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

PREVENTION PROTOCOL (for Omicron/Delta variants)

ANTI-VIRALS & ANTISEPTICS

Ivermectin²
Chronic Prevention
0.2 mg/kg per dose (take with or after a meal) — twice a week for as long as disease risk is elevated in your community. Alternative: Hydroxychloroquine — 200 mg tablet daily.

Post COVID-19 Exposure Prevention³
0.4 mg/kg per dose (take with or after a meal) — one dose today, repeat after 48 hours. Alternative: Hydroxychloroquine — 400 mg twice daily on day 1, then 200 mg twice a day on Days 2 and 3.

Gargle mouthwash
2 x daily – gargle (do not swallow) antiseptic mouthwash with cetylpyridinium chloride (e.g. Scope™, Act™, Crest™), 1% povidone/iodine solution or Listerine™ with essential oils.

Immune Fortifying / Supportive Therapy

Vitamin D³
Optimal approach to dosing requires testing of 25(OH)D level. For dosing guidance, see Table 1 if level is known and Table 2 if level is unknown.

Vitamin C 500–1,000 mg 2 x daily
Quercetin 250 mg/day
Zinc 30–40 mg/day (elemental zinc)
Melatonin 6 mg before bedtime (causes drowsiness)

Ivermectin Alternative
Nigella Sativa 40 mg/kg daily ⁴ (black cumin seed)
To be used if ivermectin not available or added to ivermectin for optimal prevention.

Supporting Information
Questions regarding the multiple additions to the I-MASK+ protocol for the Delta variant can be found in our Frequently Asked Questions page flccc.net/new-i-mask-faqs. Here you will find answers to the critical role of anti-androgen therapy, the safety and need for higher dosing of ivermectin, and guidance on the number of components of the protocol that should be used in the treatment of an individual patient.

Efficacy of Ivermectin
Ivermectin is a medication uniquely suited to treat COVID-19 given its now well-described, potent anti-viral and anti-inflammatory properties.

The efficacy of ivermectin is supported by results from 64 controlled trials, 32 of them randomized, and 16 of those were double-blinded, the gold standard of research design. A summary (meta-analysis) of these trials find statistically significant reductions in transmission, time to recovery, hospitalization, and death.

The most up-to-date summary of the totality of the supportive evidence for ivermectin in COVID-19 can be found here: flccc.net/flccc-summary-of-the-evidence-of-ivermectin-in-covid-19

Finally, in a historic achievement of public health, as of September 16, 2021, the North Indian state of Uttar Pradesh has effectively eradicated COVID from its population of 241 million people after widely distributing ivermectin in their treatment and prevention protocols for COVID-19. Please see also The Latest Results of Ivermectin’s Success in Treating Outbreaks of COVID-19.

For an overview of the developments in prevention and treatment of COVID-19, please visit flccc.net/covid-19-protocols.

Please check our homepage regularly for updates of our COVID-19 Protocols! — New medications may be added and/or dose changes to existing medications may be made as further scientific studies emerge.

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I-MASK+
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EARLY TREATMENT PROTOCOL
(for Omicron/Delta variants)

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

   **ANTI-VIRALS**
   - Ivermectin: 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 Hydroxychloroquine (preferred for Omicron): 200 mg PO twice daily; take for 5 days or until recovered.

   **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%-solution and apply 4–5 drops to each nostril every 4 hours. (No more than 5 days in pregnancy.)
   - Ivermectin: 10 mg before bedtime (causes drowsiness)

   **ANTI-COAGULANTS / IMMUNE FORTIFYING**
   - Aspirin 325 mg daily (unless contraindicated)
   - Vitamin D3: Optimal approach to dosing requires testing of 25(OH)D level. For dosing guidance, see Table 1 if level is known and Table 2 if level is unknown.
   - Melatonin 5 mg before bedtime

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

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 days
   - 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**
   - Sotrovimab: 500 mg each in a single intravenous infusion. Antibody therapy is for patients within 5 days of first symptoms, non-severe symptoms, and one or more risk factors as: Age≥55y; BMI≥25; pregnancy; chronic lung, heart, or kidney disease; diabetes. Trials data supporting sotrovimab against Omicron are not available, however the manufacturer has claimed it retains neutralizing capability against this variant.

