

Kraipit Anunnitipat

Antiviral Drug Combinations for Viral Infection Treatment

Expansion of The AntiViralDualCombi Database and In Vitro Evaluation of Novel Antiviral Drug Combinations Against Echovirus 1

Master's thesis in Pharmacy

Supervisor: Denis Kainov

May 2023

Kraipit Anunnitipat

Antiviral Drug Combinations for Viral Infection Treatment

Expansion of The AntiViralDualCombi Database and In Vitro Evaluation of Novel Antiviral Drug Combinations Against Echovirus 1

Master's thesis in Pharmacy
Supervisor: Denis Kainov
May 2023

Norwegian University of Science and Technology
Faculty of Medicine and Health Sciences
Department of Clinical and Molecular Medicine



Norwegian University of
Science and Technology

Acknowledgement

I am deeply grateful to Professor Denis Kainov for the constant support and invaluable guidance provided to me during my thesis work. He was always there to help me with any questions I had and shared their knowledge generously.

A special thank you goes to my fellow Shahzaib for being a great friend and supporter during this journey. Our time together was both enjoyable and unforgettable. I am also grateful to Aleksandr, who shared their helpful database and figures with me, making my research much easier and more effective.

I want to thank my family for their support and encouragement throughout my academic journey. Their belief in me has been a source of strength and motivation.

Lastly, I appreciate Hilde and all the faculty members, staff, and colleagues who have been part of this experience.

Your all support has played a significant role in my success.

Kraipit Anunnitipat

Kraipit Anunnitipat

Publication

While writing this thesis, I have had the opportunity to contribute to one publication:

Ianevski, A., Ahmad, S., Anunnitipat, K., Oksenyh, V., Zusinaite, E., Tenson, T., Bjørås, M., & Kainov, D. E. (2022). Seven classes of antiviral agents. *Cellular and molecular life sciences : CMLS*, 79(12), 605. <https://doi.org/10.1007/s00018-022-04635-1>

Abstract

Enteroviruses, part of the Picornaviridae family, are responsible for a broad range of diseases ranging from asymptomatic to fatal, including rashes, paralysis, meningitis, poliomyelitis, the common cold, hepatitis A, and foot-and-mouth disease. At the time of writing this thesis, no specific treatments for enterovirus infections had been found, highlighting a gap that needs to be addressed.

The AntiViralDualCombi database (AVDC), containing drug combinations, was expanded from an initial 758 to 980 combinations. It was observed that virus-virus target and host-virus target drug combinations predominantly exhibited positive effects, suggesting the potential for novel treatment strategies.

New broad-spectrum antivirals (BSAs) were identified and tested in combination against echovirus-1 in human adenocarcinoma alveolar basal epithelial A549 cells. The drugs utilized in this thesis included vapendavir, vemurafenib, pleconaril, rupintrivir, remdesivir, enviroxime, dipyridamole, sangivamycin, emetine, cycloheximide, anisomycin, and IMP-1088. In total, 65 combinations were tested, and the results revealed that pleconaril combined with anisomycin or cycloheximide exhibited the highest synergy scores. Three combinations showed antagonistic effects: pleconaril or remdesivir plus vapendavir and enviroxime plus vemurafenib. Nevertheless, many other synergistic and additive combinations were also identified.

Combining drugs can be more effective at preventing virus infections than using a single drug and can be done with lower doses. This approach can also reduce side effects when tested in animals and humans, making it a promising strategy for treating EV1 and other enterovirus infections. The identification of these novel combinations, along with the expansion of the AVDC database, provides a solid foundation for further research into effective treatments for enteroviruses. Further testing in preclinical and clinical trials is needed to fully evaluate the potential of these promising drug combinations and contribute to better preparedness and response to future viral outbreaks.

Sammendrag

Enterovirus, som er en del av Picornaviridae-familien, er ansvarlig for et bredt spekter av sykdommer som varierer fra asymptomatiske til dødelige, inkludert utslett, lammelse, hjernehinnebetennelse, poliomyelitt, forkjølelse, hepatitt A og fot-og munnsykdom. På tidspunktet denne avhandlingen ble skrevet, hadde det ikke blitt funnet noen spesifikke behandlinger for enterovirusinfeksjoner, noe som understreker et hull som må fylles.

AntiViralDualCombi-databasen (AVDC) inneholder informasjon om kombinasjon av legemidler, utvidet fra opprinnelig 758 til 980 kombinasjoner. Det ble observert at virus-virus rettet og host-virus rettet medikamentkombinasjoner viste positive effekter, noe som antyder potensialet for nye behandlingsstrategier.

Nye bredspektrede antivirale midler (BSA-er) ble identifisert og testet i kombinasjon mot echovirus-1 i menneskelige adenokarsinom alveolære basale epitel A549-celler. Legemidlene som ble brukt i denne testen inkluderte vapendavir, vemurafenib, pleconaril, rupintrivir, remdesivir, enviroxime, dipyridamol, sangivamycin, emetin, cycloheximid, anisomycin og IMP-1088. Totalt ble 65 kombinasjoner testet, og resultatene viste at pleconaril kombinert med anisomycin eller cycloheximid hadde de høyeste synergipoengene. Tre kombinasjoner viste antagonistiske effekter: pleconaril eller remdesivir pluss vapendavir og enviroxime pluss vemurafenib. Imidlertid ble det også identifisert en rekke andre synergistiske og additive kombinasjoner.

Å kombinere legemidler kan være mer effektivt for å forhindre virusinfeksjoner enn å bruke et enkelt legemiddel og kan gjøres med lavere doser. Denne tilnærmingen kan også redusere bivirkninger når den testes på dyr og mennesker, noe som gjør det til en lovende strategi for behandling av EV1 og andre enterovirusinfeksjoner. Identifiseringen av disse nye kombinasjonene, sammen med utvidelsen av AVDC-databasen, gir et solid grunnlag for videre forskning på behandlinger for enterovirus. Videre testing i prekliniske og kliniske studier er nødvendig for å fullt ut vurdere potensialet til disse lovende legemiddelkombinasjonene og bidra til bedre beredskap og respons på fremtidige virusutbrudd.

Table of Contents

Acknowledgement	1
Publication	2
Abstract	3
Sammendrag	4
Table of Contents	5
List of Figures	7
List of Tables	7
Abbreviations	8
Introduction	9
Aim and Objectives	15
Material and Methods	16
3.1 Expanding the AVDC database and Updating DrugVirus.info	16
3.1.1 Finding New Combinations for the AVDC Database.....	16
3.1.2 Standardization of Drug Nomenclature for the AVDC Database.....	17
3.1.3 Standardization of Drug Ordering	17
3.1.4 Data Recording Methods for the AVDC Database.....	18
3.1.5 Removal of Duplicate and Less Clinically Advanced Combinations from the AVDC Database	18
3.1.6 Categorization of Combination Effects in the AVDC Database	19
3.1.7 Combining the AVDC Database with Drugvirus.info.....	20
3.1.8 Adding BCCs to The DrugVirus.info Database	20
3.2 Experiment	22
3.2.1 Drugs.....	22
3.2.2 Cell Cultures	22
3.2.3 Virus.....	22
3.2.4 Drug Test	23

3.2.5 Virus Quantification.....	23
3.2.6 Drug Combination Test and Synergy Calculation.....	23
Result.....	24
4.1 AVDC database	24
4.1.1 Expanding the AVDC Database	24
4.1.2 Drug Properties and Effects in the AVDC Database.....	27
4.1.3 Integration of the AVDC Database into the DrugVirus.info Database	30
4.2 Antiviral drug combination against EV-1 in A549 cells	30
Discussion.....	35
Conclusion	39
Reference	40
Appendix A - Drugs utilized in this thesis	44
Supplementary	45

List of Figures

Figure 1: Process of drug development.....	10
Figure 2: Enterovirus species.....	12
Figure 3: AVDC database screenshot.....	16
Figure 4: Standardization of drug ordering.....	17
Figure 5: Xlookup function window tool.....	21
Figure 6: Summary of drug combination effect.....	30
Figure 7: Pleconaril plus anisomycin and vapendavir interaction landscape.....	31
Figure 8: TCID50 of pleconaril in combinations.....	32

List of Tables

Table 1: Excel formula with brief explanation.....	20
Table 2: Top 15 most common viruses in the AVDC database.....	23
Table 3: 50% of drugs in the expanded AVDC database.....	25
Table 4: Distribution of drug target.....	27
Table 5: A part of the drug combinations targeting virus-virus interactions.....	27
Table 6: The drug combinations against the Picornaviridae family.....	28
Table 7: The drug targets of combinations exhibiting no effect or antagonistic effects.....	29

Abbreviations

A549 cell	Human Adenocarcinoma Alveolar Basal Epithelial Cells
ADE	Adverse Drug Event
AVDC	The AntiViralDualCombi Database
BCC	Broad-Spectrum-Containing Drug Cocktail
BSA	Broad-Spectrum Antiviral
CC50	The Half-Maximal Cytotoxic Concentration
DHODH	Dihydroorotate Dehydrogenase
DMSO	Dimethyl Sulfoxide
EC50	The Half-Maximal Effective Concentration
EV-1	Echovirus 1
EV-71	Enterovirus 71
External ID	External Identifier
FBS	Fetal Bovine Serum
FLUAV	Influenza A Virus
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
HIV-1	Human Immunodeficiency Virus Type 1
HIV-2	Human Immunodeficiency Virus Type 2
HRV-B14	Rhinovirus 14
MERS-CoV	Middle East Respiratory Syndrome Coronavirus
MoA	Mode Of Action
moi	Multiplicity Of Infection
MSA	Most Synergistic Area
NIPH	The Norwegian Institute of Public Health
OSBP	Oxysterol-Binding Protein
SARS-CoV	Severe Acute Respiratory Syndrome Coronavirus
SARS-CoV-2	Severe Acute Respiratory Syndrome Coronavirus Type 2
SI	Selectivity Value
SVR	Sustained Virologic Response
TCID50	Median Tissue Culture Infectious Dose

Introduction

Coronaviruses are a family of viruses responsible for multiple outbreaks, including SARS-CoV in 2002, MERS-CoV in 2012, and the current COVID-19 pandemic caused by SARS-CoV-2[1]. The COVID-19 pandemic has had a more significant impact than previous outbreaks, infecting over 36 million people and causing over a million deaths worldwide. At the pandemic's onset, no specific treatments or vaccines were available, highlighting the urgent need for prevention strategies to mitigate both human and economic consequences, such as healthcare costs, lost productivity, and social disruption [2].

A new medication can generally take 10–15 years to develop. Typically, multiple stages are involved in the year-long drug development process, including the discovery, preclinical, and clinical phases 1–3, and approval and post-approval phases. The extended procedures are essential to ensure that the drugs produced are secure and effective regardless of the patient's age or race [3]. The cost of developing a new drug has risen in recent years [3]. When the costs of unsuccessful drugs that have not reached the market are considered, the estimated cost to develop a new drug that has reached the market is over \$1.5 billion. Additionally, according to a study on attrition rates, only 11% of drugs for all therapeutic areas are successfully developed, which points to a high attrition rate in drug development [4]. The high attrition rate in drug development has been linked to several probable factors, including inadequate clinical efficacy, uncontrollable toxicity, undesirable drug-like characteristics, insufficient commercial demands, and faulty planning [5]. In conclusion, it can be challenging for pharmaceutical companies and humanity when a severe pandemic occurs unexpectedly.

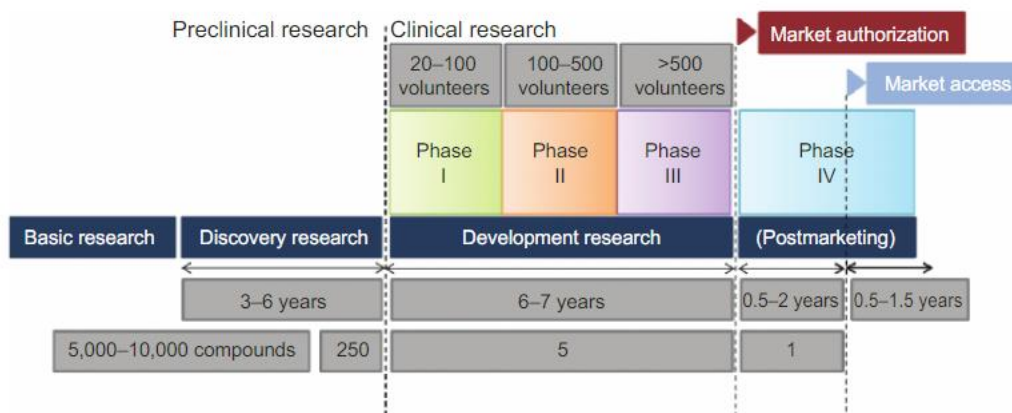


Figure 1. shows the process of developing new drugs. It starts with basic research and ends with post-marketing surveillance. Drug companies follow a simplified sequence of steps to create new drugs, including selecting the disease to target and identifying lead compounds through various methods. Once identified, compounds undergo tests to assess their safety, pharmacokinetics, and pharmacodynamics. Clinical trials are then conducted in Phase I and II to test the drug's safety and efficacy in healthy volunteers and the target population. Phase III confirms the clinical doses, frequency, and timing of administration for approval. Post-marketing trials in Phase IV monitor the drug's safety and detect harmful effects. The drug can be withdrawn from the market if toxic effects are discovered during this phase [3].

Developing new drugs is a challenging and costly process that often fails. To address this, some recommend drug repurposing, also known as drug repositioning, as a possible alternative [6]. Skipping preclinical trials for certain drugs can allow them to move directly to phase II clinical trials once safety assessments and formulation development have been completed, resulting in lower costs and faster development times [7]. The goal is to identify new uses for approved or investigational drugs, making drug repurposing a potential option for treating the infection. By utilizing drugs that have already undergone clinical trials and have established safety and pharmacological profiles, drug repurposing can significantly reduce development costs and accelerate the drug development process [7]. In the case of COVID-19, supportive treatments such as oxygenation, ventilation, and fluid management were the primary treatments [8]. Hydroxychloroquine, an antimalarial drug commonly used for rheumatoid arthritis and lupus erythematosus [9], was initially proposed and used to combat viral infections during the pandemic's emergence [8][10]. However, subsequent studies yielded inconclusive results or

showed no clinical benefit, leading to hydroxychloroquine no longer being recommended for treating COVID-19 patients [10][11].

Another challenging aspect of developing antiviral drugs is that viruses can quickly develop resistance to them. The risk of resistance is influenced by factors such as how well the virus can replicate, how fast the drug can stop replication, and the number of genetic mutations required for the virus to resist the drug [12]. Drugs that can quickly hinder viral replication have a lower risk of resistance. Additionally, the genetic barrier is an essential factor and refers to the number of mutations a virus must accumulate to replicate efficiently in the presence of an antiviral agent [12]. To reduce the risk of drug resistance, combining broad-spectrum antivirals (BSAs) can be helpful. It can increase their effectiveness while minimizing the chances of developing drug resistance [13]. Alternatively, antivirals that target protein-protein interactions could be developed instead of the active sites of viral or host enzymes [14].

The combination of two or more drugs that produce an effect greater than expected is called a synergistic or superadditive effect. Conversely, when two or more drugs are combined, and the result equals the sum of their individual potencies, it is considered an additive effect [15]. Synergistic and additive effects are often desired in combination therapies, while antagonism refers to a combined effect that is less than expected [15][16]. Combination therapy is widely used to treat various diseases, including cancer, infections, and pain management [15]. Similarly, antiviral drug combinations, or broad-spectrum-containing drug cocktails (BCCs), are also used in virus infection therapies. BCCs are now widely used for treating various diseases, including HIV and HCV [14]. These combinations typically involve two or more antiviral drugs, such as abacavir/dolutegravir/lamivudine for HIV and ledipasvir/sofosbuvir and sofosbuvir/velpatasvir for HCV [14]. BCCs have been shown to reduce the required concentration of antiviral drugs, lowering their toxicity and side effects, and decreasing the development of resistance [13].

Combining different drugs to treat a disease, including viral infections, may have drawbacks. It can lead to more side effects and drug interactions since the occurrence of adverse drug events (ADE) positively correlates with the number of medications used, especially in older adults who

often use more medication [17]. This will lead to potential drug-drug interactions. Additionally, some people may find it difficult to take a lot of pills.

In addition to SARS-CoV-2, which has demonstrated the significant impact a virus outbreak can have on everyone, echovirus 1 (EV-1) is another important virus that requires attention due to the absence of approved antiviral drugs for treatment [22]. Consequently, EV-1 will be the focus of this thesis. EV-1 is a member of the enterovirus B group and is a part of the Picornaviridae family, which consists of positive-sense single-stranded RNA viruses found in humans and animals worldwide [18][19]. The Picornaviridae family is a large family of vertebrate viruses [20], consisting of 63 genera containing 147 species [21], including several important human picornaviruses such as poliovirus, rhinovirus, and hepatitis A virus, which transmit via fecal-oral or respiratory routes. These viruses have historically played a significant role in human and animal health [20]. They are responsible for a wide range of asymptomatic to fatal diseases, including rashes, paralysis, meningitis, poliomyelitis, the common cold, hepatitis A, and foot-and-mouth disease [18][19]. Moreover, there is increasing interest in enterovirus research due to evidence linking these viruses with type I diabetes, asthma, and myocarditis [18]. Besides the enterovirus B group, the genus has 11 species: enteroviruses A, C-H, and J and rhinoviruses A-C [22]. Only enteroviruses A, B, C, and D, as well as rhinoviruses A to C, can infect humans [20].

<i>Enterovirus species</i>	Types
<i>Human enterovirus A</i>	Human Coxsackievirus A2–8, 10, 12, 14, 16. Human enterovirus 71, 76, 89–92.
<i>Human enterovirus B</i>	Human Coxsackievirus A9, B1–6. Human echovirus 1–9, 11–21, 24–27, 29–33. Human enterovirus 69, 73–75, 77–88, 93, 97, 98, 101, 106, 107.
<i>Human enterovirus C</i>	Human poliovirus 1–3. Human Coxsackievirus A1, 11, 13, 15, 17–22, 24. Human enterovirus 95, 96, 99, 102, 104, 105, 109.
<i>Human enterovirus D</i>	Human enterovirus 68, 70, 94.
<i>Human rhinovirus A, B, C</i>	
<i>Porcine enterovirus B</i>	
<i>Bovine enterovirus</i>	
<i>Simian enterovirus A</i>	

Figure 2 shows various species and examples of their serotypes. Echovirus 1 is a serotype belonging to the human enterovirus B species [23].

