PROPHYLAXIS & EARLY OUTPATIENT TREATMENT PROTOCOL FOR COVID-19

PROPHYLAXIS PROTOCOL

Ivermectin

1. **Prophylaxis for high risk individuals**
   0.2 mg/kg* per dose — one dose today, 2nd dose in 48 hours, then one dose every 2 weeks

2. **Post COVID-19 exposure prophylaxis**
   0.2 mg/kg* per dose — one dose today, 2nd dose in 48 hours

Vitamin D3
1,000–3,000 IU/day

Vitamin C
1,000 mg twice a day

Quercetin
250 mg/day

Zinc
50 mg/day

Melatonin
6 mg before bedtime (causes drowsiness)

EARLY OUTPATIENT PROTOCOL

1. Ivermectin
   0.2 mg/kg* per dose — one dose daily, minimum of 2 days, continue daily until recovered (max 5 days)

2. Vitamin D3
   4,000 IU/day

3. Vitamin C
   2,000 mg 2–3 times daily

4. Quercetin
   250 mg twice a day

5. Zinc
   100 mg/day

6. Melatonin
   10 mg before bedtime (causes drowsiness)

7. Aspirin
   325 mg/day (unless contraindicated)

8. Pulse Oximeter
   Monitoring of oxygen saturation is recommended
   (for instructions please see page 2 of this file)

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* ≈ 0.09 mg/lb per dose — please see conversion table on page 2 to calculate the appropriate ivermectin dose (take it with or after meals).

1 The safety of ivermectin in pregnancy has not been established. A discussion of benefits vs. risks with your provider is required prior to use, particularly in the 1st trimester.

2 The dosing may be updated as further scientific studies emerge.

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 late phase — hospitalized patients — see the FLCCC’s MATH+ Hospital Treatment Protocol for COVID-19 on www.flccc.net

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Please regard our disclaimer and further information on page 2 of this document.
I-MASK+
PROPHYLAXIS & EARLY OUTPATIENT TREATMENT PROTOCOL FOR COVID-19

IVERMECTIN

Summary of the Clinical Trials
Evidence for Ivermectin in COVID-19

Ivermectin, an anti-parasitic medicine whose discovery won the Nobel Prize in 2015, has proven, highly potent, anti-viral and anti-inflammatory properties in laboratory studies. In the past 4 months, numerous, controlled clinical trials from multiple centers and countries worldwide are reporting consistent, large improvements in COVID-19 patient outcomes when treated with ivermectin.

Our comprehensive scientific review of these referenced trials on ivermectin can be found on www.flccc.net/flccc-ivermectin-in-the-prophylaxis-and-treatment-of-covid-19/

For a quick overview, a One-page Summary of our review on ivermectin can be found on www.flccc.net/one-page-summary-of-the-clinical-trials-evidence-for-ivermectin-in-covid-19/

Body weight conversion (kg/lb) for ivermectin dose in prophylaxis and treatment of COVID-19

<table>
<thead>
<tr>
<th>Body weight Conversion (1kg = 2.2 lbs) (doses calculated per upper end of weight range)</th>
<th>Dose 0.2 mg/kg ≈ 0.09 mg/lb (Each tablet = 3 mg, doses rounded to nearest half tablet above)</th>
</tr>
</thead>
<tbody>
<tr>
<td>70–90 lb 32–40 kg</td>
<td>8 mg (3 tablets = 9 mg)</td>
</tr>
<tr>
<td>91–110 lb 41–50 kg</td>
<td>10 mg (3.5 tablets)</td>
</tr>
<tr>
<td>111–130 lb 51–59 kg</td>
<td>12 mg (4 tablets)</td>
</tr>
<tr>
<td>131–150 lb 60–68 kg</td>
<td>13.5 mg (4.5 tablets)</td>
</tr>
<tr>
<td>151–170 lb 69–77 kg</td>
<td>15 mg (5 tablets)</td>
</tr>
<tr>
<td>171–190 lb 78–86 kg</td>
<td>16 mg (5.5 tablets)</td>
</tr>
<tr>
<td>191–210 lb 87–95 kg</td>
<td>18 mg (6 tablets)</td>
</tr>
<tr>
<td>211–230 lb 96–104 kg</td>
<td>20 mg (7 tablets = 21 mg)</td>
</tr>
<tr>
<td>231–250 lb 105–113 kg</td>
<td>22 mg (7.5 tablets = 22.5 mg)</td>
</tr>
<tr>
<td>251–270 lb 114–122 kg</td>
<td>24 mg (8 tablets)</td>
</tr>
<tr>
<td>271–290 lb 123–131 kg</td>
<td>26 mg (9 tablets = 27 mg)</td>
</tr>
<tr>
<td>291–310 lb 132–140 kg</td>
<td>28 mg (9.5 tablets = 28.5 mg)</td>
</tr>
</tbody>
</table>

Pulse Oximeter (usage instructions)

In symptomatic patients, monitoring with home pulse oximetry is recommended (due to asymptomatic hypoxia). The limitations of home pulse oximeters should be recognized, and validated devices are preferred. Multiple readings should be taken over the course of the day, and a downward trend should be regarded as ominous. Baseline or ambulatory desaturation < 94% should prompt hospital admission. The following guidance is suggested:

- Use the index or middle finger; avoid the toes or ear lobe
- Only accept values associated with a strong pulse signal
- Observe readings for 30–60 seconds to identify the most common value
- Remove nail polish from the finger on which measurements are made
- Warm cold extremities prior to measurement

DISCLAIMER

The I-Mask+ Prophylaxis & Early Outpatient Treatment Protocol for COVID-19 and the MATH+ Hospital Treatment Protocol for COVID-19 are 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. It 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.

A summary of the published data supporting the rationale for Ivermectin use in our I-MASK+ protocol can be downloaded from www.flccc.net/i-mask-prophylaxis-treatment-protocol/

For updates, references, and information on the FLCCC Alliance, the I-Mask+ Prophylaxis & Early Outpatient Treatment Protocol for COVID-19 and the MATH+ Hospital Treatment Protocol for COVID-19, please visit our website www.flccc.net

www.flccc.net