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.
Tables

**Table 1. Guidance on upfront loading dose regimens to replenish Vitamin D stores in the body**

<table>
<thead>
<tr>
<th>Serum vitamin D (ng/mL)**</th>
<th>Vitamin D dose, 50,000 IU capsules: Initial and weekly ***</th>
<th>Duration (weeks)</th>
<th>Total amount for deficit correction (IU, in millions) ****</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>&lt; 10</strong></td>
<td>300,000 x 3</td>
<td>8 – 10</td>
<td>1.5 – 1.8</td>
</tr>
<tr>
<td>11–15</td>
<td>200,000 x 2</td>
<td>8 – 10</td>
<td>1.0 – 1.2</td>
</tr>
<tr>
<td>16–20</td>
<td>200,000 x 2</td>
<td>6 – 8</td>
<td>0.8 – 1.0</td>
</tr>
<tr>
<td>21–30</td>
<td>100,000 x 2</td>
<td>4 – 6</td>
<td>0.5 – 0.7</td>
</tr>
<tr>
<td>31–40</td>
<td>100,000 x 2</td>
<td>2 – 4</td>
<td>0.3 – 0.5</td>
</tr>
<tr>
<td>41–50</td>
<td>100,000 x 1</td>
<td>2 – 4</td>
<td>0.2 – 0.3</td>
</tr>
</tbody>
</table>

* A suitable daily or weekly maintenance dose should start after completing the schedule.
** For conversion of ng/mL to nmol/L, multiply by 2.5.
*** Mentioned replacement doses can be taken as single cumulative doses or spread out through the week.
**** Estimated deficit of vitamin D needed to replenish body stores.

(Table adapted with permission from S.J. Wimalawansa)

**Table 2. Vitamin D dosing in the absence of a baseline Vitamin D level**

<table>
<thead>
<tr>
<th>Body-weight category</th>
<th>Dose (IU) kg/day</th>
<th>Dose (IU)/day</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Daily dose (IU)</td>
</tr>
<tr>
<td>BMI ≤ 19 (under-weight)</td>
<td>40 – 70</td>
<td>≈ 2,000 – 4,000</td>
</tr>
<tr>
<td>BMI 20–29 (non-obese person)</td>
<td>70 – 100</td>
<td>≈ 5,000 – 7,000</td>
</tr>
<tr>
<td>BMI 30–39 (obese persons)</td>
<td>100 – 150</td>
<td>≈ 9,000 – 15,000</td>
</tr>
<tr>
<td>BMI ≥ 40 (morbidly obese persons)</td>
<td>150 – 200</td>
<td>≈ 16,000 – 30,000</td>
</tr>
</tbody>
</table>

(Table adapted with permission from S.J. Wimalawansa)

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Calculation for ivermectin dose (0.2 mg per kg)

<table>
<thead>
<tr>
<th>Body weight</th>
<th>0.2 mg/kg = 0.09 mg/lb</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conversion:</td>
<td>(Each tablet = 3 mg; doses rounded to nearest half tablet above)</td>
</tr>
<tr>
<td>70–90 lb</td>
<td>8 mg</td>
</tr>
<tr>
<td>91–110 lb</td>
<td>10 mg</td>
</tr>
<tr>
<td>111–130 lb</td>
<td>12 mg</td>
</tr>
<tr>
<td>131–150 lb</td>
<td>13.5 mg</td>
</tr>
<tr>
<td>151–170 lb</td>
<td>15 mg</td>
</tr>
<tr>
<td>171–190 lb</td>
<td>16 mg</td>
</tr>
<tr>
<td>191–210 lb</td>
<td>18 mg</td>
</tr>
<tr>
<td>211–230 lb</td>
<td>20 mg</td>
</tr>
<tr>
<td>231–250 lb</td>
<td>22 mg</td>
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<tr>
<td>251–270 lb</td>
<td>24 mg</td>
</tr>
<tr>
<td>271–290 lb</td>
<td>26 mg</td>
</tr>
<tr>
<td>291–310 lb</td>
<td>28 mg</td>
</tr>
</tbody>
</table>

For higher doses used in our I-MASK+ Protocol please multiply the value found in the table for 0.2 mg/kg, e.g.:
- 0.4 mg/kg: double the 0.2 mg/kg dose
- 0.6 mg/kg: triple the 0.2 mg/kg dose

Tablets can be halved for more accurate dosing. Then round to nearest half tablet above.

Note that Ivermectin is available in different tablet strengths (e.g. with 3, 5 or 6 mg) and administration forms (tablets, drops) depending on the country (please refer to the package information).

In our table we calculate doses using 3 mg tablets (the most common dose per tablet in the U.S.).

If your tablets contain a different amount of ivermectin than 3 mg, you must calculate the number of tablets to equal the dose of ivermectin required.

Disclaimer

The "I-MASK+ Prevention & Early Outpatient Treatment Protocol for COVID-19" is solely for educational purposes regarding potentially beneficial therapies for COVID-19. Never disregard professional medical advice because of something you have read on our website and releases. This protocol is not intended to be a substitute for professional medical advice, diagnosis, or treatment in regards to any patient. Treatment for an individual patient should rely on the judgement of your physician or other qualified health provider. Always seek their advice with any questions you may have regarding your health or medical condition. Please note our full disclaimer at: www.flccc.net/disclaimer

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