Treating enterovirus infections is challenging as no approved antiviral drugs are available. Clinical trials of a capsid-binding agent, pleconaril, and a 3C protease inhibitor, rupintrivir, showed limited efficacy or side effects. However, recent research has made progress in developing new anti-enteroviral drugs with both in vitro and in vivo antiviral efficacy. One in vitro study has identified promising synergistic drug combinations such as rupintrivir–vemurafenib, vemurafenib–pleconaril, rupintrivir–pleconaril, and rupintrivir–cycloheximide against enterovirus EV-1 infection [22]. Despite showing promising synergistic effects against EV1, further clinical studies are required to determine their efficacy and safety.

Improving our ability to treat virus infections relies on predicting and expanding new antiviral drug combinations. Therefore, this is essential to have a comprehensive and reliable database. In 2022, my research group launched the updated version of their previous DrugVirus.info database, DrugVirus.info 2.0[24]. This database now contains information on 255s BSAs and 407 BCCs,

along with added analysis functions. By utilizing the most current data, researchers can gain valuable insights into BSAs and BCCs, which will help to improve our understanding of drugs and drug combinations. Ultimately, this will aid in responding to new virus outbreaks and developing effective treatments more efficiently. This database will also be beneficial in combating future unpredictable outbreaks, hoping to reduce mortality.

Aim and Objectives

During the COVID-19 pandemic, it became clear that rapid actions were crucial to minimize the financial and health-related problems caused by the virus outbreak. This lesson is also significant for handling future unexpected disease outbreaks promptly. A past master's student developed a valuable database called AntiViralDualCombi (AVDC), which focuses on two-drug combinations used to treat various viral infections. Within this database are 533 distinct two-drug combinations, 337 different antiviral drugs, and information on 52 unique viruses. Some new drug combinations were discovered and added to the database found at Drugvirus.info [25]

The primary focus of this project is on two key objectives. The first objective is to broaden the scope of the AVDC database, which will also serve to update the existing Drugvirus.info 2.0 database. The goal is to make the database more comprehensive by collecting additional scientific and clinical data on antiviral drug combinations. Furthermore, this project will gather information on the effects of these combinations within the AVDC database, which has yet to be undertaken. The enhanced database will prove beneficial for researchers requiring quick access to information about these drug combinations.

The project's second objective is to identify novel drug combinations that demonstrate an effective effect against echovirus-1 in cell culture, thus providing proof of concept. The specific combinations will be based on the outcomes of the mono-drug experiment carried out by my research team. Promising drugs that exhibit effects on EV-1 will be evaluated in combination, supplemented by some drugs from previous research. The choice to concentrate on echovirus-1 comes from biosafety level restrictions and the project's timeframe. Additionally, this virus is consistent with my team's research interests, as demonstrated by a 2022 article discussing an anti-enteroviral drug combination [23]. By accomplishing these objectives, the project intends to support ongoing efforts against viral diseases, enhance preparedness for future outbreaks, and reveal some innovative BCCs that could be further investigated.

Material and Methods

The methods for this project will be split into two parts. The first part involves expanding the AVDC data and updating the Drugvirus.info database, using Microsoft Excel 365 to record the information. This section will explain the strategies and Excel formulas used for expansion and updating. The process will be adapted from the approach used by a previous master's student while ensuring clarity and consistency. The second part focuses on the drug combination experiment. This section will describe how we chose the drugs for the experiment and explain how the experiments were carried out.

3.1 Expanding the AVDC database and Updating DrugVirus.info

3.1.1 Finding New Combinations for the AVDC Database

The AVDC database, created by a previous master's student, is recorded in an Excel file with 758 combinations, containing 533 unique antiviral drug combinations, 52 distinct viruses, and 338 individual antiviral drugs [25]. To expand the database, search terms such as "antiviral combinations," "synergistic and antiviral combination", and "antagonism and antiviral combination" were used in PubMed. The search was restricted to articles published after January 2022, and only publications in English or with English abstracts were manually reviewed. Information regarding the first and second drugs, viruses, cell lines, and references was collected in the Excel file. The effects of the combinations were categorized as "synergistic," "additive," "antagonistic," "no effect," "positive," or "not relevant," as described in section 3.1.5 and recorded accordingly.

Each drug combination was searched on ClinicalTrials.gov to determine if it had advanced further in clinical trials or been tested in human clinical studies. If combinations were not already in the database or had advanced in the clinical phase and met the specified criteria, they were recorded.

	A	B	C	D	E	F	O	P	Q	R	S	T
1	Virus	Drug1	Drug2	Clinical phase	Cell line/animal model	Reference	Synergistic	Additive	Antagonistic	No effect	Positive	Not relevant
2	HSV	5-Methoxy	Edoxudine	Preclinical	RK-13; Vero	PMID: 6249191			x			
3	HSV	5-Methoxy	Idoxuridine	Preclinical	RK-13; Vero	PMID: 6249191			x			
4	H1N1	6'SLN-CD	Interferon	Preclinical	HAE	PMID: 3621696	x					
5	HBV	AB-506	ARB-1467	Preclinical	HepDE19	PMID: 34826506		x				
5	HBV	AB-506	Entecavir	Preclinical	HepDE19	PMID: 34826506		x				
7	HBV	AB-506	Tenofovir	Preclinical	HepDE19	PMID: 34826506	x					
3	HBV	AB-506	Tenofovir	Preclinical	HepDE19	PMID: 34826506		x				

Figure 3 shows a screenshot of drug combinations and variable data corresponding to the antiviral cocktails.

3.1.2 Standardization of Drug Nomenclature for the AVDC Database

In the AVDC database, some articles used generic names or external identifiers (external IDs) as drug names, which could lead to duplicated data. DrugBank Online, an online database containing information about drugs and drug targets, was used to standardize drug names. All collected drug names were manually searched on DrugBank to find the actual drug names. For drugs without records on DrugBank, a Google search was conducted.

Virus abbreviations were also standardized using an internal database that provides Virus IDs (virus abbreviations), virus names, and other relevant information about the viruses. The virus abbreviations were checked for consistency with the internal database by using the Xlookup function in Excel to compare Virus IDs in the AVDC and internal virus databases. Virus IDs not found in the internal database returned an error.

3.1.3 Standardization of Drug Ordering

Once all drug names were standardized, they were sorted vertically and horizontally in alphabetical order to avoid confusion and duplication of data with the same combinations recorded as Drug 1-Drug 2 and Drug 2-Drug 1. The drug order was arranged horizontally using the IF function in Excel, and details on the formula and explanation will be provided later. The drug combinations were sorted vertically using the "Sort A to Z" option in the tool menu. The accuracy

of the updated drug orders was then manually reviewed.

	A	B	C	R	S	T
1		Before rearranging		After rearranging		
2	Virus	Drug1	Drug2	Drug1	Drug2	Clinical Phase
3	PV	Disoxaril	Arildone	Arildone	Disoxaril	Preclinical
4	PV	Disoxaril	Ethyl 4-Methyl-2-(Methylthio)phenyl-5-isoxazole	Disoxaril	Ethyl 4-Methyl-2-(Methylthio)phenyl-5-isoxazole	Preclinical
5	PV	Disoxaril	Guanidine	Disoxaril	Guanidine	Preclinical
6	FLUAV	Peramivir	Ribavirin	Peramivir	Ribavirin	preclinical
7	HSV-1	Aphidicolin	Acyclovir	Acyclovir	Aphidicolin	Preclinical

Figure 4 illustrates the change in the order of drug combinations before and after they were rearranged using IF function. The cells highlighted in yellow show the combinations that were rearranged.

3.1.4 Data Recording Methods for the AVDC Database

It is important to record each unique drug combination only once to avoid data duplication and potential impacts on analysis outcomes. If the same combination of drugs was tested in the same cell line against the same virus, it was considered identical and not re-recorded. However, drug combinations tested against different cell lines or viruses, even if using the same individual drugs, were recorded because they can provide different outcomes.

For drug combinations that progressed through clinical stages, such as from clinical phase 2 to phase 3, only the combination at the most advanced clinical phase was recorded. The database focuses on human BSA combinations, so studies on viruses in animals were not included.

3.1.5 Removal of Duplicate and Less Clinically Advanced Combinations from the AVDC Database

After alphabetically rearranging the list, duplicate combinations were removed using the Remove Duplicates function in the toolbar. The process began by assigning a unique number to each combination, starting from 1 and continuing to the last combination. A copy of the datasheet was made to track the removed data and to compare which combinations were eliminated. The columns for "Drug 1", "Drug 2", "Clinical Phase", and "Cell Line/Animal Model" were selected, and the

Remove Duplicates function was applied. Following this, unique combinations based on these four variables remained. The Xlookup function was used to compare the two datasheets (the unique number) and identify any missing combinations. Any removed combinations were manually rechecked with their corresponding combinations for accuracy.

3.1.6 Categorization of Combination Effects in the AVDC Database

Antiviral combinations have been studied in both preclinical and clinical research. The classification of these studies as synergistic, additive, or antagonistic is often determined during the preclinical phase. Effects of combinations were recorded based on how the results were presented in the articles. Many studies tested the same combinations at different concentrations, yielding various outcomes, and the presented results were recorded. If combinations had no positive or negative impact or produced statistically insignificant results, they were considered to have no effect.

Studies were classified as positive if they reported a favorable outcome without specifying whether the effects were synergistic or additive. Positive results in human clinical studies included high sustained virologic response (SVR), protective effects, or conclusive positive outcomes. Preclinical studies were considered positive if they demonstrated a decrease in the half-maximal effective concentration (EC50) when two drugs were used together or if favorable results were observed without explaining the nature of the effect.

Studies without a full text or whose impact could not be determined from the abstract were considered irrelevant. Articles in languages other than English or Norwegian or without access to the original article were also deemed irrelevant. Studies that presented results where the effect could not be established were also considered irrelevant.

3.1.7 Combining the AVDC Database with Drugvirus.info

In this expanded AVDC database, BCCs were found by comparing it with the DrugVirus.info database, which lists 255 drugs targeting or used for different viruses. By using the Xlookup function to fill in information for all drugs in Drug 1 and Drug 2 columns, it was possible to identify which drugs are classified as BSAs to date. Afterwards, the filter function was applied to display only combinations containing at least one BSA. This process allowed for the identification of BCCs in the database.

3.1.8 Adding BCCs to The DrugVirus.info Database

After the BCCs in the AVDC database were identified, they were incorporated with the BCCs in the DrugVirus.info Database. There were some discrepancies in drug and virus naming. However, these issues were addressed by standardizing drug and virus nomenclature (as outlined in section 3.1.2) and organizing drug orders (as explained in section 3.1.3). Removing duplicate data was also performed, as described in section 3.1.5. It resulted in a database containing only BCCs, which will be used to update the DrugVirus.info database.

Table 1 presents the formulas along with a brief explanation of their functions.

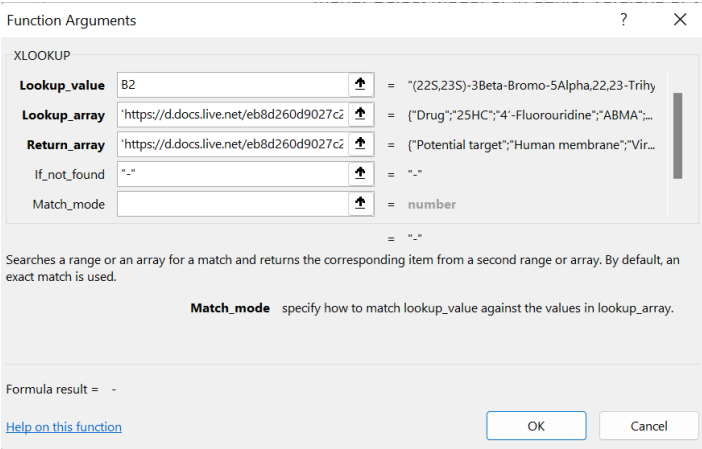
<i>Formula</i>	<i>Explanation</i>
<p><i>IF function</i></p> <p><i>Examples</i></p> <p><code>=IF (A1<B1, A1, B1)</code></p> <p><i>Or</i></p> <p><code>= IF(A1>B1, A1, B1)</code></p>	<p>"IF (A1<B1, A1, B1)" is used to compare values in cells A1 and B1, representing Drug 1 and Drug 2 names, which allows for horizontal sorting of data containing both alphabetic characters and numbers. If the value in cell A1 is less than the value in cell B1, the formula returns the value in cell A1, which should be placed in the Drug 1 column. Contrarily, if the value in cell B1 is greater than or equal to the value in cell A1, the formula returns the value in cell B1.</p> <p>On the other hand, "IF(A1>B1, A1, B1)" has a similar function. If the value in cell A1 is greater than the value in cell B1, the formula returns the value in cell A1, which should be placed in the Drug 2 column.</p>
<p><i>Xlookup function</i></p> 	<p>"XLOOKUP" has been utilized to standardize drug nomenclature, remove duplicates, and merge the AVDC database with DrugVirus.info. This function allows searching within a range or an array for a specific value and returning a corresponding value in the same position from another range or array</p>

Figure 5 shows the window tool of the Xlookup function in Microsoft Excel.	
--	--

3.2 Experiment

3.2.1 Drugs

Compounds were prepared as 10 mM stock solutions by dissolving them into dimethyl sulfoxide (DMSO; Sigma-Aldrich, Hamburg, Germany). These solutions were stored at -80 °C until use. The compounds used in the experiments, along with their suppliers, can be found in the Appendix section.

3.2.2 Cell Cultures

A549 human adenocarcinoma alveolar basal epithelial cells were cultivated in Dulbecco's Modified Eagle Medium (DMEM; Gibco, Paisley, Scotland) enriched with 10% FBS and a blend of 100 U/mL penicillin and 100 µg/ml streptomycin. The cell cultures were maintained at 37°C with 5% CO₂.

3.2.3 Virus

Echovirus 1 (Farouk strain; ATCC) was supplied by Prof. Marjomäki from the University of Jyväskylä. It was amplified in a monolayer of the A549 cell line using DMEM media containing 0.2% BSA and Pen-Strep. All virus stocks were stored at -80°C.

3.2.4 Drug Test

Cells were seeded at approximately 4×10^4 cells per well in 96-well plates. After 24 hours of growth in DMEM medium supplemented with 10% FBS and a mixture of 100 U/mL penicillin and 100 $\mu\text{g}/\text{ml}$ streptomycin, the medium was replaced with DMEM medium containing 0.2% bovine serum albumin and a mixture of 100 U/mL penicillin and 100 $\mu\text{g}/\text{ml}$ streptomycin. The compounds were added to the cells in 3-fold dilutions at seven different concentrations starting from 30 μM . Subsequently, cells were infected with viruses at a multiplicity of infections (moi) of 0.1. After 48 hours of infection, the medium was removed from the cells and a Cell Titer Glow assay was used to measure the viability of mock- and virus-infected cells.

3.2.5 Virus Quantification

Virus production is assessed in both compound-treated and untreated cells. The media from the cells were serially diluted (10-fold) from 10^{-2} to 10^{-7} in serum-free growth media containing 0.2% bovine serum albumin. These diluted samples were then applied to a monolayer of A549 cell plates. After 1 hour, cells were overlaid with a virus growth medium containing 1% carboxymethyl cellulose and incubated for 48 hours. The plaques in each well were counted and expressed as plaque-forming units per mL (pfu/mL).

3.2.6 Drug Combination Test and Synergy Calculation

Cells were treated with increasing concentrations of drug combinations. These drug combinations were applied to A549 cell cultures, which were then infected with either EV1 or a mock virus. After 48 hours, the viability of the infected cells was assessed using the CellTiter-Glo assay. The observed responses were compared with the expected combination responses to determine if the drug combination exhibited synergistic effects. The expected response on the viability of virus- and mock-infected cells was established using the Bliss reference model via SynergyFinder. In the Bliss independence model, it is assumed that two drugs exert their effects independently through a stochastic process, allowing the expected combination effect to be calculated based on the probability associated with independent events.

Result

4.1 AVDC database

4.1.1 Expanding the AVDC Database

The initial AVDC database comprised 758 combinations, including 533 unique drug combinations, 52 distinct viruses, and 337 drugs. 261 drug combinations were identified and added to the AVDC database during this expansion. All AVCs in the AVDC database were reviewed. Articles with secondary data, such as reviews, meta-analyses, and duplicates, were removed from the database to avoid data inflation. Combinations that advanced in clinical phases were also removed.

The updated database ultimately contains 980 AVCs, with 39 combinations removed. This expanded AVDC database features 61 unique viruses, 405 different drugs, and 701 distinct drug combinations. SARS-CoV-2 is the most prevalent virus in the database, found in 136 combinations, accounting for almost 14% of the total 980 combinations. It is followed by HCV and FLUAV, representing 9.90% and 9.39%, respectively. A considerable number of articles on HIV do not specify whether they tested drug combinations on HIV-1, HIV-2, or both; thus, data for HIV are collected in two separate categories. Furthermore, 15 viruses represent 80% of the viruses in the database.

Table 2 displays the top 15 most common viruses in the expanded AVDC database, accounting for 80 % of the 980 drug combinations. The amounts are presented both numerically and as percentages.

Virus	Amount presented	Amount %	Cumulative %
SARS-CoV-2	136	13,88 %	13,88 %
HCV	97	9,90 %	23,78 %
FLUAV	92	9,39 %	33,16 %
HIV-1	67	6,84 %	40,00 %
HBV	66	6,73 %	46,73 %
CMV	63	6,43 %	53,16 %
HSV-1	62	6,33 %	59,49 %
EBOV	50	5,10 %	64,59 %
HSV-2	41	4,18 %	68,78 %

HIV	27	2,76 %	71,53 %
PV-1	25	2,55 %	74,08 %
ECHOV-1	19	1,94 %	76,02 %
VZV	18	1,84 %	77,86 %
CHIKV	18	1,84 %	79,69 %
EV-A71	15	1,53 %	81,22 %

The database shows that ribavirin is the most common drug, appearing in 119 combinations, constituting 6% of all available data. Interferon-alpha and antibodies rank second and third, representing 6.64% and 3.83% of the total. It should be noted that a combination may include two antibodies. Out of the 980 combinations, the preclinical phase is the most prominent, with 769 combinations, while 159 combinations are in the clinical phase.

