number of patients with normalized complete blood count "CBC" 10. Mortality rate
64 <u>N</u>	CT05060666	Prophylaxis of COVID-19 Disease With Ivermectin in COVID- 19 Contact Persons	Interventional Phase 3	RCT Double blind	Germany	412	>18	2 doses of placebo at day 0 and day 2	2 doses of ivermectin at day 0 and day 2 The dosage is based on body weight calculated as follows: 15 mg for 40-60 kg = 5 tablets à 3 mg 18 mg for 60-80 kg = 6 tablets à 3 mg 24 mg for > 80 kg = 8 tablets à 3 mg each This corresponds to an ivermectin dose of about 300 μ g / kg.		[Time Frame: Day 14] 1. presence of the clinical condition 2. Adverse events and side effects 3. Type, number and severity of symptoms 4. Severity of the COVID-19 disease
65 <u>N</u>	CT04712279	The (HD)IVACOV Trial (The High- Dose IVermectin Against COVID-19 Trial)	Interventional Phase 2&3	RCT Triple blind	TBD	294	>18		ivermectin 0.6m/kg/day q.d.for 05 days + HCQ 200mg/day q.d. for 05 days		1. WHO Clinical Progression Scale [U to 10; 0 = uninfected; 10 = death] 2. Duration of fatigue & anosmia 3. Overall duration of clinical manifestations 4. Disease duration 5. WHO COVID-19 Ordinal Scale for Clinical Improvement [1 to 8; 1 = not hospitalized, no limitation on activities; 8 = death] 6. Time-to-recovery 7. Proportion of subjects needing additional drugs or interventions 8. Proportion of subjects needing oxygen use 9. Proportion of subjects needing high-flow oxygen therapy or non-invasive ventilation 10. Proportion of hospitalizations 11. Proportion of mechanical ventilation use 12. Proportion of pressors use 13. Proportion of deaths 14. Duration of new oxygen use 15. Duration of hospitalization 16. Duration of mechanical ventilation 17. Viral load, Change in viral load from
66 <u>N</u>	CTN//937569	Ivermectin Versus Standard Treatment in Mild COVID-19	Interventional Phase 3	RCT	Egypt	1644	18-80	Standard treatment	Ivermectin + standard treatment 4-days course of Ivermectin 400 microgram/kg body weight maximum 4 tablets (6mg / tablet) once daily dose before breakfast		[Time Frame: 21 days] 1. Rate of ICU admission in mild COVID-19 cases 2. Time to clinical improvement. 3. Overall clinical state, using the 7-point ordinal scale 4. The duration of critical care interventions in each arm of the study. 5. Proportion of subjects who develop adverse events associated with the study drug
67 <u>N</u>	CT04768179	Safety & Efficacy of Low Dose Aspirin / Ivermectin Combination Therapy for Treatment of Covid- 19 Patients (IVCOM)	Interventional Phase 2&3	RCT	TBD	490	18-64	Standard treatment	3-day IVM 200 mcg/kg/day/14-day 75mgASA/day + standard of care	3-day IVM 600 mcg/kg/day/14-day 75mgASA/day + standard of care	[Time Frame: Day 14] 1. SARS COV 2 Viral clearance 2. WHO COVID-19 ordinal improvement score 3. Clinical recovery 4. Spectrum and severity of adverse events [[Time Frame: Days one to six] 5. Maximum Plasma concentration 6. Minimum Plasma concentration
68 <u>N</u>	CT04944082	Remdesivir- Ivermectin Combination Therapy in Severe Covid-19	Interventional Phase 4	RCT	TBD	60	>18	may extend to 10	Remdesivir + ivermectin (The same remdesivir dose as mentioned + ivermectin 4 tablet (6mg) once daily before meal for four days)		7. Area Under the Curve 1. Improvement in level of oxygenation 2- Need for ventilator support 3- Length of hospital stay 4- Development of complication 5- Mortality
69 <u>N</u>	CT04891250	The Zambia Ivermectin Trial for the Treatment and Prevention of COVID-19 (ZIT)	Interventional Phase 4	RCT	Zambia	800	18-65	Standard treatment	: IVM		1. All-cause COVID-19 related mortality 2. COVID-19 Infection 3. Patient cure rate 4. Participant Infection Rate
70 <u>N</u>	CT04551755	Safety and Efficacy of Ivermectin and Doxycycline in Treatment of Covid-19	Interventional Phase 2	RCT Triple blind	Bangladesh	188	>18	Placebo + standard care	Ivermectin + Doxycycline + standard care Tab Ivermectin (6mg): 12mg first dose then one more dose of 12mgafter 12 hours + Cap. Doxycycline (100mg): 1+0+1 after meal for 10 days. To be taken with half glass of water and sit up for 20 minutes		[Time Frame: 10 days] 1. Time to outcome measure of fever (<100.40F)and cough 2. Negative RT-PCR test on day 5 of treatment
71 <u>N</u>	CT04527211	Effectiveness and Safety of Ivermectin for the Prevention of Covid-19 Infection in Colombian Health Personnel	Interventional Phase 3	RCT Quadruple blind	Colombia	550	>18	TPIACEDO	Oral administration of ivermectin 200 mcg/kg every week for seven weeks		[Time Frame: 8 weeks] 1. Clinical development of covid-19 disease during the intervention period 2. Seroconversion 3. Hospitalization requirement 4. Intensive Care Unit Requirement 5. Safety of the intervention
72 <u>N</u>	[][]/[XX636]	Ivermectina Colombia (IVERCOL) (IVERCOL)	Interventional Phase 2&3	RCT Quadruple blind	Colombia	966	>18	IPIACENO	Ivermectin 600 mcg/kg every 12 hours for 5 days.		[Time Frame: 28 days] 1. Proportion of patients progressing to severe COVID-19. 2. Hypoxemia (oxygen saturation ≤90%) and need for supplemental oxygen in home care program. 3. Need for hospitalization including general bed, ICU or ICU. 4. Death from any cause. 5. Proportion of patients with 4 or more points on the WHO scale (8-point ordinal scale). 6. Number of days with supplemental oxygen requirement. 7. Number of days on ICU management. 8. Number of days on endotracheal intubation (IOT). 9. Number and type of serious and non-serious adverse events
73 <u>N</u>	CT05045937	Observational Study on the Use of Ivermectin as an Outpatient Treatment Option for COVID-19	Observational Cohort	Prospective	USA	1000	12-110	more traditional,	Ivermectin treatment of outpatients dosing at 0.4mg/kg until recovered +supplemental treatment		[Time Frame: 4-6 weeks per individual] 1. Complete recovery from COVID-19 with resolution of symptoms 2. Admission to a hospital for further advanced treatment
74 <u>N</u>	CT05056883	A Phase III Confirmatory Study of K- 237	Interventional Phase 3	RCT Quadruple blind	TBD	1000	>20	Placebo 0.3-0.4mg/kg (once daily)	Ivermectin 0.3-0.4mg/kg (once daily)		[Time Frame: Day1 ~ 14 after administration] 1. Time from the start of study drug administration to 168 hours until the clinical symptoms reach an improving trend 2. In addition to the primary endpoint, time to trend toward improvement in clinical symptoms, including headache, abdominal pain, nasal 3. Time to reach a temperature of less than 37.5 °C without the use of antipyretics (acetaminophen)