Other clinicasl trials in different phases are still ongoing elsewhere.  
Immunomodulatory agents. SARS-Co-V2triggers a strong immune response which may cause cytokine storm syndrome 60,61. Thus, immunomodulatory agents that inhibit the excessive inflammatory response maybe a potential adjunctive therapy for COVID-19. Dexamethasone is a corticosteroid often used in a wide range of conditions to relieve inflammation through its anti-inflammatory and immunosuppressant effects. Recently, the RECOVERY trial found dexamethasone reduced mortality by about one third in hospitalized patients with COVID-19 who received invasive mechanical ventilation and by one fifth in patients receiving oxygen. By contrast, no benefit was found in patients without respiratory support146.  
To cilizumab and sarilumab, two types of interleukin-6 (IL-6)receptor-specific antibodies previously used to treat various types of arthritis, including rheumatoid arthritis, and cytokine release syndrome, showed effectiveness in the treatment of severe COVID-19 by attenuating the cytokine storm in a small uncontrolled trial147. Bevacizumab is an anti-vascular endothelial growth factor (VEGF) medication that could potentially reduce pulmonary oedema in patients with severe COVID-19.  
Eculizumab is a specific monoclonal antibody that inhibits the proinflammatory complement protei n C5. Preliminary results showed that it induced a drop on inflammatory markers and C-reactive protein levels, suggesting its potential to be an option for te treatment of severe COVID-19(ref.148).