In the AVDC database, 205 combinations were identified as BCCs, signifying that at least one drug in the combination is classified as a BSA according to the existing BSA database. Of these, 61 combinations were found using the existing articles in the AVDC database, while 144 combinations were identified through searches. Remdesivir is the most prevalent drug, appearing in 32 combinations, followed by ribavirin in 19 combinations.

Table 3 displays 33 drugs, accounting for 50% of the 405 different drugs in the expanded AVDC. Cell occupancy is used rather than the number of drugs present in combinations, as some combinations may include the same drug.

Drug	Cell occupied	Cell Occupied %	Cumulative %
Ribavirin	119	6,07 %	6,07 %
Interferon Alpha	91	4,64 %	10,71 %
Antibodies	75	3,83 %	14,54 %
Acyclovir	56	2,86 %	17,40 %
Oseltamivir	50	2,55 %	19,95 %
Favipiravir	43	2,19 %	22,14 %
Remdesivir	36	1,84 %	23,98 %
Foscarnet	35	1,79 %	25,77 %
Tenofovir	32	1,63 %	27,40 %
Zidovudine	32	1,63 %	29,03 %
Sofosbuvir	32	1,63 %	30,66 %
Interferon Beta	32	1,63 %	32,30 %
Ganciclovir	31	1,58 %	33,88 %
Rupintrivir	25	1,28 %	35,15 %
Cidofovir	25	1,28 %	36,43 %
Lamivudine	25	1,28 %	37,70 %
Interferon Gamma	22	1,12 %	38,83 %
Vidarabine	21	1,07 %	39,90 %
Ritonavir	21	1,07 %	40,97 %
Daclatasvir	19	0,97 %	41,94 %
Molnupiravir	16	0,82 %	42,76 %
Maribavir	15	0,77 %	43,52 %
Enviroxime	14	0,71 %	44,23 %
Nitazoxanide	13	0,66 %	44,90 %
Entecavir	13	0,66 %	45,56 %
Adefovir	13	0,66 %	46,22 %
Mycophenolic Acid	12	0,61 %	46,84 %
Peramivir	11	0,56 %	47,40 %
Lopinavir	11	0,56 %	47,96 %
Brivudine	11	0,56 %	48,52 %
Alisporivir	11	0,56 %	49,08 %
Artesunate	11	0,56 %	49,64 %
Selenazofurin	11	0,56 %	50,20 %

4.1.2 Drug Properties and Effects in the AVDC Database

In this expansion, the effects of the combinations were also recorded to explore the relationship between drug combinations and their impacts. Despite having only 980 combinations, 1055 effects were recorded since different concentrations of drugs in a combination can result in varied outcomes. The data revealed that 442 drug combinations exhibited synergistic effects, 170 demonstrated additive effects, and 198 displayed positive effects. Furthermore, 66 combinations showed antagonistic effects, while 27 had no effect. A total of 152 combinations were recorded as not relevant due to the lack of access to full-text articles or inconclusive data, which limited the understanding of other interactions within the combinations.

By integrating with the DrugVirus.info database about BSAs, information on drug targets and modes of action was obtained, allowing for further analysis. A total of 770 combinations were found to exhibit synergistic, additive, positive effects, or a combination of these effects. Even if some of these combinations also displayed antagonistic effects at specific concentration ranges, any combination with positive effects was also included.

For 180 combinations, neither Drug 1 nor Drug 2 had recorded information about drug targets. In 355 combinations, only one drug had a defined target. In 27 combinations, both Drug 1 and Drug 2 targeted human cell components, while 70 combinations had either Drug 1 or Drug 2 acting against viral cell components. Among the combinations, 129 had both Drug 1 and Drug 2 targeting viral components, such as viral DNA or RNA. Additionally, 6 combinations included a drug that targeted both human and viral components.

Table 4 presents the simplified distribution of target components, indicating whether the drugs target the virus, the human host, or both, based on the information acquired through integration with DrugVirus.info. The term "N/A" is used when no information regarding a drug's target is available in the DrugVirus database.

Drug 1 Target	Drug 2 Target				Total
	Human	Human; Virus	Virus	N/A	
Human	27		32	25	84
Human; Virus			3	3	6
Virus	38	6	129	185	358
N/A	25	3	114	180	322
Total	90	9	278	393	770

Focusing on combinations in which both drugs target viral components, it is observed that the most common combinations in our database involve both drugs targeting viral RNA, represented in 16 combinations. This is followed by combinations where both drugs target viral DNA or one drug targets both viral RNA and DNA, as shown in Table 5.

Table 5 presents a subset of the drug combinations targeting virus-virus interactions.

	Unknown; Viral ion channel	Unknown; Viral neuraminidase	Unknown; Viral protease	Unknown; Viral neuraminidase	Unknown; Viral protease	Viral DNA pol	Viral RNA pol	Viral DNA pol; Viral RT	Viral DNA pol; Viral RT	Viral DNA pol; Viral RNA pol	Viral DNA pol; Viral RNA pol; Viral RT	Viral DNA pol; Viral RT	Viral glycoprotein	Viral NSSA	Viral protease	Viral RNA pol	Viral RNA pol; Viral RT	Viral RNA pol; Viral RT	Viral RT	Viral VP1
Unknown; Viral ion channel									1											
Unknown; Viral protease																				
Unknown; Viral neuraminidase	1	1																		3
Unknown; Viral protease			1																	1
Unknown; Viral RT																				
Viral DNA pol						7	7	2		3	7		4							1
Viral DNA pol; Viral RNA pol						2		1			2	1								1
Viral DNA pol; Viral RNA pol; Viral RT							2	2			1	5								2
Viral DNA pol; Viral RT								2	1		2									
Viral glycoprotein																				
Viral NSSA																				
Viral protease																				
Viral RNA pol																				
Viral RNA pol; Viral RT																				
Viral RT																				
Viral VP1																				

Focusing on the combinations in the AVDC database that provide positive effects against viruses in the Picornaviridae family, it is observed that most drug targets are not present in our BSA database. Common drug combinations primarily target either viral components or, in some cases, human components such as human oxysterol-binding protein (OSBP) or human dihydroorotate dehydrogenase (DHODH).

Table 6 presents the drug combinations that exhibit synergistic, additive, or positive effects against the Picornaviridae family.

Drug 1 Target	Drug 2 Target							Total
	Human (multiple); Viral protease	Human DHODH	Human OSBP	N/A	Viral protease	Viral RNA pol	Viral VP1	
Human OSBP					1			1
N/A		1	1	33	4	2	1	42
Viral DNA pol;Viral RNA pol;Viral RT						2		2
Viral protease	1			3				4
Viral RNA pol	1		1	1	2			5
Total	2	1	2	37	7	4	1	54

The mode of action (MoA) may influence the synergy prediction in drug combinations. Out of 770 combinations with any positive effects, 8 AVCs share the same MoA. Among these, 2 are in phase 3 clinical trials, and 3 have been tested in animal studies. The remaining have different MOAs.

When examining combinations that produce negative effects, such as antagonistic or no effect, it is observed that antagonistic drug combinations are most prevalent in those targeting virus components, such as viral RNA polymerase, as illustrated in Table 7. This high number may be attributed to the database's large number of RNA viruses.

Table 7 presents the drug targets of combinations exhibiting no effect or antagonistic effects, focusing specifically on combinations targeting virus components.

	Unknown ;Viral neuramin idase	Unknown ;Viral protease	Viral DNA pol	Viral DNA pol;Viral RNA pol	Viral DNA pol;Viral RT	Viral DNA pol;Viral RT	Viral NSSA	Viral protease	Viral protease; Human protease	Viral RNA pol	Viral RT
Unknown; Viral protease		1									
Unknown;Viral neuraminidase											
Viral DNA pol											
Viral DNA pol; Viral RNA pol; Viral RT				1							
Viral DNA pol;Viral RNA pol;Viral RT				1							
Viral protease					1						
Viral RNA pol				1			1		2	2	
Viral RT											

4.1.3 Integration of the AVDC Database into the DrugVirus.info Database

In the DrugVirus.info database, the initial number of BCCs was 540. However, after removing 4 duplicates, 536 BCCs remained. Subsequently, these BCCs were combined with additional combinations from the AVDC database to create an expanded list of combinations. A total of 318 new combinations were incorporated into DrugVirus.info, resulting in an updated database containing 854 combinations. The names of drugs, viruses, and cell cultures were standardized to avoid duplicate entries.

4.2 Antiviral drug combination against EV-1 in A549 cells

Identifying potential drug candidates is of utmost importance considering the lack of approved therapies for enterovirus infections [22]. In this study, in vitro screening was performed on identified drugs used in combinations and added to the AVDC database, except for IMP-1088. Five drugs, namely enviroxime, dipyrindamole, sangivamycin, vapendavir, and IMP-1088, were effective against EV-1. Notably, when this thesis was being written, IMP-1088 had not been used

in combination. The in vitro screening also provided information on effective concentration ranges against the EV-1 virus in A549 cells with acceptable toxicity levels. Moreover, several drugs previously investigated by the research group and found effective against EV-1, including emetine, vemurafenib, pleconaril, rupintrivir, remdesivir, cycloheximide, and anisomycin, were included in the study to explore if their combinations yielded any additional benefits [22].

The antiviral effects of twelve drugs were evaluated against EV-1 in A549 cells, testing various concentrations and combinations to determine their impact on the virus. A total of 21 combinations exhibited synergistic effects, 33 combinations showed additive effects, and 3 combinations resulted in antagonistic effects. Antagonistic effects were observed across all tested concentration ranges for the combinations of remdesivir and pleconaril plus vapendavir, enviroxime plus vemurafenib, as depicted in Figure 6.

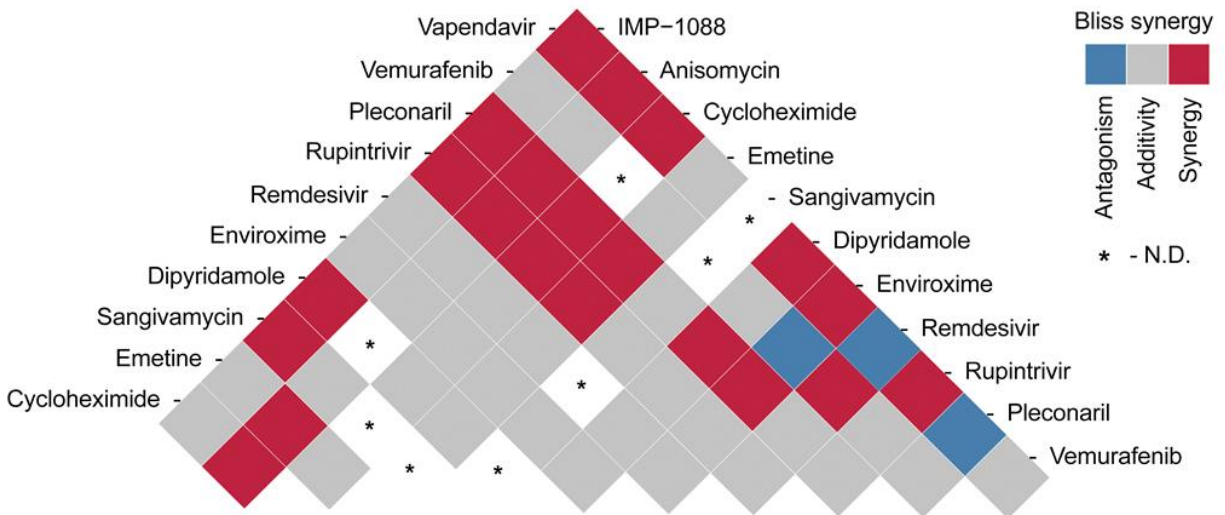


Figure 6 depicts drug combinations tested against the EV-1 virus in A549 cells. Cells were exposed to increasing concentrations of drug combinations and infected with EV1 or a mock sample. After 48 hours,

the viability of virus- and mock-infected cells was assessed using a CTG assay. The selectivity for the drugs was determined (selectivity = efficacy - (100 - Toxicity)). BLISS synergy scores were calculated for the most synergistic regions, with scores greater than or equal to 10 indicating synergy, scores between 0 and 9 signifying additivity, and scores less than 0 representing antagonism. Synergy is represented by red, additivity by grey and antagonism by blue. Combinations displaying synergistic effects at any concentration are considered synergistic, while antagonism is recognized if a combination exhibits antagonistic effects at the highest achieved effect. N.D. refers to cases where the therapeutic window was too low to calculate the synergy score (viability of drug-treated infected cells was below 75%).

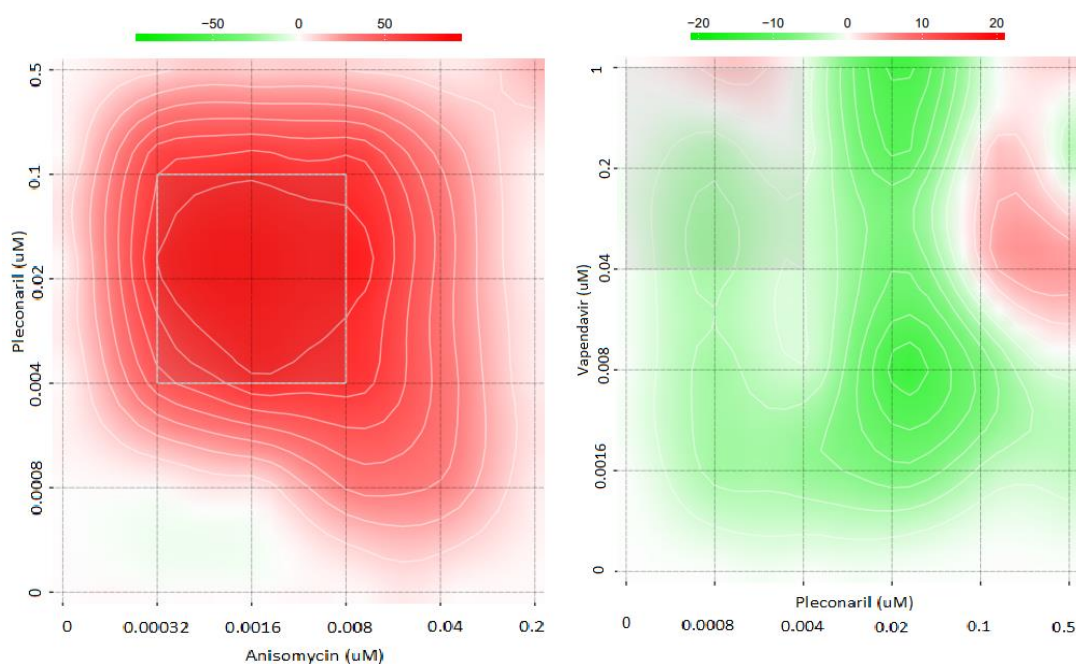


Figure 7 presents the interaction landscape, which depicts the synergistic effect of the pleconaril and anisomycin combination on the left side, and the antagonistic effect of the pleconaril and vapendavir combination on the right side.

Pleconaril is a small-molecule inhibitor that is effective against enteroviruses and rhinoviruses belonging to the Picornaviridae family. Its mechanism of action involves inhibiting the uncoating of the viral RNA genome [26]. In the experiment, pleconaril demonstrated the highest number of synergistic drug combinations. The combination of pleconaril and anisomycin, an antibiotic that interferes with protein and DNA synthesis [27], achieved the highest synergistic score with a most synergistic area (MSA) of 68. Anisomycin has previously been effective against

EV-1 in vitro when combined with other drugs by the research group [22]. The combination of pleconaril and cycloheximide, an antibiotic [28], yielded a synergy score of 66 MSA. In contrast, the combination with enviroxime, a drug that inhibits viral proteins involved in viral RNA replication and suppresses EV infection [29], obtained a synergy score of 48 MSA.

Conversely, the combinations of vapedavir with pleconaril or remdesivir exhibited antagonistic effects, with MSA values of -1 and -0.7, respectively. The combination of vemurafenib and enviroxime also displayed an antagonistic effect, with an MSA of -0.6.

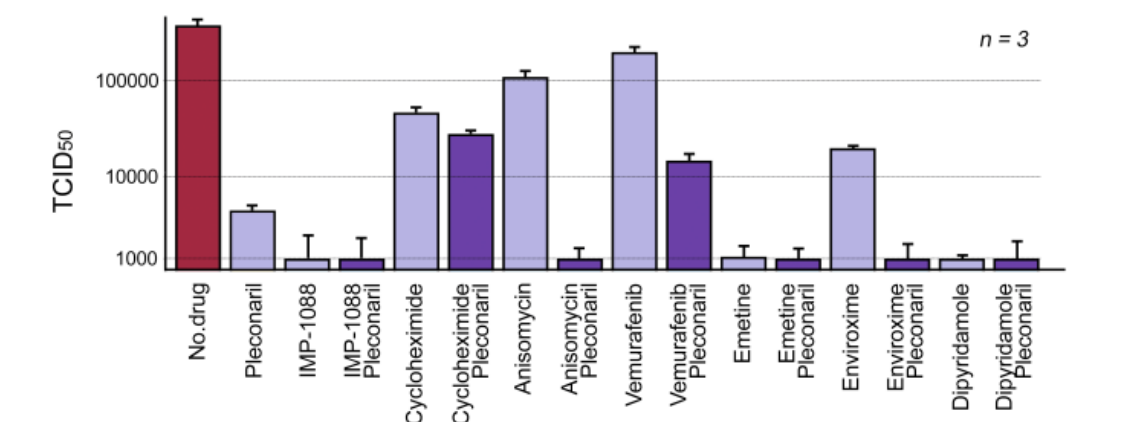


Figure 8 displays the TCID₅₀ (Median Tissue Culture Infectious Dose) range from 10^{-3} to 10^{-5} dilutions for various drug samples assessed in A549 cells with the EV-1 virus. This encompasses the TCID₅₀ of samples with no drug, mono drugs such as pleconaril, IMP-1088, cycloheximide, anisomycin, vemurafenib, emetine, enviroxime, and dipyrindamole, as well as combinations of these drugs with pleconaril.

