1. Quercetin and flavonoids: There is interest now in exploring flavonoids, including Quercetin, for the treatment of COVID-19. I could only find one study in pre-print (still not peer reviewed so still not indexed) in which Quercetin, as well as other plant compounds, are investigated as potential inhibitors of COVID-19 Main Protease with promising results. More research is needed.

2. A full list of potential therapeutics – in trials – is summarized by the WHO

3. Below is a list of the most promising

- Remdisivir: A broad spectrum investigational nucleoside analogue, originally developed to treat a variety of viruses, including Ebola, SARS and MERS- causing coronaviruses.
  Remdisivir efficiently inhibited SARS-CoV-2 infection in vitro. Favorable results have been reported in some cases, including the first reported patient in the U.S. A phase III clinical trial of remdesivir against SARS-CoV-2 was launched in Wuhan on February 4, 2020. However, as an experimental drug, remdesivir is not expected to be largely available for treating a very large number of patients in a timely manner.

- Chloroquine: An old drug used as an antimalarial as well as for its immune modulation and anti-inflammatory properties. Has also been found to be active in mice against a variety of viruses, including certain enteroviruses, Zika virus, influenza A H5N1.
  Choloroquine efficiently inhibited SARS-CoV-2 infection in vitro and seems to be the drug of choice for large-scale use due to its availability, proven safety record, and a relatively low cost (more here). Hydroxychloroquine, a less toxic derivative of chloroquine, was found effective in inhibiting SARS-CoV-2 infection in vitro.
  In a very small French study (also in pre-print), hydroxychloroquine treatment was significantly associated with viral load reduction/disappearance in COVID-19 patients and its effect is reinforced by **azithromycin.**
  More on Chloroquine

- Lopinavir/ritonavir: Protease inhibitor combo used in HIV infection with possibly some benefit in the treatment of SARS. Recent study showed no significant efficacy in severe Covid-19 disease.
- Ciclesonide: In a new study still in pre-print, ciclesonide, an inhaled corticosteroid, suppressed human coronavirus replication in cultured cells, but did not suppress replication of respiratory syncytial virus or influenza virus. The effective concentration of ciclesonide to block SARS-CoV-2 (the cause of COVID-19) replication (EC90) was 6.3 μM.

The list below is taken from this site

- Interferon-alpha: An antiviral cytokine used against hepatitis B and C viruses. May be more effective for prophylaxis than post-exposure, based on experimental animal studies involving SARS.
- Ribavirin: Another nucleoside analogue approved for hepatitis C (in combination with other drugs) and respiratory syncytial virus (RSV) infections but also evaluated in SARS and MERS. Has been reported to be active in vitro against Covid-19.
- Sofosbuvir: Inhibits RNA-dependent RNA polymerase. Approved for treatment of hepatitis C, but also with in vitro activity against Covid-19.
- Tocilizumab: Anti-interleukin-6 monoclonal antibody used in rheumatoid and giant cell arthritis. Theoretically, may mitigate cytokine storm observed in some patients during the later stages of Covid-19 disease.

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