MATH+ HOSPITAL TREATMENT PROTOCOL FOR COVID-19

Version **13**
2021-06-30

MEDICATION	INDICATION/INITIATION	RECOMMENDED DOSING	TITRATION/DURATION
METHYLPREDNISOLONE	A. *Upon oxygen requirement or abnormal chest X-ray*	Preferred: 80 mg IV bolus, then 40 mg IV twice daily Alternate: 80 mg/240 ml normal saline IV infusion at 10 ml/hr Follow COVID-19 Respiratory Failure protocol (see flccc.net/respiratory-support-c19/)	A1. If no improvement in oxygenation in 2–4 days, double dose to 160 mg/daily. A2. Upon need for FIO_2 > 0.6 or ICU, escalate to "Pulse Dose" below (B) A3. Once off IMV, NPPV, or High flow O_2, decrease to 20 mg twice daily. Once off O_2, then taper with 20 mg/day × 5 days then 10 mg/day × 5 days
	B. *Refractory Illness/ Cytokine Storm*	"Pulse" dose with 125–250 mg IV every 6 hours	Continue × 3 days then decrease to 160 mg IV/ daily dose above, taper according to oxygen requirement (A). If no response or CRP/Ferritin high/rising, consider mega-dose IV ascorbic acid and/or "Therapeutic Plasma Exchange" below
ASCORBIC ACID	*O_2 < 4 L on hospital ward*	500–1000 mg oral every 6 hours	Until discharge
	O_2 > 4 L or in ICU	50 mg/kg IV every 6 hours	Up to 7 days or until discharge from ICU, then switch to oral dose above
	If in ICU and not improving	Consider mega-doses: 25 grams IV twice daily for 3 days	Completion of 3 days of therapy
THIAMINE	*ICU patients*	200 mg IV twice daily	Up to 7 days or until discharge from ICU
HEPARIN (LMWH)	*If initiated on a hospital ward*	1 mg/kg twice daily — Monitor anti-Xa levels, target 0.6–1.1 IU/ml	Until discharge then start DOAC at half dose × 4 weeks
	If initiated in the ICU	0.5 mg/kg twice daily — Monitor anti-Xa levels, target 0.2–0.5 IU/ml	
IVERMECTIN * *(a core medication)*	*Upon admission to hospital and/or ICU*	0.4–0.6 mg/kg per dose — daily (Take with or after meals)	For 5 days or until recovered
Fluvoxamine **	*Hospitalized patients*	50 mg PO twice daily	10–14 days
Cyproheptadine	*If any of: 1) on fluvoxamine, 2) hypoxemic, 3) tachypneic/respiratory distress, 4) oliguric/kidney injury*	8 mg — 3 x daily	until discharge, slow taper once sustained improvements noted
Anti-Androgen Therapy	*Hospitalized patients (Men only)*	Dutasteride 0.5 mg daily or Finasteride 5 mg daily	until fully recovered
Vitamin D	*Hospitalized patients*	Calcifediol preferred: 0.5 mg PO day 1, then 0.2 mg PO day 2 and weekly thereafter Cholecalciferol: 20,000–60,000 IU single dose PO then 20,000 IU weekly	Until discharge
Atorvastatin	*ICU Patients*	80 mg PO daily	Until discharge
Melatonin	*Hospitalized patients*	6–12 mg PO at night	Until discharge
Zinc	*Hospitalized patients*	75–100 mg PO daily	Until discharge
Famotidine	*Hospitalized Patients*	40–80 mg PO twice daily	Until discharge
Therapeutic Plasma Exchange	*Patients refractory to pulse dose steroids*	5 sessions, every other day	Completion of 5 exchanges

Legend: CRP = C-Reactive Protein, DOAC = direct oral anti-coagulant, FiO_2 = Fraction of inspired oxygen, ICU = Intensive Care Unit, IMV = Invasive Mechanical Ventilation, IU = International units, IV = intravenous, NIPPV = Non-Invasive Positive Pressure Ventilation, O_2 = oxygen, PO (per os) = oral administration

* The safety of ivermectin in pregnancy has not been established thus treatment decisions require an assessment of the risks vs. benefits in a given clinical situation.

** 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.

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

Please check our homepage www.flccc.net 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!