Pleconaril was further assessed using a TCID₅₀ assay, which measures the amount of virus needed to cause a cytopathic effect or visible damage in 50% of the cells in cell culture. This assay relies on the dilution of a virus stock [30], and the addition of a drug or drug combination allows for the observation of changes in TCID₅₀ values. This method can be utilized to examine the effects of drug combinations. In this virus titer experiment, pleconaril was combined with IMP-1088, cycloheximide, anisomycin, vemurafenib, emetine, enviroxime, and dipyrindamole. Wells without drugs exhibited the highest dilution values, suggesting that a small quantity of the virus was sufficient to damage 50% of the cell culture. Concurrently, pleconaril combined with anisomycin, vemurafenib, and enviroxime demonstrated significant reductions in TCID₅₀

compared to the TCID₅₀ of the drugs tested individually, potentially indicating that pleconaril enhances their antiviral effects. For several drugs, such as IMP-1088, emetine, and dipyridamole, low TCID₅₀ values were observed when tested alone, making it challenging to determine if pleconaril improves the antiviral effect of these combinations through this experiment.

Discussion

The recent pandemic has underscored the significance of being prepared with political, social, and medical strategies to mitigate high mortality rates. In this thesis, data on antiviral drug combinations, including approved and potentially approvable ones, was collected. The AVDC database expanded by 261 new combinations, resulting in a 29.3% increase from its initial size. After removing duplicates and combinations found in advanced clinical phases, the database now contains 980 combinations.

The database is dominated by SARS-CoV-2 targeting combinations, increasing from 47 to 139 combinations after expansion. This might be attributed to the high research interest in COVID-19 or the database development occurring during the pandemic, with drug combinations being explored as potential treatments.

Reviewing older articles to discover previously unidentified antiviral combinations could yield valuable insights. However, for this thesis, unique combinations were incorporated into the database. Unique combinations are defined as those with specific drugs, cell lines, clinical states, or viruses to prevent data inflation, and references for removed combinations were preserved. This approach was taken due to the focus on identifying previously tested new combinations and the attempt to discover novel combinations. Simultaneously, it may make statistical analysis more difficult, as some data has been removed, and the exact number of combinations needs to be present. Another factor to consider is the continuous improvements in methods and experimental equipment, which could influence the results of identical combinations and potentially introduce inaccuracies during analysis.

With the database's expansion, drug combinations' effects were documented to explore potential associations between drug properties and antiviral effect prediction. Out of the combinations producing positive effects, 129 targeted viral components with both drugs, 79 involved one drug targeting a viral component and the other a human component, and 27 had both drugs targeting human components. The overrepresentation of virus-virus and virus-host targeting BCCs suggests that drugs specifically developed to target viral factors may be more successful in achieving a direct antiviral effect while minimizing severe side effects. On the other hand, host-host targeting

of AVCs poses a lower risk of drug resistance and offers a broader spectrum of antiviral activity [14].

In antiviral drug combinations, synergistic effects are more likely to occur when the drugs belong to different classes, possess independent mechanisms of action, or target different stages of the virus life cycle [31]. This observation aligns with a developed formula that considers the mechanism of action for each component, drug target interaction, stage of replication targeted, and the administration route [14]. Consistent with this, out of 770 combinations exhibiting positive effects, only 8 combinations share the same mechanism of action. Combinations targeting virus-virus interactions have been predominant among effective combinations. However, it is important to note that the high number of unknown drug targets may influence these results.

The method of obtaining new drug combinations is crucial. Search terms such as "antiviral combinations," "synergistic and antiviral combination," and "antagonism and antiviral combination" were utilized to cover a significant portion of articles published in 2022. Searches were conducted on PubMed and ClinicalTrials.org. A more comprehensive search in other databases could have yielded more results for the database expansion, but time constraints limited the search scope. Data were primarily reviewed and collected by a single individual, and although there were clear criteria for data collection, including drug names and their effects, having an additional person to review and compare the collected data could have been beneficial. This collaborative approach could have ensured greater accuracy in the data and facilitated discussions in case of disagreements.

This thesis examined drug combinations in A549 cells, either mock-infected or infected with EV1 for 48 hours, to ascertain if any combinations produced beneficial outcomes, such as synergistic or additive effects. Synergistic combinations utilize lower concentrations of antiviral agents, potentially reducing toxicity and side effects. Furthermore, employing BCCs may help address antiviral resistance, a significant challenge in treating viral infections [13]. The Norwegian Institute of Public Health (NIPH) published a report in 2022 on antiviral drug usage and the emergence of antiviral resistance in Norway in 2021[32]. The report identified resistance to ganciclovir and maribavir against cytomegalovirus and baloxavir marboxil against the influenza virus. Adamantanes, previously used against the influenza virus, are now encountering resistant

circulating influenza viruses. As a result, these antivirals are no longer utilized for treatment in Norway and most other countries [32].

The findings suggest that numerous drug combinations exhibited a synergistic effect against EV-1. When combined with anisomycin, pleconaril displays the highest synergistic area (67.85). However, despite pleconaril's good effect in combination with other antiviral drugs, its solo use in clinical trials for enterovirus infection has not succeeded due to its limited efficacy and side effects [22]

Anisomycin, an antibiotic, has been tested against various viruses, including dengue, zika, coronavirus, and poliovirus [33][34][35]. In vitro studies have demonstrated promising antiviral effects of anisomycin against these single-stranded, positive-sense RNA viruses [36]. The virus titration in this study revealed a significant reduction in the TCID₅₀ value of pleconaril combined with anisomycin against EV-1 in A549 cells compared to anisomycin alone, decreasing from 10⁻⁵ to 10⁻³. This confirms the synergistic effect of this drug combination. It can be inferred that the drug combinations are more effective at inhibiting virus replication and spread to other cells since a higher concentration of the virus is needed to infect 50% of the cells in the A549 cell culture.

This study's findings reveal Three combinations displaying antagonistic effects: pleconaril or remdesivir plus vapendavir, and enviroxime plus vemurafenib. Vapendavir, a capsid binder used to treat rhinovirus infections [37], has also been tested for effective inhibition of EV71 replication in vitro [38]. A previous in vitro study investigating the combination of vapendavir, rupintrivir, and enviroxime against poliovirus 1, enterovirus 71 (EV-71), and rhinovirus 14 (HRV-B14)—all part of the same family of positive-sense, single-stranded RNA viruses—primarily exhibited synergistic effects, with a few antagonistic concentration areas [39]. The unexpected antagonistic effect observed when pleconaril is combined with vapendavir (SI -3.7 and MSA -1.01) is surprising.

Remdesivir, a prodrug of an adenosine nucleotide analog, requires metabolism within host cells to form an active nucleotide triphosphate and functions by inhibiting viral RNA. It has been utilized in the treatment of SARS-CoV-2 [40]. In vitro tests have demonstrated the antiviral effects of

remdesivir against enteroviruses EV-71 [41] and EV-1 [22]. However, surprisingly, the combination of remdesivir and vapendavir has exhibited antagonistic effects.

Possible factors leading to the observed antagonistic effect include target competition, opposing mechanisms, or chemical interactions. With values close to the threshold for additive effects, it is challenging to rule out human error or practical issues contributing to the antagonistic outcome. Determining the exact cause of this antagonistic effect is complex and may result from a combination of these factors. Conducting virus titer experiments on these combinations could have helped confirm or refute the human error hypothesis. A decrease in TCID₅₀ would be expected if the combinations were effective.

This thesis has successfully identified novel drug combinations not previously tested *in vitro* against EV-1. Through extensive experimentation, it was found that many of these drug combinations exhibit synergistic effects, suggesting potential for further investigation. It is important to note that the results of this thesis may differ when tested *in vivo* due to various factors such as specificity, metabolism, pharmacokinetics, drug interactions, and biological variability. Nevertheless, the findings of this experiment still offer valuable information for future research in this field.

Conclusion

The recent pandemic has highlighted the crucial need for preparedness in the face of unpredictable viral outbreaks and the extensive consequences they can bring. Ensuring effective and timely responses is vital to minimize the impact on public health and society. In this thesis, the AntiViralDualCombi database was expanded, contributing to the update of the DrugVirus database. This thorough literature review will be valuable for researchers interested in antiviral properties and potential treatment approaches. Through this research, novel BCCs exhibiting potential antiviral properties against EV-1 were discovered, paving the way for further investigations in diverse experimental settings, such as in vivo studies and clinical trials. The possibility of repurposing existing drugs and investigating their synergistic effects when combined was also emphasized, which could aid in developing more effective treatments and enhanced preparedness for future viral outbreaks.

Reference

- [1]Kirtipal N, Bharadwaj S, Kang SG. From SARS to SARS-CoV-2, insights on structure, pathogenicity and immunity aspects of pandemic human coronaviruses. *Infection, Genetics and Evolution* 2020;85:104502. <https://doi.org/10.1016/j.meegid.2020.104502>.
- [2]Sharma A, Ahmad Farouk I, Lal SK. COVID-19: A Review on the Novel Coronavirus Disease Evolution, Transmission, Detection, Control and Prevention. *Viruses* 2021;13:202. <https://doi.org/10.3390/v13020202>.
- [3]Tamimi NAM, Ellis P. Drug Development: From Concept to Marketing! *Nephron Clinical Practice* 2009;113:c125–31. <https://doi.org/10.1159/000232592>.
- [4]Kola I, Landis J. Can the pharmaceutical industry reduce attrition rates? *Nature Reviews Drug Discovery* 2004;3:711–6. <https://doi.org/10.1038/nrd1470>.
- [5]Sun D, Gao W, Hu H, Zhou S. Why 90% of clinical drug development fails and how to improve it? *Acta Pharmaceutica Sinica B* 2022;12:3049–62. <https://doi.org/10.1016/j.apsb.2022.02.002>.
- [6]Pushpakom S, Iorio F, Eyers PA, Escott KJ, Hopper S, Wells A, et al. Drug repurposing: progress, challenges and recommendations. *Nature Reviews Drug Discovery* 2018;18:41–58. <https://doi.org/10.1038/nrd.2018.168>.
- [7]Ng YL, Salim CK, Chu JJH. Drug repurposing for COVID-19: Approaches, challenges and promising candidates. *Pharmacology & Therapeutics* 2021;228:107930. <https://doi.org/10.1016/j.pharmthera.2021.107930>.
- [8]Muralidar S, Ambi SV, Sekaran S, Krishnan UM. The emergence of COVID-19 as a global pandemic: Understanding the epidemiology, immune response and potential therapeutic targets of SARS-CoV-2. *Biochimie* 2020;179:85–100. <https://doi.org/10.1016/j.biochi.2020.09.018>.
- [9]Sinha N, Balayla G. Hydroxychloroquine and COVID-19. *Postgraduate Medical Journal* 2020;96:550–5. <https://doi.org/10.1136/postgradmedj-2020-137785>.
- [10]Aljaded R. The Rise and Fall of Hydroxychloroquine and Chloroquine in COVID-19. *Journal of Pharmacy Practice* 2021;35:971–8. <https://doi.org/10.1177/0897190021997399>.
- [11]Coronavirus disease (COVID-19): Hydroxychloroquine. *Coronavirus Disease (COVID-19): Hydroxychloroquine* 2023. [https://www.who.int/news-room/questions-and-answers/item/coronavirus-disease-\(covid-19\)-hydroxychloroquine](https://www.who.int/news-room/questions-and-answers/item/coronavirus-disease-(covid-19)-hydroxychloroquine) (accessed February 25, 2023).
- [12]Ghany MG, Doo EC. Antiviral resistance and hepatitis B therapy. *Hepatology* 2009;49:S174–84. <https://doi.org/10.1002/hep.22900>.
- [13]Oksenyich V, Kainov DE. Broad-Spectrum Antivirals and Antiviral Drug Combinations. *Viruses* 2022;14:301. <https://doi.org/10.3390/v14020301>.

- [14]Ianevski A, Yao R, Simonsen RM, Myhre V, Ravlo E, Kaynova GD, et al. Mono- and combinational drug therapies for global viral pandemic preparedness. *iScience* 2022;25:104112. <https://doi.org/10.1016/j.isci.2022.104112>.
- [15]Tallarida RJ. Quantitative Methods for Assessing Drug Synergism. *Genes & Cancer* 2011;2:1003–8. <https://doi.org/10.1177/1947601912440575>.
- [16]Roell KR, Reif DM, Motsinger-Reif AA. An Introduction to Terminology and Methodology of Chemical Synergy—Perspectives from Across Disciplines. *Frontiers in Pharmacology* 2017;8. <https://doi.org/10.3389/fphar.2017.00158>.
- [17]Tso GJ, Tu SW, Musen MA, Goldstein MK. High-Risk Drug–Drug Interactions Between Clinical Practice Guidelines for Management of Chronic Conditions. *PubMed Central (PMC)* 2017. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5543385/> (accessed May 2, 2023).
- [18]Mylynen M, Kazmertsuk A, Marjomäki V. A Novel Open and Infectious Form of Echovirus 1. *Journal of Virology* 2016;90:6759–70. <https://doi.org/10.1128/jvi.00342-16>.
- [19]Tuthill TJ, Groppelli E, Hogle JM, Rowlands DJ. Picornaviruses. *Current Topics in Microbiology and Immunology* 2010:43–89. https://doi.org/10.1007/82_2010_37.
- [20]Cifuentes JO, Moratorio G. Evolutionary and Structural Overview of Human Picornavirus Capsid Antibody Evasion. *Frontiers in Cellular and Infection Microbiology* 2019;9. <https://doi.org/10.3389/fcimb.2019.00283>.
- [21]Zell R, Delwart E, Gorbalenya AE, Hovi T, King AMQ, Knowles NJ, et al. ICTV Virus Taxonomy Profile: Picornaviridae. *Journal of General Virology* 2017;98:2421–2. <https://doi.org/10.1099/jgv.0.000911>.
- [22]Ianevski A, Zusinaite E, Tenson T, Oksenysh V, Wang W, Afset JE, et al. Novel Synergistic Anti-Enteroviral Drug Combinations. *Viruses* 2022;14:1866. <https://doi.org/10.3390/v14091866>.
- [23]WONG SSY, YIP CCY, LAU SKP, YUEN KY. Human enterovirus 71 and hand, foot and mouth disease. *Epidemiology and Infection* 2010;138:1071–89. <https://doi.org/10.1017/s0950268809991555>.
- [24]Ianevski A, Simonsen RM, Myhre V, Tenson T, Oksenysh V, Bjørås M, et al. DrugVirus.info 2.0: an integrative data portal for broad-spectrum antivirals (BSA) and BSA-containing drug combinations (BCCs). *Nucleic Acids Research* 2022;50:W272–5. <https://doi.org/10.1093/nar/gkac348>.
- [25]Myhre V. NTNU Open: Drug Combinations for Treatment of Emerging and Re-emerging Viral Infections. NTNU Open: Drug Combinations for Treatment of Emerging and Re-emerging Viral Infections 2022. <https://ntnuopen.ntnu.no/ntnu-xmlui/handle/11250/3001899> (accessed January 15, 2023).
- [26]PubChem. Pleconaril. Pleconaril | C₁₈H₁₈F₃N₃O₃ - PubChem n.d. <https://pubchem.ncbi.nlm.nih.gov/compound/1684> (accessed April 24, 2023).
- [27]PubChem. Anisomycin. Anisomycin | C₁₄H₁₉NO₄ - PubChem n.d. <https://pubchem.ncbi.nlm.nih.gov/compound/253602> (accessed April 24, 2023).

- [28]PubChem. Cycloheximide. Cycloheximide | C15H23NO4 - PubChem n.d. <https://pubchem.ncbi.nlm.nih.gov/compound/6197> (accessed April 24, 2023).
- [29]Anasir MI, Zarif F, Poh CL. Antivirals blocking entry of enteroviruses and therapeutic potential. *Journal of Biomedical Science* 2021;28. <https://doi.org/10.1186/s12929-021-00708-8>.
- [30]Tissue Culture Infectious Dose (TCID50) Assays | BMG LABTECH. Tissue Culture Infectious Dose (TCID50) Assays | BMG LABTECH 2021. <https://www.bmglabtech.com/en/blog/tissue-culture-infectious-dose-tcid50-assays-how-to-determine-virus-infectivity/> (accessed May 2, 2023).
- [31]Bobrowski T, Chen L, Eastman RT, Itkin Z, Shinn P, Chen CZ, et al. Synergistic and Antagonistic Drug Combinations against SARS-CoV-2. *Molecular Therapy* 2021;29:873–85. <https://doi.org/10.1016/j.ymthe.2020.12.016>.
- [32]Kran A, Storm M, Håvelsrud O, Litlekare I, Bragstad K, Stene-Johansen K, et al. Usage of Antivirals and the Occurrence of Antiviral Resistance in Norway 2021. *Norwegian Institute of Public Health* 2022. <https://www.fhi.no/en/publ/2022/usage-of-antivirals-and-the-occurrence-of-antiviral-resistance-in-norway-20/> (accessed April 26, 2023).
- [33]Yang C-W, Peng T-T, Hsu H-Y, Lee Y-Z, Wu S-H, Lin W-H, et al. Repurposing old drugs as antiviral agents for coronaviruses. *Biomedical Journal* 2020;43:368–74. <https://doi.org/10.1016/j.bj.2020.05.003>.
- [34]HWANG Y, CHU J, YANG P, CHEN W, YATES M. Rapid identification of inhibitors that interfere with poliovirus replication using a cell-based assay. *Antiviral Research* 2008;77:232–6. <https://doi.org/10.1016/j.antiviral.2007.12.009>.
- [35]Quintana VM, Selisko B, Brunetti JE, Eydoux C, Guillemot JC, Canard B, et al. Antiviral activity of the natural alkaloid anisomycin against dengue and Zika viruses. *Antiviral Research* 2020;176:104749. <https://doi.org/10.1016/j.antiviral.2020.104749>.
- [36]Modrow S, Falke D, Truyen U, Schätzl H. Viruses with Single-Stranded, Positive-Sense RNA Genomes. *Molecular Virology* 2013:185–349. https://doi.org/10.1007/978-3-642-20718-1_14.
- [37]Debing Y, Jochmans D, Neyts J. Intervention strategies for emerging viruses: use of antivirals. *Current Opinion in Virology* 2013;3:217–24. <https://doi.org/10.1016/j.coviro.2013.03.001>.
- [38]Tijmsa A, Franco D, Tucker S, Hilgenfeld R, Froeyen M, Leyssen P, et al. The Capsid Binder Vapendavir and the Novel Protease Inhibitor SG85 Inhibit Enterovirus 71 Replication. *Antimicrobial Agents and Chemotherapy* 2014;58:6990–2. <https://doi.org/10.1128/aac.03328-14>.
- [39]Thibaut HJ, Leyssen P, Puerstinger G, Muigg A, Neyts J, De Palma AM. Towards the design of combination therapy for the treatment of enterovirus infections. *Antiviral Research* 2011;90:213–7. <https://doi.org/10.1016/j.antiviral.2011.03.187>.
- [40]Lamb YN. Remdesivir: First Approval. *Drugs* 2020;80:1355–63. <https://doi.org/10.1007/s40265-020-01378-w>.

