

I-MASK+ PREVENTION & EARLY OUTPATIENT TREATMENT PROTOCOL FOR COVID-19

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EARLY TREATMENT PROTOCOL⁵ (for Delta variant)

1. First line agents (use any or all medicines; listed in order of priority/importance)

ANTI-VIRALS

Ivermectin²
0.4–0.6 mg/kg per dose (take with or after a meal) — one dose daily, take for 5 days or until recovered. Use upper dose if: **1)** in regions with aggressive variants (e.g. Delta); **2)** treatment started on or after day 5 of symptoms or in pulmonary phase; or **3)** multiple comorbidities/risk factors.
and/or **Nitazoxanide**
500 mg 2 x daily for 5 days after meals. Combine with ivermectin (preferred) or substitute if ivermectin is not available. (Nitazoxanide is often unavailable or high-priced in the USA.)

ANTI-SEPTIC ANTI-VIRALS

Antiviral mouthwash: Gargle 3 x daily (do not swallow; must contain chlorhexidine, povidone-iodine, or cetylpyridinium chloride). **Iodine nasal spray/drops:** Use 1% povidone-iodine commercial product as per instructions 2–3 x daily. If 1%-product not available, must first dilute the more widely available 10%-solution⁶ and apply 4–5 drops to each nostril every 4 hours. (No more than 5 days in pregnancy.)

ANTI-COAGULANTS / IMMUNE FORTIFYING

Aspirin 325 mg daily (unless contraindicated)
Vitamin D Vitamin D3 5,000 IU daily.
Preferred form if available: Calcitriol 0.5 mcg on day 1, then 0.25 mcg daily for 7 days
Melatonin 10 mg before bedtime (causes drowsiness)

SYNERGISTIC THERAPIES

Quercetin 250 mg 2 x daily
Zinc 100 mg/day (elemental zinc)
Vitamin C 500–1,000 mg 2 x daily

NUTRITIONAL THERAPEUTICS (for 14 days)⁴

Curcumin (turmeric) 500 mg 2 x daily
Nigella Sativa (black cumin seed) 80 mg/kg daily
Honey 1 gram/kg daily

PULSE OXIMETER

Monitoring of oxygen saturation is recommended (for instructions see page 3)

2. Second line agents (listed in order of priority/importance)

Add to first line therapies above if: 1) ≥ 5 days of symptoms; 2) Poor response to therapies above; 3) Significant comorbidities.

DUAL ANTI-ANDROGEN THERAPY

1. **Spironolactone** 100 mg 2 x daily for ten days.
2. **Dutasteride** 2 mg on day 1, followed by 1 mg daily for 10 days. If dutasteride not available, use **Finasteride** 10 mg daily for 10 days.

FLUVOXAMINE

50 mg 2 x daily for 10 days⁷
Consider **Fluoxetine** 30 mg daily for 10 days as an alternative (it is often better tolerated). Avoid if patient is already on an SSRI.

MONOCLONAL ANTIBODY THERAPY

Casirivimab/Imdevimab⁸
600 mg each in a single subcutaneous injection. Antibody therapy is for patients within 7 days of first symptoms and one or more risk factors as: Age > 65y; BMI > 25; pregnancy; chronic lung, heart, or kidney disease; diabetes; immunosuppressed; developmental disability; chronic tracheostomy; or feeding tube.

3. Third line agent

If below criteria are met, consider

CORTICOSTEROIDS

Prednisone or **Methylprednisolone**
1 mg/kg daily for 5 days followed by slow taper or escalation according to patient response.

Criteria:

After day 7–10 from first symptoms and patient has either: abnormal chest x-ray, shortness of breath, or oxygen saturations of 88–94%.

If oxygen saturation is lower than 88%, emergency room evaluation should be sought.

Notes

1 The I-MASK+ protocol is a bridge to vaccines and a safety net for those who cannot or have not been vaccinated; or are vaccinated and have concerns regarding declining protection against emerging variants. Vaccines have shown efficacy in preventing the most severe outcomes of COVID-19 and are an important part of a multimodal strategy that must also include early treatment. The decision to get a vaccine should be made in consultation with your health care provider.

2 The dosing may be updated as further scientific studies emerge. The safety of ivermectin in pregnancy has not been definitively established. Use in the 1st trimester should be discussed with your doctor.

3 To use if a household member is COVID-19 positive, or you have prolonged exposure to a COVID-19 positive patient without wearing a mask.

4 For more information on nutritional therapeutics and how they can help with COVID-19 please see: flccc.net/covid-19-protocols/nutritional-therapeutics

5 For late phase – hospitalized patients – see the FLCCC’s “MATH+ Hospital Treatment Protocol for COVID-19” on www.flccc.net

6 To make 1% povidone/iodine concentrated solution from 10% povidone/iodine solution, it must be diluted first.

One dilution method is as follows:

- First pour 1½ tablespoons (25 ml) of 10% povidone/iodine solution into a nasal irrigation bottle of 250 ml.
- Then fill to top with distilled, sterile or previously boiled water.
- Tilt head back, apply 4–5 drops to each nostril. Keep tilted for a few minutes, let drain.

7 Some individuals who are prescribed fluvoxamine experience acute anxiety which needs to be carefully monitored for and treated by the prescribing clinician to prevent rare escalation to suicidal or violent behavior.

8 This medication requires an infusion center. To find the nearest location in the U.S., visit www.infusioncenter.org or call for eligibility and location 1-877-332-6585 for English and 1-877-366-0310 for Spanish.



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Nasal Spray