[41]Ye W, Yao M, Dong Y, Ye C, Wang D, Liu H, et al. Remdesivir (GS-5734) Impedes Enterovirus Replication Through Viral RNA Synthesis Inhibition. *Frontiers in Microbiology* 2020;11. <https://doi.org/10.3389/fmicb.2020.01105>.

Appendix A - Drugs utilized in this thesis

Table A presents the drugs employed in the experiments, including the supplier, catalog number, formula, and other relevant details about the drugs.

Drug	CAS	Brand	Purity (%)	Cat. #	Formula	MW
Vapendavir diphosphate	1198151-75-5	MedChemExpress	98,8 %	HY-106254A	C ₂₁ H ₃₂ N ₄ O ₁₁ P ₂	578,5
Dipyridamole	58-32-2	Sigma-Aldrich	≥98	D9766	C ₂₄ H ₄₀ N ₈ O ₄	504,6
Enviroxime	72301-79-2	Cayman Chemical	≥95	30552-1	C ₁₂ H ₁₁ N ₃ O ₂	241,2
Sangivamycin	18417-89-5	MedChemExpress	97,1 %	HY-118384	C ₁₉ H ₂₇ N ₇ O ₅	471,4
IMP-1088	2059148-82-0	MedChemExpress	98,8 %	HY-112258	C ₂₁ H ₂₄ N ₄ O ₃	376,4
Emetine	7083-71-8	Cayman Chemical	>98	21048	C ₂₉ H ₄₀ N ₂ O ₄	480,6
Vemurafenib	918504-65-1	MedChemExpress	99,8 %	HY-12057	C ₂₃ H ₁₈ ClF ₂ N ₃ O ₃ S	489,9
Pleconaril	153168-05-9	Cayman Chemical	≥98	28461	C ₁₉ H ₂₀ FNO ₃	323,3
Rupintrivir	223537-30-2	Sigma-Aldrich	≥98	PZ0315	C ₂₇ H ₃₂ N ₄ O ₃	481,5
Remdesivir	1809249-37-3	Cayman Chemical	>98	30354	C ₂₇ H ₃₅ N ₆ O ₈ P	602,6
Anisomycin	22862-76-6	Sigma-Aldrich	>98	A9789	C ₁₄ H ₁₉ NO ₄	265,3
Cycloheximide	86-81-9	Sigma-Aldrich	>94	C7698	C ₁₅ H ₂₃ NO ₄	281,4

Table S.2 displays the targets of drug combinations exhibiting negative effects.

	Human (multiple)	Human CYP	Human MCL1	Human OSR	Human PRAR	Human ribosome	N/A	Unknown	Unknown/Viral neuraminidase	Unknown/Viral protease	Viral DNA pol	Viral DNA pol/Viral NkA pol	Viral DNA pol/Viral NkA pol/Viral N	Viral DNA pol/Viral N	Viral NS5A	Viral protease	Viral protease/human protease	Viral RNA pol	Viral RT	Total
Human HKGCR					1															2
Human (multiple) Viral protease				1																1
Human COX																				1
Human MPOH																				1
N/A							10													20
Unknown/Viral protease										1										1
Unknown/Viral protease/NS5A																				4
Viral DNA pol																				1
Viral DNA pol/Viral RNA pol/Viral RT																				2
Viral DNA pol/Viral NkA pol/Viral RT																				2
Viral RNA pol																				2
Viral RT																				1
Total	2	1	1	1	1	1	10	1	1	1	1	4	2	4	1	1	2	2	3	38

S.3 AVDC Database

Table S.3 presents the AVDC database with drug combinations, clinical phases, references, and relevant details. It also includes information on the effects of the drug combinations.

NR.	Virus	Drug 1	Drug 2	Clinical phase	Cell line/animal model	Reference	Synergist	Additive	Antagonistic	No effect	Positive	No relevant
1	HSV-1	(23S;23S)-3Beta-Bromo-5Alpha;2,2,3-Trihydroxystigmastan-6-One	Foscarnet	Preclinical	Vero cell	PMID:16340198	x					
2	SARS-CoV	(23;25)Trans-Epoxy succinyl-L-Leucylamino-3-Methylbutaneethyl ester(e st)	Camostat	Preclinical	Hela cell	PMID:22496216					x	
3	HBV	1C8	Pam3CSK4	Preclinical	PHH;HepaRG cell	PMID:35963549						x
4	PV-1	2'-C-Methylcytidine	Ribavirin	Preclinical	Unknown	PMID:21466823	x		x			
5	PV-1	2-Alpha-Hydroxybenzyl-Benzimidazole(Hbb)	Arildone	Preclinical	FL cell	PMID:10757231	x	x				
6	CVB-1	2-Alpha-Hydroxybenzyl-Benzimidazole(Hbb)	Arildone	Preclinical	Cell culture	PMID:15026197	x					
7	PV-1	2-Alpha-Hydroxybenzyl-Benzimidazole(Hbb)	Disoxaril	Preclinical	FL cell	PMID:10757231	x					
8	CVB-1	2-Alpha-Hydroxybenzyl-Benzimidazole(Hbb)	Disoxaril	Preclinical	Cell culture	PMID:15026197	x					
9	PV-1	2-Alpha-Hydroxybenzyl-Benzimidazole(Hbb)	Ethyl 4-Methyl-2-(Methylthio)Pyrimidine-5-Carboxylate	Preclinical	FL cell	PMID:10757231	x					
10	CVB-1	2-Alpha-Hydroxybenzyl-Benzimidazole(Hbb)	Ethyl 4-Methyl-2-(Methylthio)Pyrimidine-5-Carboxylate	Preclinical	Cell culture	PMID:15026197	x					
11	CVB-1	2-Alpha-Hydroxybenzyl-Benzimidazole(Hbb)	Guanidine	Preclinical	FL cell	PMID:10757231	x	x				
12	HBV	2-Alpha-Hydroxybenzyl-Benzimidazole(Hbb)	Guanidine	Preclinical	Mice	PMID:1271013					x	
13	HRV-A9	2-Alpha-Hydroxybenzyl-Benzimidazole(Hbb)	Guanidine	Preclinical	Mice	PMID:1271013					x	
14	HRV-A9	2-Alpha-Hydroxybenzyl-Benzimidazole(Hbb)	Guanidine	Preclinical	Mice	PMID:6299189					x	
15	CMV	2-Bromo-5,6-Dichloro-1-Beta-D-Ribofuranosylbenzimidazole riboside(Bdcrb)	Brincidofovir	Preclinical	HFF cell	PMID:30153445	x					
16	CMV	2-Bromo-5,6-Dichloro-1-Beta-D-Ribofuranosylbenzimidazole riboside(Bdcrb)	Cidofovir	Preclinical	HFF cell	PMID:30153445	x					
17	CMV	2-Bromo-5,6-Dichloro-1-Beta-D-Ribofuranosylbenzimidazole riboside(Bdcrb)	Cyclopropavir	Preclinical	HFF cell	PMID:30153445	x					
18	CMV	2-Bromo-5,6-Dichloro-1-Beta-D-Ribofuranosylbenzimidazole riboside(Bdcrb)	Ganciclovir	Preclinical	HFF cell	PMID:30153445	x					
19	HCV	2'-C-Methylcytidine	Chlorcyclizine	Preclinical	Huh-7.5.1;Con1b cell	PMID:27035622	x					
20	HEV	2'-C-Methylcytidine	Ribavirin	Preclinical	PLC/PRF/5 cell	PMID:31362004		x				
21	Nov	2'-C-Methylcytidine	Rupintrivir	Preclinical	HG23 Cell	PMID:24890597		x				
22	HCV	2'-C-Methylcytidine	Sofosbuvir	Preclinical	Huh-7 cell	PMID:27035622	x	x				
23	HCV	2'-C-Methylcytidine	Tegobuvir	Preclinical	Huh-9-13;Huh5-2 cell	PMID:26036224		x				
24	HEV	2'-C-Methylguanine	Interferon Alpha	Preclinical	PLC/PRF/5 cell	PMID:31362004		x				
25	HEV	2'-C-Methylguanine	Interferon Beta	Preclinical	PLC/PRF/5 cell	PMID:31362004		x				
26	HEV	2'-C-Methylguanine	Ribavirin	Preclinical	PLC/PRF/5 cell	PMID:31362004		x				
27	HSV-2	2'-Fluoro-5-Iodoaracytosine(Fiac)	Vidarabine	Preclinical	Mice	PMID:3777913	x					
28	HSV-2	Methylarauracil(Fmau)	Vidarabine	Preclinical	Mice	PMID:3777913	x					
29	HRV-A9	2-Guanidino-Benzimidazole(Gb)	Guanidine	Preclinical	Mice	PMID:6299189					x	
30	HSV-1	2-Phenylamino-6-Oxo-9-(4-Hydroxybutyl)Purine(Hbp g)	Acyclovir	Preclinical	Mice	PMID:20054446	x					
31	HSV-1	2-Phenylamino-6-Oxo-9-(4-Hydroxybutyl)Purine(Hbp g)	Cidofovir	Preclinical	Mice	PMID:20054446		x				
32	HSV-2	2-Phenylamino-6-Oxo-9-(4-Hydroxybutyl)Purine(Hbp g)	Cidofovir	Preclinical	Mice	PMID:20054446		x				
33	HSV-2	2-Phenylamino-6-Oxo-9-(4-Hydroxybutyl)Purine(Hbp g)	Foscarnet	Preclinical	Mice	PMID:20054446		x				
34	HSV-1	2-Phenylamino-6-Oxo-9-(4-Hydroxybutyl)Purine(Hbp g)	Interferon Beta	Preclinical	Vero cell	PMID:2163462	x					
35	HSV-1	5-Methoxymethyl-2'-Deoxyuridine(Mmudr)	Edoxudine	Preclinical	RK-13; Vero cell	PMID:6249191			x			
36	HSV-1	5-Methoxymethyl-2'-Deoxyuridine(Mmudr)	Foscarnet	Preclinical	RK-13 cell	PMID:2984988	x					
37	HSV-2	5-Methoxymethyl-2'-Deoxyuridine(Mmudr)	Foscarnet	Preclinical	RK-13 cell	PMID:2984988	x					
38	HSV-1	5-Methoxymethyl-2'-Deoxyuridine(Mmudr)	Idoxuridine	Preclinical	RK-13; Vero cell	PMID:6249191			x			
39	HSV-1	5-Methoxymethyl-2'-Deoxyuridine(Mmudr)	Phosphonoacetic Acid	Preclinical	RK-13; Vero cell	PMID:6249191	x					

120	CMV	Acyclovir	Zidovudine	Preclinical	HEL cell	PMID:1337893	x	x						
121	HBV	Adefovir	Clevudine	4	Human	NCT01263002								N/A
122	HBV	Adefovir	Emtricitabine	Preclinical	HepG2 cell	PMID:15388423		x						
123	HBV	Adefovir	Entecavir	Preclinical	HepG2 cell	PMID:15388423	x							
124	HBV	Adefovir	Entecavir	4	Human	PMID:23650172;NCT01023217						x		
125	HBV	Adefovir	Interferon Alpha	4	Human	NCT00922207								N/A
126	HBV	Adefovir	Lamivudine	Preclinical	Huh-7 cell	PMID:10681317	x	x						
127	HBV	Adefovir	Lamivudine	Preclinical	HepG2 cell	PMID:15388423		x						
128	HBV	Adefovir	Lamivudine	4	Human	PMID:23650173;NCT01023217							x	
129	HBV	Adefovir	Penciclovir	Preclinical	Huh-7 cell	PMID:10681317	x	x						
130	HBV	Adefovir	Telbivudine	Preclinical	HepG2 cell	PMID:15388423		x						
131	HBV	Adefovir	Tenofovir	Preclinical	HepG2 cell	PMID:15388423	x							
132	HBV	Adefovir	Tenofovir	Preclinical	AD38 cell	PMID:19374144		x						
133	HIV	Adefovir	Zidovudine	1	Human	NCT00002326								N/A
134	RVFV	Adezmapimod	Rapamycin	Preclinical	H2.36 cell	PMID:29652799	x							
135	TGEV	AG1024	Ouabain	Preclinical	ST cell	PMID:35215353		x						
136	EV-A71	ALD	NK-1.9K	Preclinical	RD;Vero;HEK293T cell	PMID:28063993	x							
137	HIV	Aldesleukin	Zidovudine	1	Human	NCT00001005								N/A
138	HCV	Alfosbuvir	Daclatasvir	2	Human	PMID:35080256;NCT04070235						x		
139	HCV	Alisporivir	Boceprevir	Preclinical	Huh-7 cell	PMID:24687498		x						
140	HCV	Alisporivir	Daclatasvir	Preclinical	Huh-7 cell	PMID:24687498	x							
141	HCV	Alisporivir	Dasatinib	Preclinical	Huh-7.5.1 cell	PMID:24848265	x							
142	HCV	Alisporivir	Erlotinib	Preclinical	Huh-7.5.1 cell	PMID:24848265	x							
143	HCV	Alisporivir	Mericitabine	Preclinical	Huh-7 cell	PMID:24687498	x							
144	HCV	Alisporivir	Ribavirin	2	Human	PMID:26118427;NCT02094443						x		
145	MERS-CoV	Alisporivir	Ribavirin	Preclinical	LLC-MK2 cell	PMID:27840112		x						
146	SARS-CoV	Alisporivir	Ribavirin	Preclinical	Mice	PMID:27840112				x				
147	HCV	Alisporivir	Sofosbuvir	Preclinical	Huh-7 cell	PMID:24687498	x							
148	HCV	Alisporivir	Telaprevir	Preclinical	Huh-7 cell	PMID:24687498	x							
149	HBV	Alisporivir	Telbivudine	Preclinical	HepG2.2.15 cell	PMID:25305505							x	
150	RSV	Alivuzumab	Ribavirin	0/1	Human	PMID:18043443							x	
151	FLUAV	Alpha-Tocopherol	Oseltamivir	Preclinical	Mice	PMID:27341844							x	
152	HIV	Alvircept Sudotox	Zidovudine	1	Human	NCT00000743								N/A
153	FLUAV	Amantadine	Arbidol	Preclinical	Unknown	PMID:16206613							x	
154	FLUAV	Amantadine	Diphyllin	Preclinical	MDCCK cell	PMID:23820269							x	
155	HCV	Amantadine	Interferon Alpha	0/1	Human	PMID:16984502					x			
156	FLUAV	Amantadine	Oseltamivir	Preclinical	Mice	PMID:17591026							x	
157	FLUAV	Amantadine	Oseltamivir	Preclinical	MDCCK cell	PMID:19273672	x							
158	FLUAV	Amantadine	Ribavirin	Preclinical	MDCCK cell	PMID:19273672	x							
159	FLUAV	Amantadine	Ribavirin	Preclinical	Mice	PMID:7396454							x	
160	FLUBV	Amantadine	Ribavirin	Preclinical	Mice	PMID:7396454							x	
161	HIV	Amdoxovir	Zidovudine	2	Human	PMID:20386073;NCT00432016	x							
162	VZV	Amenamivir	Penciclovir	Preclinical	MRC-5 cell	PMID:23261844	x							
163	HSV-2	Amenamivir	Penciclovir	Preclinical	Vero cell	PMID:23261844	x							
164	VZV	Amenamivir	Vidarabine	Preclinical	MRC-5 cell	PMID:23261844	x							
165	HSV-2	Amenamivir	Vidarabine	Preclinical	Vero cell	PMID:23261844		x						
166	CHIKV	AmiRNA	AmiRNA	Preclinical	Vero cell	PMID:27565991							x	
167	CHIKV	AmiRNA	Chloroquine	Preclinical	Vero cell	PMID:27565991							x	
168	HAdV	AmiRNA	Cidofovir	Preclinical	A549 cell	PMID:23127366			x					
169	CHIKV	AmiRNA	Mycophenolic Acid	Preclinical	Vero cell	PMID:27565991				x				
170	CHIKV	AmiRNA	Ribavirin	Preclinical	Vero cell	PMID:27565991				x				
171	WNV	Ammonium Trichloro(Dioxyethylene-0-0')Tellurate (AS101)	Antibodies	Preclinical	Mice	PMID:22445690		x						
172	EBOV	Amodiaquine	Artesunate	0/1	Human	PMID:26735991							x	
173	SARS-CoV-2	Amodiaquine	Artesunate	Preclinical	Vero cell	PMID:32805422								x
174	SARS-CoV-2	Amodiaquine	Lopinavir	Preclinical	Vero cell	PMID:33333292	x							
175	SARS-CoV-2	Amodiaquine	Nitazoxanide	Preclinical	Vero cell	PMID:33333292	x							
176	SARS-CoV-2	Amodiaquine	Remdesivir	Preclinical	Vero cell	PMID:33333292	x			x				
177	SARS-CoV-2	Amodiaquine	Umifenovir	Preclinical	Vero cell	PMID:33333292	x							
178	HIV-1	Amprenavir	Efavirenz	0/1	Human	PMID:10671334							x	
179	HIV-1	Amprenavir	Fosamprenavir	0/1	Human	PMID:15728914					x			
180	HIV-1	Amprenavir	Ritonavir	0/1	Human	PMID:15728914								x
181	FLUAV	Amylmetacresol	Dichlorobenzyl Alcohol	Preclinical	Unknown	PMID:15889535							x	
182	RSV	Amylmetacresol	Dichlorobenzyl Alcohol	Preclinical	Unknown	PMID:15889535							x	
183	SARS-CoV	Amylmetacresol	Dichlorobenzyl Alcohol	Preclinical	Unknown	PMID:15889535							x	
184	ECHOV-1	Anisomycin	Anisomycin	Preclinical	A549 cell	PMID:36146673			x					
185	ECHOV-1	Anisomycin	Vemurafenib	Preclinical	A549 cell	PMID:33080984	x							
186	SARS-CoV-2	Antibodies	Antibodies	0/1	Human	ChICTR2000030580								N/A
187	SARS-CoV-2	Antibodies	Antibodies	2	Human	NCT04787211								N/A
188	SARS-CoV-2	Antibodies	Antibodies	4	Human	NCT05502081								N/A
189	VACV	Antibodies	Antibodies	Preclinical	Mice	PMID:16227266							x	
190	SARS-CoV	Antibodies	Antibodies	Preclinical	FRhK-4 cell	PMID:16796401	x							
191	VACV	Antibodies	Antibodies	Preclinical	Mice	PMID:20587859							x	
192	CHIKV	Antibodies	Antibodies	Preclinical	Mice	PMID:23125446							x	
193	PV	Antibodies	Antibodies	Preclinical	Unknown	PMID:24824031							x	
194	CHIKV	Antibodies	Antibodies	Preclinical	Mice	PMID:28148840							x	
195	SARS-CoV-2	Antibodies	Antibodies	3	Human	PMID:35443106;NCT04625725							x	
196	SARS-CoV-2	Antibodies	Antibodies	Preclinical	Mice	PMID:35060840	x							
197	FLUAV	Antibodies	Antibodies	Preclinical	Mice	PMID:35240918							x	
198	HIV-1	Antibodies	Antibodies	1	Human	PMID:35418681							x	
199	SARS-CoV-2	Antibodies	Antibodies	N/A	Human	PMID:35727429							x	
200	SARS-CoV-2	Antibodies	Antibodies	Preclinical	Hamster	PMID:36189212							x	

281	HIV-1	Artesunate	Valacyclovir	Preclinical	Mice	PMID:26374952						x	
282	SARS-CoV-2	ASC09	Ritonavir	0/1	Human	NCT04261907							N/A
283	HCV	Asunaprevir	Daclatasvir		2 Human	PMID:26683763;NCT01012895						x	
284	HCV	Asunaprevir	Interferon Lambda	Preclinical	Huh-7 cell	PMID:23274666	x	x					
285	HIV	Atazanavir	Raltegravir		3 Human	NCT00874523							N/A
286	HIV	Atazanavir	Ritonavir		4 Human	NCT00384904							N/A
287	SARS-CoV-2	Atazanavir	Ritonavir	Preclinical	Vero cell	PMID:32759267						x	
288	HIV	Ateviridine	Zidovudine		2 Human	NCT0002322							N/A
289	SARS-CoV-2	Atglistatin	Osetamivir	Preclinical	Hamster	PMID:36253361	x						
290	SARS-CoV-2	Atglistatin	Remdesivir	Preclinical	Hamster	PMID:36253361	x						
291	FLUAV	Atomoxetine	Osetamivir	Preclinical	MDCK cell	PMID:35238349			x				
292	HBV	Atorvastatin	Tenofovir	N/A	Human	PMID:35873362						x	
293	SARS-CoV-2	Avoralstat	Molnupiravir	Preclinical	293TAT cell	PMID:36190406	x						
294	SARS-CoV-2	Avoralstat	Molnupiravir	Preclinical	Calu-3 cell	PMID:36190406		x					
295	HIV-1	Azacitidine	Clofarabine	Preclinical	U373-MAGI cell	PMID:27117260	x						
296	HIV-1	Azacitidine	Gemcitabine	Preclinical	U373-MAGI cell	PMID:27117260	x						
297	HIV-1	Azacitidine	Hydroxyurea	Preclinical	U373-MAGI cell	PMID:27117260	x						
298	HIV-1	Azacitidine	Resveratrol	Preclinical	cell	PMID:27117260	x						
299	FLUAV	AZD-8330	Osetamivir	Preclinical	A549 cell	PMID:23523553	x						
300	SARS-CoV-2	Azithromycin	Chloroquine	0/1	Human	PMID:35227869						x	
301	EBOV	Azithromycin	Digitoxin	Preclinical	HEK293 cell	PMID:31806372		x					
302	EBOV	Azithromycin	Fluvastatin	Preclinical	HEK293 cell	PMID:31806372	x						
303	SARS-CoV-2	Azithromycin	Hydroxychloroquine		3 Human	PMID:32205204;DOI:10.1016/j.ijanti. micag.2020.105949							x
304	FLUAV	Azithromycin	Osetamivir		2 Human	PMID:24632748;U MIN00005371						x	
305	FLUAV	Baloxavir Marboxil	Favipiravir	Preclinical	MDCK cell	PMID:33049959	x						
306	FLUAV	Baloxavir Marboxil	Osetamivir	Preclinical	Mice	PMID:30476172	x						
307	FLUAV	Baloxavir Marboxil	Osetamivir	Preclinical	MDCK cell	PMID:33049959	x						
308	FLUAV	Baloxavir Marboxil	Osetamivir		1 Human	PMID:34756990							x
309	FLUAV	Baloxavir Marboxil	Osetamivir	Preclinical	MDCK;A549 cell	PMID:35062315	x						
310	FLUAV	Baloxavir Marboxil	Osetamivir	Preclinical	Ferret	PMID:35938724					x		
311	FLUAV	Baloxavir Marboxil	Peramivir	Preclinical	MDCK cell	PMID:33049959	x						
312	FLUAV	Baloxavir Marboxil	Peramivir	Preclinical	MDCK;A549 cell	PMID:35062315	x						
313	FLUAV	Baloxavir Marboxil	Ribavirin	Preclinical	MDCK cell	PMID:33049959			x				
314	FLUAV	Baloxavir Marboxil	Zanamivir	Preclinical	MDCK cell	PMID:33049959	x						
315	SARS-CoV-2	Baricitinib	Remdesivir	N/A	Human	PMID:35443520							x
316	SARS-CoV-2	Baricitinib	Remdesivir	Preclinical	HLE-AII cell	PMID:35688145							x
317	HCV	Bavittuximab	Ribavirin		2 Human	NCT01273948							N/A
318	CMV	BDCRB	Maribavir	Preclinical	MRC-5 cell	PMID:12323400	x						
319	CMV	BDCRB	Tomeglovir	Preclinical	MRC-5 cell	PMID:12323400	x				x		
320	HCV	Beclabuvir	Interferon Lambda	Preclinical	Huh-7 cell	PMID:23274666		x					
321	EBOV	Bepridil	Sertraline	Preclinical	Huh-7 cell	PMID:29939303	x						
322	EBOV	Bepridil	Sertraline	Preclinical	Mice	PMID:33801811;PMID:29939303							x
323	RVFV	BI-D1870	PF-4708671	Preclinical	H2.35 cell	PMID:29652799						x	
324	HIV-1	BMS-663068	Ritonavir		2 Human	PMID:26902761;NCT01009814							x
325	HCV	Boceprevir	Daclatasvir	Preclinical	Huh-7 cell	PMID:27035622	x	x	x				
326	HCV	Boceprevir	Dasatinib	Preclinical	Huh-7.5.1 cell	PMID:24848265	x						
327	HCV	Boceprevir	Erlotinib	Preclinical	Huh-7.5.1 cell	PMID:24848265	x						
328	HCV	Boceprevir	Sofosbuvir	Preclinical	Huh-7 cell	PMID:27035622		x	x				
329	HCV	Boceprevir	Telaprevir	Preclinical	Huh-7 cell	PMID:27035622		x	x				
330	SARS-CoV-2	Brequinar	Dipyridamole	Preclinical	A549/ACE2; HEK293T-hACE2 cell	PMID:35041646	x						
331	HIV-1	Brequinar	Lamivudine	Preclinical	TZM-bl cell	PMID:33080984							x
332	SARS-CoV-2	Brequinar	Molnupiravir	Preclinical	Calu-3 cell	PMID:36190406	x						
333	SARS-CoV-2	Brequinar	N4-Hydroxycytidine	Preclinical	Vero E6 cell	PMID:35492218	x						
334	HCV	Brequinar	Sofosbuvir	Preclinical	Huh-7.5 cell	PMID:33080984	x						
335	HIV-1	Brequinar	Tenofovir	Preclinical	TZM-bl cell	PMID:33080984							x
336	CMV	Brincidofovir	Letermovir	Preclinical	HFF cell	PMID:30153445	x						
337	CPXV	Brincidofovir	Tecovirimat	Preclinical	HFF cell	PMID:17724153	x						
338	VACV	Brincidofovir	Tecovirimat	Preclinical	HFF cell	PMID:17724153	x						
339	CPXV	Brincidofovir	Tecovirimat	Preclinical	Mice	PMID:17724153	x						
340	HAdV	Brincidofovir	Valganciclovir	Preclinical	Hamster	PMID:28827083						x	
341	HSV-1	Brivudine	Foscarnet	Preclinical	Vero cell	PMID:6285731	x						
342	HSV-2	Brivudine	Foscarnet	Preclinical	Vero cell	PMID:6285731			x				
343	VZV	Brivudine	Interferon Alpha	Preclinical	HuEF cell	PMID:6329083	x	x					
344	HSV-1	Brivudine	Vidarabine	Preclinical	Vero cell	PMID:6285731			x				
345	HSV-2	Brivudine	Vidarabine	Preclinical	Vero cell	PMID:6285731	x						
346	VACV	Broxuridine	Noformicin	Preclinical	Unknown	PMID:14231461							x
347	HIV	Butyldeoxynojirimycin	Zidovudine		2 Human	PMID:7905523;NCT00001993							x
348	HIV-1	Cabotegravir	Lenacavir	Preclinical	HEK293/17, TZM-gfp cell	PMID:35746673		x					
349	FLUAV	Caffeine	Lovastatin	Preclinical	Mice	PMID:19616097						x	
350	SARS-CoV-2	Camostat	Molnupiravir	Preclinical	293TAT cell	PMID:36190406	x						
351	SARS-CoV-2	Camostat	Molnupiravir	Preclinical	Calu-3 cell	PMID:36190406	x						
352	FLUAV	Camphene	Osetamivir	Preclinical	Mice	PMID:34984730			x				
353	MCV	Cantharidin	Imiquimod	0/1	Human	PMID:15068455							x
354	VACV	Carbenoxolone	Prostaglandin A1	Preclinical	L929 cell	PMID:9477119	x						
355	HSV-1	Carbocyclic Oxetanocin G	Oxetanocin G	Preclinical	Vero cell	PMID:1333651	x						
356	HSV-2	Carbocyclic Oxetanocin G	Oxetanocin G	Preclinical	Vero cell	PMID:1333651			x				
357	FLUAV	Carrageenan	Zanamivir	Preclinical	MDCK cell	PMID:26053018	x						
358	SARS-CoV-2	Carvedilol	Favipiravir	Preclinical	3CL Protease assay kit	PMID:36110398	x						
359	LASV	Casticin	F1204	Preclinical	Vero cell	PMID:34965446	x						
360	LASV	Casticin	F1781	Preclinical	Vero cell	PMID:34965446	x						

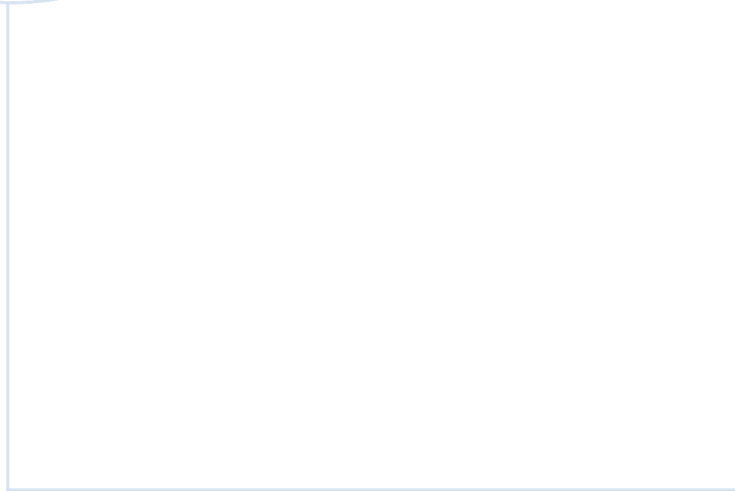
					3CL Protease assay kit						
361	SARS-CoV-2	Cefixime	Favipiravir	Preclinical	Vero E6 cell	PMID:36110398	x				
362	SARS-CoV-2	Cepharanthine	Nelfinavir	Preclinical	Vero E6 cell	PMID:33080984					x
363	HCV	Chlorcyclizine	Ribavirin		1 Human	PMID:30711416;NCT02118012	x				
364	HCV	Chlorcyclizine	Telaprevir	Preclinical	Huh-7.5.1,Con1b cell	PMID:27035622	x				
365	EBOV	Chloroquine	Fluvastatin	Preclinical	HEK293 cell	PMID:31806372	x				
366	SARS-CoV-2	Chloroquine	Ivermectin	Preclinical	Vero E6 cell	PMID:35717393		x			
367	SARS-CoV-2	Chloroquine	Nicosamide	Preclinical	Vero E6 cell	PMID:35717393	x	x			
368	SARS-CoV-2	Chloroquine	Oseltamivir		3 Human	NCT04303299					N/A
369	CCHFV	Chloroquine	Ribavirin	Preclinical	Vero cell	PMID:25796972	x				
370	EBOV	Chloroquine	Tetradrine	Preclinical	HEK293 cell	PMID:31806372	x				
371	CCHFV	Chlorpromazine	Ribavirin	Preclinical	Vero cell	PMID:25796972	x				
372	FLUAV	Chrysin	Nifurtimox	Preclinical	A549 cell	PMID:35216485	x				
373	EBOV	Cidofovir	Favipiravir	Preclinical	293T cell	PMID:26752302			x		
374	CMV	Cidofovir	Foscarnet	Preclinical	HEL cell	PMID:1337893	x	x			
375	HHV-6	Cidofovir	Foscarnet	0/1	Human	PMID:17516391					x
376	CMV	Cidofovir	Ganciclovir	Preclinical	HEL cell	PMID:1337893	x	x			
377	VACV	Cidofovir	Idoxuridine	Preclinical	Cef cell	PMID:17042327	x				
378	EBOV	Cidofovir	Interferon Alpha	Preclinical	293T cell	PMID:26752302			x		
379	EBOV	Cidofovir	Interferon Beta	Preclinical	293T cell	PMID:26752302	x				
380	CMV	Cidofovir	Lactoferrin	Preclinical	Fif	PMID:12742576	x				
381	EBOV	Cidofovir	Lamivudine	Preclinical	293T cell	PMID:26752302	x				
382	CMV	Cidofovir	Letermovir	Preclinical	NHDF cell	PMID:25779572		x			
383	CMV	Cidofovir	Maribavir	Preclinical	MRC-5 cell	PMID:12323400	x				
384	CMV	Cidofovir	Maribavir	Preclinical	ARPEp cell	PMID:30040968		x			
385	VACV	Cidofovir	SIRNA	Preclinical	HEL cell	PMID:19307376	x				
386	EBOV	Cidofovir	Tenofovir	Preclinical	293T cell	PMID:26752302			x		
387	EBOV	Cidofovir	Toremifene	Preclinical	293T cell	PMID:26752302	x				
388	CMV	Cidofovir	Zidovudine	Preclinical	HEL cell	PMID:1337893	x	x			
389	EBOV	Cidofovir	Zidovudine	Preclinical	293T cell	PMID:26752302			x		
390	HBV	Clevudine	Interferon Alpha		4 Human	NCT01264367					N/A
391	HBV	Clevudine	Lamivudine		4 Human	NCT00798460					N/A
392	HBV	Clevudine	Tenofovir		3 Human	NCT00823342					N/A
393	EBOV	Clomiphene	Sertraline	Preclinical	Huh-7 cell	PMID:29939303	x				
394	HEV	CMLD012118	Interferon Alpha	Preclinical	HepG2 cell	PMID:35728703		x			
395	HEV	CMLD012118	Ribavirin	Preclinical	HepG2 cell	PMID:35728703		x			
396	HIV-1	Cobicistat	Darunavir		3 Human	NCT02987530					N/A
397	HIV-1	Cobicistat	Darunavir		1 Human	NCT05197075					N/A
398	SARS-CoV-2	Cobicistat	Darunavir		3 Human	PMID:32671131;NCT04252274			x		
399	HIV-1	Cobicistat	Darunavir	N/A	Human	PMID:35658217					x
400	HIV-1	Cobicistat	GSK2838232		2 Human	PMID:31769793;NCT03045861					x
401	SARS-CoV-2	Cobicistat	Remdesivir	Preclinical	Hamster	PMID:35229634					x
402	SARS-CoV-2	Cobicistat	Remdesivir	Preclinical	T84 cell	PMID:35229634	x				
403	SARS-CoV-2	Cobicistat	Remdesivir	Preclinical	Vero E6 cell	PMID:35229634	x				
404	HCV	Cobloparvir	Sofosbuvir		3 Human	NCT03995485					N/A
405	TBEV	Cycloheximide	Dactinomycin	Preclinical	Pig embryo kidney cell	PMID:6636703					x
406	SARS-CoV-2	Cycloheximide	Nelfinavir	Preclinical	Vero E6 cell	PMID:33080984					x
407	ECHOV-1	Cycloheximide	Rupintrivir	Preclinical	A549 cell	PMID:36146673	x				
408	ECHOV-1	Cycloheximide	Vemurafenib	Preclinical	A549 cell	PMID:33080984	x				
409	B19V	Cyclosporine	HDIG	0/1	Human	PMID:15540900					x
410	HCV	Cyclosporine	Interferon Alpha	Preclinical	Huh-7 cell	PMID:17101321	x				
411	MERS-CoV	Cyclosporine	Interferon Alpha	Preclinical	Human lung microvascular endothelial cell	PMID:29772254					x
412	CMV	Cyclosporine	Mycophenolic Acid		4 Human	NCT02328963;PMID:34725108					x
413	HCV	Cyclosporine	Mycophenolic Acid	Preclinical	Huh-7 cell	PMID:17101321	x				
414	NoV	Cyclosporine	Mycophenolic Acid	Preclinical	HG23 Cell	PMID:28807916		x			
415	NoV	Cyclosporine	Ribavirin	Preclinical	HG23 Cell	PMID:28807916		x			
416	NoV	Cyclosporine	Tacrolimus	Preclinical	HG23 Cell	PMID:28807916	x				
417	HIV	Cysteamine	Zidovudine		2 Human	NCT00002110					N/A
418	SARS-CoV-2	Acetylsalicylate+Glycine	Remdesivir	Preclinical	Calu-3 cell	PMID:35805887		x			
419	HCV	Daclatasvir	Dasatinib	Preclinical	Huh-7.5.1 cell	PMID:24848265	x				
420	HCV	Daclatasvir	Erlotinib	Preclinical	Huh-7.5.1 cell	PMID:24848265	x				
421	SARS-CoV-2	Daclatasvir	Favipiravir	Preclinical	Calu-3 cell, Vero E6	PMID:35194144	x				
422	HCV	Daclatasvir	Interferon Lambda	Preclinical	Huh-7 cell	PMID:23274666	x	x			
423	HCV	Daclatasvir	INX-08189		2 Human	NCT01425970					N/A
424	SARS-CoV-2	Daclatasvir	Remdesivir	Preclinical	Calu-3 cell, Vero E6	PMID:35194144		x			
425	HCV	Daclatasvir	Sanglifehrin B	Preclinical	Huh-7 cell	PMID:24687498	x	x			
426	HCV	Daclatasvir	Simeprevir		2 Human	PMID:26453968;NCT01628692					x
427	HCV	Daclatasvir	Sofosbuvir	Preclinical	Huh-7 cell	PMID:27035622	x				
428	HCV	Daclatasvir	Sofosbuvir		4 Human	PMID:31504303;NCT03200184					x
429	YFV	Daclatasvir	Sofosbuvir	Preclinical	Huh-7 cell	PMID:31594756					x
430	SARS-CoV-2	Daclatasvir	Sofosbuvir		3 Human	PMID:34849957			x		
431	SARS-CoV-2	Daclatasvir	Sofosbuvir	Preclinical	Calu-3 cell, Vero E6	PMID:35194144	x				
432	HCV	Daclatasvir	Telaprevir	Preclinical	Huh-7 cell	PMID:27035622		x	x		
433	SARS-CoV-2	Daclatasvir	Tenofovir	Preclinical	Calu-3 cell, Vero E6	PMID:35194144	x				
434	ECHOV-1	Dalbavancin	Rupintrivir	Preclinical	A549 cell	PMID:36146673		x			
435	FLUAV	Danirixin	Oseltamivir		2 Human	PMID:31024969;NCT02469298				x	
436	HCV	Danoprevir	Dasatinib	Preclinical	Huh-7.5.1 cell	PMID:24848265	x				
437	HCV	Danoprevir	Erlotinib	Preclinical	Huh-7.5.1 cell	PMID:24848265	x				
438	HCV	Danoprevir	Mericabine		1 Human	PMID:20951424;NCT00801255					x
439	SARS-CoV-2	Danoprevir	Ritonavir		4 Human	NCT04291729					N/A
440	HIV-1	Dapivirine	Tenofovir	Preclinical	TZM-bl cell	PMID:21633286	x				

441	HIV-1	Darunavir	Ritonavir		3 Human	PMID:23088336;NCT00258557											x	
442	CVB-3	Dasabuvir	PSI-6206	Preclinical	HeLa cell	PMID:35789934	x											
443	HCV	Dasatinib	Erlotinib	Preclinical	Huh-7.5.1 cell	PMID:24848265	x											
444	HCV	Dasatinib	Mericitabine	Preclinical	Huh-7.5.1 cell	PMID:24848265	x											
445	HCV	Dasatinib	Simeprevir	Preclinical	Huh-7.5.1 cell	PMID:24848265	x											
446	HCV	Dasatinib	Sofosbuvir	Preclinical	Huh-7.5.1 cell	PMID:24848265	x											
447	HCV	Dasatinib	Telaprevir	Preclinical	Huh-7.5.1 cell	PMID:24848265	x											
448	HIV-1	Dectabine	Resveratrol	Preclinical	cell	PMID:27117260	x											
449	HCV	Deleobuvir	Ravidasvir		2 Human	NCT01859962												N/A
450	FLUAV	Dextromethorphan	Osetamivir	Preclinical	Mice	PMID:35238349												x
451	HIV	Didanosine	Hydroxyurea		1 Human	PMID:15597521;NCT00001074												x
452	HIV	Didanosine	Lentinan		1 Human	PMID:8721897;NCT00002098												x
453	HIV	Didanosine	PEG IL-2	0/1	Human	NCT00001997												N/A
454	HIV	Didanosine	Ribavirin		1 Human	NCT00000833												N/A
455	HIV	Didanosine	Stavudine		Human	PMID:10448279;NCT00002207												x
456	HIV	Didanosine	Timunox	0/1	3 Human	NCT00002109												N/A
457	HIV	Didanosine	Zidovudine		3 Human	NCT00001022												N/A
458	HIV-1	Didanosine	Zidovudine		2 Human	PMID:7727768												x
459	CMV	Didox	Ganciclovir	Preclinical	MRC-5 cell	PMID:23933116	x											
460	EBOV	Digitoxin	Fluvastatin	Preclinical	HEK293 cell	PMID:31806372	x											
461	CMV	Digitoxin	Ganciclovir	Preclinical	HEK293 cell	PMID:24277030	x		x									
462	EBOV	Digitoxin	Tamoxifen	Preclinical	HEK293 cell	PMID:31806372	x											
463	EBOV	Digitoxin	Tetradrine	Preclinical	HEK293 cell	PMID:31806372	x											
464	CMV	Digoxin	Ganciclovir	Preclinical	HEK293 cell	PMID:24277030	x		x									
465	ECHOV-1	Digoxin	Rupintrivir	Preclinical	AS49 cell	PMID:36146673	x										x	
466	HSV-1	Dinoprostone	Indomethacin	Preclinical	Raji/Raji- HSV cell	PMID:1964373												x
467	HSV-1	Dinoprostone	Interferon Alpha	Preclinical	Raji/Raji- HSV cell	PMID:1964373												x
468	FLUAV	Diphyllin	Osetamivir	Preclinical	MDCK cell	PMID:23820269												x
469	FLUAV	Dipyridamole	MEDS433	Preclinical	AS49 cell	PMID:36298835	x											
470	PV-1	Disoxaril	Enviroxime	Preclinical	FL cell	PMID:10757231	x											
471	PV-1	Disoxaril	Ethyl 4-Methyl-2-(Methylthio)Pyrimidine-5-Carboxylate	Preclinical	FL cell	PMID:10757231												x
472	PV-1	Disoxaril	Guanidine	Preclinical	FL cell	PMID:10757231												x
473	PV-1	Disoxaril	N-Phenyl-N'-3-Hydroxyphenylthiourea(P-TU-23)	Preclinical	FL cell	PMID:10757231	x											
474	CVB-1	Disoxaril	N-Phenyl-N'-3-Hydroxyphenylthiourea(P-TU-23)	Preclinical	Cell culture	PMID:15026197	x											
475	HSV-1	Docosanol	Foscarnet	Preclinical	Vero cell	PMID:12367721	x		x									
476	HSV-1	Docosanol	Ribavirin	Preclinical	Vero cell	PMID:12367721	x											
477	HSV-1	Docosanol	Trifluridine	Preclinical	Vero cell	PMID:12367721	x											
478	HSV-1	Docosanol	Vidarabine	Preclinical	Vero cell	PMID:12367721	x											
479	HIV-1	Dolutegravir	Lamivudine		4 Human	NCT02211482;PMID:28537061												x
480	HIV-1	Dolutegravir	Lamivudine	Preclinical	MT4-GFP cell	PMID:35491829												x
481	HIV-1	Dolutegravir	Rilpivirine		3 Human	PMID:31307948;NCT02422797												x
482	SARS-CoV-2	Doramapimod	Remdesivir	Preclinical	MRC5-ACE2 cell	PMID:34871905	x											
483	HIV	Doravirine	Emtricitabine		2 Human	PMID:31121013;NCT01632345												x
484	HIV-1	Doravirine	Islatravir		2 Human	NCT03272347												N/A
485	HIV-1	Doravirine	Islatravir	Preclinical	MT4-GFP cell	PMID:35491829	x											
486	HIV-1	Doravirine	Lamivudine	Preclinical	MT4-GFP cell	PMID:35491829												x
487	KSHV	Doxorubicin	Rituximab		2 Human	PMID:25331113												x
488	CHIKV	Doxycycline	Ribavirin	Preclinical	Mice	PMID:25970853												x
489	CHIKV	Doxycycline	Ribavirin	Preclinical	Vero cell	PMID:25970853												x
490	HSV-1	Edoxudine	Quercetin	Preclinical	Unknown	PMID:6151353	x											
491	HIV-1	Efavirenz	Indinavir	0/1	Human	NCT00002387												N/A
492	SARS-CoV-2	Efavirenz	Zidovudine	Preclinical	HEK293 cell	PMID:34755435	x											
493	CHIKV	EGCG	Suramin	Preclinical	U2Os cell	PMID:28760340	x											
494	HCV	Elbasvir	Grazoprevir		4 Human	PMID:31765046;NCT03111108												x
495	SARS-CoV-2	Emetine	Nitazoxanide	Preclinical	Vero cell	PMID:33333292	x											
496	FLUAV	Emetine	Obatoclax	Preclinical	RPE cell	PMID:31635418												x
497	ECHOV-1	Emetine	Rupintrivir	Preclinical	AS49 cell	PMID:36146673			x									
498	HCV	Emetine	Sofosbuvir	Preclinical	Huh-7.5 cell	PMID:33080984												x
499	ECHOV-1	Emetine	Vemurafenib	Preclinical	AS49 cell	PMID:33080984	x											
500	ZIKV	Emricasan	Nicosamide	Preclinical	Astrocytes	PMID:27571349												x
501	ZIKV	Emricasan	PHA-690509	Preclinical	Unknown	PMID:27571349			x									
502	HIV-1	Emtricitabine	Tenofovir		4 Human	NCT00362687												N/A
503	HBV	Emtricitabine	Tenofovir	Preclinical	AD38 cell	PMID:19374144	x	x										
504	HBV	Emtricitabine	Tenofovir		2 Human	PMID:21254162;NCT00298363												x
505	HIV-1	Emtricitabine	Tenofovir		3 Human	PMID:32711800												x
506	HIV-1	Emtricitabine	Tenofovir		1 Human	PMID:34878438												x
507	HIV-1	Enfuvirtide	Valproic Acid		1 Human	NCT00312546												N/A
508	HBV	Entecavir	Interferon Alpha		4 Human	NCT02360592												N/A
509	HBV	Entecavir	Resveratrol		2 Human	NCT03509688												N/A
510	HBV	Entecavir	Simvastatin		1 Human	NCT00994773												N/A
511	HBV	Entecavir	Tacrolimus		4 Human	PMID:35672893;NCT03062813												x
512	HBV	Entecavir	Tenofovir		4 Human	NCT01639066;PMID:25800784												x
513	HBV	Entecavir	Tenofovir	Preclinical	AD38 cell	PMID:19374144			x									
514	HBV	Entecavir	Thymosin A1		4 Human	NCT01938820												N/A
515	HCV	Entecavir	Vecicorvir		2 Human	PMID:35697332												x
516	PV-1	Enviroxime	Ethyl 4-Methyl-2-(Methylthio)Pyrimidine-5-Carboxylate	Preclinical	FL cell	PMID:10757231	x											
517	CVB-1	Enviroxime	Ethyl 4-Methyl-2-(Methylthio)Pyrimidine-5-Carboxylate	Preclinical	Cell culture	PMID:15026197	x											
518	PV-1	Enviroxime	Guanidine	Preclinical	FL cell	PMID:10757231	x	x										
519	HRV-A2	Enviroxime	Interferon Gamma	Preclinical	WISH cell	PMID:3017203	x											
520	CVB-1	Enviroxime	N-Phenyl-N'-3-Hydroxyphenylthiourea(P-TU-23)	Preclinical	Cell culture	PMID:15026197	x											

601 CMV	Ganciclovir	Hydroxyurea	Preclinical	MRC-5 cell	PMID:23933116	x				
602 HSV-1	Ganciclovir	Interferon Alpha	Preclinical	Unknown	PMID:2987369	x				
603 HSV-2	Ganciclovir	Interferon Alpha	Preclinical	Unknown	PMID:2987369	x				
604 CMV	Ganciclovir	ISIS 2922	2 Human	NCT0002156						N/A
605 CMV	Ganciclovir	Lactoferrin	Preclinical	Fif	PMID:12742576				x	
606 CMV	Ganciclovir	Letermovir	Preclinical	NHDF cell	PMID:25779572	x				
607 CMV	Ganciclovir	Maribavir	Preclinical	MRC-5 cell	PMID:12323400	x				
608 CMV	Ganciclovir	Maribavir	Preclinical	MRC-5 cell	PMID:26844400				x	
609 CMV	Ganciclovir	Maribavir	Preclinical	ARPEp cell	PMID:30040968				x	
610 CMV	Ganciclovir	Mizoribine	Preclinical	Unknown	PMID:20194528	x				
611 CMV	Ganciclovir	Ouabain	Preclinical	HFF cell	PMID:24277030		x			
612 CMV	Ganciclovir	Tomeglovir	Preclinical	MRC-5 cell	PMID:12323400				x	
613 CMV	Ganciclovir	Trimidox	Preclinical	MRC-5 cell	PMID:23933116	x				
614 CMV	Ganciclovir	Zidovudine	Preclinical	HEL cell	PMID:1337893	x	x			
615 SARS-CoV-2	GC376	Molnupiravir	Preclinical	Vero E6 cell	PMID:35889194	x	x			
616 ZIKV	Gemcitabine	Obatoclox	Preclinical	RPE cell	PMID:28049006	x		x		
617 FLUAV	Gemcitabine	Pimodivir	Preclinical	Human primary macrophages	PMID:27451344					x
618 CVB-3	Gemcitabine	Ribavirin	Preclinical	Vero cell	PMID:26526589	x				
619 EV-A71	Gemcitabine	Ribavirin	Preclinical	Vero cell	PMID:26526589	x				
620 ECHOV-1	Gemcitabine	Rupintrivir	Preclinical	A549 cell	PMID:36146673				x	
621 ZIKV	Gemcitabine	Saliphenylhalamide	Preclinical	RPE cell	PMID:28049006	x			x	
622 MERS-CoV	Gemcitabine	Saracatinib	Preclinical	Huh-7 cell	PMID:29795047	x				
623 ECHOV-1	Gemcitabine	Vemurafenib	Preclinical	A549 cell	PMID:33080984	x				
624 EBOV	Genistein	Tyrphostin	Preclinical	HEK293 cell	PMID:21947546	x				
625 LASV	Genistein	Tyrphostin	Preclinical	Vero cell	PMID:21947546	x				
626 HCV	Glecaprevir	Pibrentasvir	3 Human	PMID:29020583;32445613;NCT02651194						x
627 SARS-CoV-2	Glucocorticoid	Thalidomide	0/1	Human	PMID:33333254;https://www.preprints.org/manuscript/202002.0395/v1					x
628 HIV-1	Glycovir	Zidovudine	2 Human	NCT0000791						N/A
629 VACV	Glycyrrhizic Acid	Prostaglandin A1	Preclinical	L929 cell	PMID:9477119	x				
630 FLUAV	Glycyrrhizin	Ribavirin	Preclinical	Mice	PMID:26668995	x				
631 HCV	Grazoprevir	Ribavirin	2 Human	PMID:27291249;NCT01716156						x
632 HCV	GS-9256	Tegobuvir	2 Human	NCT01072695						N/A
633 PV-1	Guanidine	N-Phenyl-N'-3-Hydroxyphenylthiourea(P TU-23)	Preclinical	FL cell	PMID:10757231				x	
634 CMV	Gw275175X	Maribavir	Preclinical	ARPEp cell	PMID:30040968	x				
635 EV-A71	GW5074	Itraconazole	Preclinical	RD cell	PMID:27353263	x			x	
636 ECHOV-1	Halofuginone	Rupintrivir	Preclinical	A549 cell	PMID:36146673				x	
637 HIV	HBV 097	Zidovudine	2 Human	PMID:9952383;NCT0002357						x
638 ECHOV-1	Homoharringtonine	Rupintrivir	Preclinical	A549 cell	PMID:36146673				x	
639 HCV	Homoharringtonine	Sofosbuvir	Preclinical	Huh-7.5 cell	PMID:33080984					x
640 ECHOV-1	Homoharringtonine	Vemurafenib	Preclinical	A549 cell	PMID:33080984	x				
641 MERS-CoV	HR2P-M2	Interferon Beta	Preclinical	Mice	PMID:26164863					x
642 SARS-CoV-2	Hydroxychloroquine	Lopinavir	Preclinical	Vero cell	PMID:33333292				x	
643 SARS-CoV-2	Hydroxychloroquine	Remdesivir	Preclinical	Vero cell	PMID:33333292				x	
644 HSV-1	Idoxuridine	Interferon Beta	Preclinical	Vero cell	PMID:2163462	x				
645 HIV	Indinavir	L-756423	2 Human	NCT0002452						N/A
646 HIV	Indinavir	Nelfinavir	0/1	Human	NCT0002375					N/A
647 HIV	Indinavir	Ritonavir	2 Human	NCT0002361						N/A
648 HSV-1	Indomethacin	Interferon Alpha	Preclinical	Raji;Raji-HSV cell	PMID:1964373					x
649 EBOV	Interferon Alpha	Interferon Beta	Preclinical	293T cell	PMID:26752302	x				
650 HSV-1	Interferon Alpha	Interferon Gamma	Preclinical	Vero cell	PMID:1331251					x
651 HSV-2	Interferon Alpha	Interferon Gamma	Preclinical	Vero cell	PMID:16772029	x				
652 SARS-CoV	Interferon Alpha	Interferon Gamma	Preclinical	Vero cell	PMID:17191018					x
653 NoV	Interferon Alpha	Interferon Gamma	Preclinical	HG23 Cell	PMID:29753657					x
654 HSV-1	Interferon Alpha	Interferon Gamma	Preclinical	Monkey	PMID:3929044	x				
655 HCV	Interferon Alpha	Interferon Lambda	Preclinical	Huh-7 cell	PMID:23274666	x	x			
656 HBV	Interferon Alpha	Lamivudine	4 Human	NCT02598063						N/A
657 HDV	Interferon Alpha	Lamivudine	2 Human	PMID:16677149						x
658 EBOV	Interferon Alpha	Lamivudine	Preclinical	293T cell	PMID:26752302	x				
659 SARS-CoV-2	Interferon Alpha	Lopinavir	0/1	Human	PMID:15809077					N/A
660 HCV	Interferon Alpha	Mizoribine	Preclinical	OR6 cell	PMID:17101321	x				x
661 HCV	Interferon Alpha	Mycophenolic Acid	Preclinical	Huh-7 cell	PMID:17101321	x				
662 HBV	Interferon Alpha	Myrcludex B	2 Human	PMID:21255610;P						N/A
663 HCV	Interferon Alpha	NIM811	Preclinical	Unknown	MID:16940091					x
664 HCV	Interferon Alpha	Nitazoxanide	2 Human	NCT00418054						N/A
665 FLUAV	Interferon Alpha	Oseltamivir	2 Human	NCT01146535						N/A
666 HBV	Interferon Alpha	Pam3CSK4	Preclinical	PHH;HepaRG cell	PMID:35963549					x
667 HSV-1	Interferon Alpha	Prostaglandin D2	Preclinical	Unknown	PMID:6100083	x				
668 HBV	Interferon Alpha	Rep 2139	2 Human	NCT02233075						x
669 HBV	Interferon Alpha	Rep 2139-Ca	2 Human	PMID:27257978;NCT02646189						x
670 HBV	Interferon Alpha	Resveratrol	2 Human	PMID:33407619;NCT03546530						x
671 HBV	Interferon Alpha	Ribavirin	3 Human	NCT00114361						N/A
672 HCV	Interferon Alpha	Ribavirin	4 Human	NCT00255034						N/A
673 HBV	Interferon Alpha	Ribavirin	2 Human	NCT00275938						N/A
674 HCV	Interferon Alpha	Ribavirin	4 Human	NCT00383864						N/A
675 HCV	Interferon Alpha	Ribavirin	2 Human	NCT00656006						N/A
676 HCV	Interferon Alpha	Ribavirin	4 Human	NCT01045278;NCT00383864;NCT00255034;NCT01447394;PMID:174703						N/A
677 HCV	Interferon Alpha	Ribavirin	3 Human	80;NCT00656006						N/A
678 BVDV	Interferon Alpha	Ribavirin	Preclinical	MDBK cell	PMID:12821481	x			x	
679 YFV	Interferon Alpha	Ribavirin	Preclinical	Vero cell	PMID:12821481	x			x	
680 HBV	Interferon Alpha	Ribavirin	Preclinical	FL cell	PMID:1328433	x				

681 SARS-CoV	Interferon Alpha	Ribavirin	Preclinical	Vero cell	PMID:15288617	x														
682 HBV	Interferon Alpha	Ribavirin	0/1	Human	PMID:15728914				x											
683 HCV	Interferon Alpha	Ribavirin		2 Human	PMID:17470380														x	
684 NoV	Interferon Alpha	Ribavirin	Preclinical	HG23 Cell	PMID:17855555		x													
685 MERS-CoV	Interferon Alpha	Ribavirin	Preclinical	LLC-MK2 cell	PMID:23594967									x						
686 MERS-CoV	Interferon Alpha	Ribavirin	Preclinical	Vero cell	PMID:23594967														x	
687 MERS-CoV	Interferon Alpha	Ribavirin	Preclinical	Macaque	PMID:24013700														x	
688 HEV	Interferon Alpha	Ribavirin	Preclinical	Huh-7 cell	PMID:24145541	x														
689 HPV	Interferon Alpha	Ribavirin	0/1	Human	PMID:24661930														x	
690 MERS-CoV	Interferon Alpha	Ribavirin	0/1	Human	PMID:24831606														x	
691 MERS-CoV	Interferon Alpha	Ribavirin	0/1	Human	PMID:25278221														x	
692 SFTSV	Interferon Alpha	Ribavirin	Preclinical	Vero cell	PMID:26527529														x	
693 CHIKV	Interferon Alpha	Ribavirin	Preclinical	Vero cell	PMID:27496974	x														
694 ZIKV	Interferon Alpha	Ribavirin	Preclinical	Vero cell	PMID:29109164														x	
695 DENV	Interferon Alpha	Ribavirin	Preclinical	Huh-7 cell	PMID:29890736		x													
696 SARS-CoV-2	Interferon Alpha	Ribavirin	0/1	Human	PMID:33515771														x	
697 SARS-CoV-2	Interferon Alpha	Ribavirin	0/1	Human	PMID:32765274															x
698 EV-A71	Interferon Alpha	Rupintrivir	Preclinical	Vero cell	PMID:21536800	x														
699 HBV	Interferon Alpha	Shuanghuanglian	Preclinical	WISH;Vero cell	PMID:12525074	x														
700 HEV	Interferon Alpha	Sofosbuvir	Preclinical	PLC/PRF/5 cell	PMID:31362004		x													
701 HCV	Interferon Alpha	Taribavirin		2 Human	PMID:17470380														x	
702 HCV	Interferon Alpha	Telaprevir	Preclinical	Huh-9-13;Huh-6;Huh5-2 cell	PMID:26036224		x													
703 HBV	Interferon Alpha	Tenofovir		4 Human	NCT01727271															N/A
704 EBOV	Interferon Alpha	Tenofovir	Preclinical	293T cell	PMID:26752302	x														
705 HBV	Interferon Alpha	Tenofovir		2 Human	PMID:30187599;NCT01706575														x	
706 HBV	Interferon Alpha	Thymosin Alpha 1	Preclinical	HepG2 cell	PMID:9722931														x	
707 EBOV	Interferon Alpha	Toremifene	Preclinical	293T cell	PMID:26752302	x														
708 HSV-1	Interferon Alpha	Trifluridine	Preclinical	Unknown	PMID:1318909	x														
709 HCV	Interferon Alpha	Valopicitabine		2 Human	NCT00118768															N/A
710 HSV-2	Interferon Alpha	Vidarabine	Preclinical	Mice	PMID:2455473														x	
711 HSV-1	Interferon Alpha	Vidarabine	Preclinical	Unknown	PMID:2987369	x	x													
712 HSV-2	Interferon Alpha	Vidarabine	Preclinical	Unknown	PMID:2987369	x	x													
713 VZV	Interferon Alpha	Vidarabine	Preclinical	HuEF cell	PMID:6329083	x	x													
714 HIV	Interferon Alpha	Zidovudine		1 Human	NCT00000967															N/A
715 EBOV	Interferon Alpha	Zidovudine	Preclinical	293T cell	PMID:26752302														x	
716 HBV	Interferon Beta	Interferon Gamma	Preclinical	HMF cell	PMID:1328409	x													x	
717 VZV	Interferon Beta	Interferon Gamma	Preclinical	Unknown	PMID:15604425	x														
718 HSV-1	Interferon Beta	Interferon Gamma	Preclinical	Vero cell	PMID:16099899;PMID:12388715														x	
719 SARS-CoV	Interferon Beta	Interferon Gamma	Preclinical	Vero cell	PMID:17191018	x														
720 HSV-1	Interferon Beta	Interferon Gamma	Preclinical	FB cell	PMID:18057251	x														
721 HSV-1	Interferon Beta	Interferon Gamma	Preclinical	Mice	PMID:19906941	x														
722 FLUAV	Interferon Beta	Interferon Lambda	Preclinical	A549;Calu-3 cell	PMID:25245230		x													
723 EBOV	Interferon Beta	Lamivudine	Preclinical	293T cell	PMID:26752302	x														
724 MERS-CoV	Interferon Beta	Mycophenolic Acid	Preclinical	Vero cell	PMID:24096239														x	
725 SARS-CoV-2	Interferon Beta	Remdesivir		2 Human	PMID:35762834														x	
726 HCV	Interferon Beta	Ribavirin		3 Human	NCT00249860															N/A
727 SARS-CoV	Interferon Beta	Ribavirin	Preclinical	Vero cell	PMID:15288617	x														
728 VSV	Interferon Beta	Ribavirin	Preclinical	Mice	PMID:25462341														x	
729 SFTSV	Interferon Beta	Ribavirin	Preclinical	Vero cell	PMID:26527529														x	
730 HEV	Interferon Beta	Sofosbuvir	Preclinical	PLC/PRF/5 cell	PMID:31362004															
731 EBOV	Interferon Beta	Tenofovir	Preclinical	293T cell	PMID:26752302	x														
732 EBOV	Interferon Beta	Toremifene	Preclinical	293T cell	PMID:26752302		x													
733 HIV	Interferon Beta	Zidovudine		3 Human	NCT00002238															N/A
734 EBOV	Interferon Beta	Zidovudine	Preclinical	293T cell	PMID:26752302	x														
735 NoV	Interferon Gamma	Interferon Lambda	Preclinical	HG23 Cell	PMID:29753657														x	
736 SARS-CoV	Interferon Gamma	Interleukin 4	Preclinical	Vero cell	PMID:16860835														x	
737 SFTSV	Interferon Gamma	Ribavirin	Preclinical	Vero cell	PMID:26527529														x	
738 HSV-1	Interferon Gamma	TNF Alpha	Preclinical	Hep-2 cell	PMID:8250541	x														
739 HSV-2	Interferon Gamma	TNF Alpha	Preclinical	Hep-2 cell	PMID:8250541	x														
740 SARS-CoV-2	Interferon Kappa	TFF2	0/1	Human	ChiCTR200003026															N/A
741 FLUAV	Interferon Lambda	Oseltamivir	Preclinical	A549;Calu-3 cell	PMID:25245230	x														
742 HCV	Interferon Omega	Ribavirin		2 Human	NCT00097045															N/A
743 HCV	INX-08189	Ribavirin		2 Human	NCT01425970															N/A
744 DENV	INX-08189	Ribavirin	Preclinical	Huh-7 cell	PMID:25624323	x														
745 HIV-1	Islatravir	Lenacapavir	Preclinical	HEK293/17, TzM-gfp cell	PMID:35746673	x	x													
746 FLUAV	Isoprinosine	Rimantadine	Preclinical	Mice	PMID:1711269	x														
747 EV-A71	Itraconazole	Rupintrivir	Preclinical	RD cell	PMID:27353263	x														
748 EV-A71	Itraconazole	Suramin	Preclinical	RD cell	PMID:27353263														x	
749 SARS-CoV-2	Ivermectin	Nicosamide	Preclinical	Calu-3 cell	PMID:35717393														x	
750 SARS-CoV-2	Ivermectin	Nicosamide	Preclinical	Vero E6 cell	PMID:35717393	x	x													
751 SARS-CoV-2	Ivermectin	Remdesivir	Preclinical	Vero E6 cell	PMID:35093538	x														
752 MCV	Lactic Acid	Salicylic Acid		2 Human	PMID:22214282															x
753 HBV	Lamivudine	Maraviroc	Preclinical	HepG2.2.15 cell	PMID:35238349	x													x	
754 HIV	Lamivudine	Nevirapine	0/1	Human	NCT03223402															N/A
755 HBV	Lamivudine	Oxymatrine		4 Human	NCT02202473															N/A
756 HBV	Lamivudine	Penciclovir	Preclinical	MDCCK cell	PMID:8721544														x	
757 HIV	Lamivudine	Stavudine		3 Human	NCT00002371															N/A
758 HBV	Lamivudine	Telbivudine		2 Human	NCT00124241															N/A
759 HBV	Lamivudine	Tenofovir	Preclinical	AD38 cell	PMID:19374144														x	
760 EBOV	Lamivudine	Tenofovir	Preclinical	293T cell	PMID:26752302	x														

921 RVFV	Ribavirin	Selenazofurin	Preclinical	Vero 76 cell	PMID:6151377	x			
922 VEEV	Ribavirin	Selenazofurin	Preclinical	Vero 76 cell	PMID:6151377	x			
923 HCV	Ribavirin	Silibinin		3 Human	NCT01871662				N/A
924 HEV	Ribavirin	Silvestrol	Preclinical	Huh-7 cell	PMID:30036559	x			
925 HCV	Ribavirin	Sofosbuvir		4 Human	NCT03069001				N/A
926 HEV	Ribavirin	Sofosbuvir	Preclinical	HEV3 cell	PMID:26408347	x			
				PLC/PRF/5					
927 HEV	Ribavirin	Sofosbuvir	Preclinical	cell	PMID:31362004	x			
928 NoV	Ribavirin	Tacrolimus	Preclinical	HG23 Cell	PMID:28807916	x			
929 JUNV	Ribavirin	Teriflunomide	Preclinical	Vero cell	PMID:29315647			x	
				LLC-MK2					
930 YFV	Ribavirin	Tiazofurin	Preclinical	cell	PMID:6151377	x			
931 JEV	Ribavirin	Tiazofurin	Preclinical	Vero 76 cell	PMID:6151377	x			
932 KHF	Ribavirin	Tiazofurin	Preclinical	Vero 76 cell	PMID:6151377		x		
933 NoV	Ribavirin	Tizoxanide	Preclinical	Huh-7 cell	PMID:30104275	x			
934 PV-1	Ribavirin	Vapendavir	Preclinical	Unknown	PMID:21466823	x		x	
935 HCV	Ribavirin	VX-135		2 Human	NCT01726946				N/A
					https://journals.sagepub.com/doi/pdf/10.1177/095632029500600205				
936 FLUAV	Ribavirin	Zanamivir	Preclinical	MDCK cell	PMID:3445584				N/A
937 FLUAV	Rimantadine	Selenious Acid	Preclinical	Unknown	PMID:17898705;NCT0000913			x	
938 HIV	Ritonavir	Saquinavir		2 Human	PMID:36145524				x
939 HIV	Ritonavir	Tipranavir		3 Human	NCT00440271				N/A
940 SARS-CoV-2	Ritonavir	Zapnometinib	Preclinical	Calu-3 cell	PMID:27353263	x			
941 HBV	RNAi	Entecavir		2 Human	NCT02452528				N/A
942 EV-A71	Rupintrivir	Suramin	Preclinical	RD cell	PMID:21466823		x		
943 EV-A71	Rupintrivir	Vapendavir	Preclinical	Unknown	PMID:21466823	x		x	
944 HRV-B14	Rupintrivir	Vapendavir	Preclinical	Unknown	PMID:21466823	x		x	
945 PV-1	Rupintrivir	Vapendavir	Preclinical	Unknown	PMID:21466823	x	x		
946 ECHOV-1	Rupintrivir	Vemurafenib	Preclinical	A549 cell	PMID:36146673	x			
					PMID:31108015;NCT02956629				
947 HCV	Ruzasvir	Uprifosbuvir		2 Human	PMID:10682127;NCT00002333			x	
948 HIV	Saquinavir	Zalcitabine		2 Human	PMID:22738253	x			
				Porcine Stable					
949 JEV	SCH16	Mycophenolic Acid	Preclinical	Kidney	PMID:22738253	x			
				Porcine Stable					
950 JEV	SCH16	Pentoxifylline	Preclinical	Kidney	PMID:22738253		x		
				Porcine Stable					
951 JEV	SCH16	Ribavirin	Preclinical	Kidney	PMID:22738253	x			
				LLC-MK2					
952 YFV	Selenazofurin	Tiazofurin	Preclinical	cell	PMID:6151377		x		
953 JEV	Selenazofurin	Tiazofurin	Preclinical	Vero 76 cell	PMID:6151377		x		
954 KHF	Selenazofurin	Tiazofurin	Preclinical	Vero 76 cell	PMID:6151377		x		
955 EBOV	Sertraline	Toremifene	Preclinical	Huh-7 cell	PMID:29939303	x			
					PMID:33801811;PMID:29939303				
956 EBOV	Sertraline	Toremifene	Preclinical	Mice	NCT02168361;PMID:25557952;NCT03069001				x
957 HCV	Simeprevir	Sofosbuvir		4 Human	NCT00994773			x	
958 HBV	Simvastatin	Tenofovir		1 Human	PMID:24040429				N/A
959 CHIKV	SIRNA	SIRNA	Preclinical	Mice	PMID:24040429			x	
960 CHIKV	SIRNA	SIRNA	Preclinical	Vero cell	PMID:27035622		x		
961 HCV	Sofosbuvir	Telaprevir	Preclinical	Huh-7 cell	PMID:28882564	x	x	x	
962 HCV	Sofosbuvir	Vedroprevir	Preclinical	GT1a cell	PMID:28882564	x			
963 HCV	Sofosbuvir	Vedroprevir	Preclinical	GT1b cell	PMID:26571066;NCT02201940;PMID:30203225				x
964 HCV	Sofosbuvir	Velpatasvir		3 Human	PMID:35388092				x
965 SARS-CoV-2	Sofosbuvir	Velpatasvir	N/A	Human					x
	Sophora Flavescens								
966 Rov	Extract	Stevioside	Preclinical	Piglet	PMID:24704033			x	
967 HIV	Stavudine	Timunox		3 Human	NCT00002109				N/A
968 HIV-1	Suramin	Tenofovir	Preclinical	TZM-bl cell	PMID:33080984				x
				LLC-MK2					
969 HPIV-3	Suramin	Zanamivir	Preclinical	cell	PMID:27053240	x			
				Huh-9-13;Huh-6;Huh5-2					
970 HCV	Tegobuvir	Telaprevir	Preclinical	cell	PMID:26036224		x		
					NCT00805675;PMID:30601336				x
971 HBV	Telbivudine	Tenofovir		3 Human	PMID:19374144		x		
972 HBV	Telbivudine	Tenofovir	Preclinical	AD38 cell	NCT00128544				N/A
973 HBV	Telbivudine	Valtorcitabine		2 Human	PMID:26752302	x			
974 EBOV	Tenofovir	Toremifene	Preclinical	293T cell	PMID:29851204;NCT02579382				x
975 HBV	Tenofovir	Vesatolimod		2 Human	PMID:26752302	x			
976 EBOV	Tenofovir	Zidovudine	Preclinical	293T cell	NCT00002109				N/A
977 HIV	Timunox	Zidovudine		3 Human	PMID:26752302	x			
978 EBOV	Toremifene	Zidovudine	Preclinical	293T cell	PMID:21487108				x
979 KSHV	Valganciclovir	Zidovudine		2 Human	NCT00002081				N/A
980 HIV	Zalcitabine	Zidovudine	0/1	Human					N/A



 **NTNU**

Norwegian University of
Science and Technology