

# Help With Covid-19 Prevention, Treatment and Hospitalization

## Introduction

This document is for anyone looking for answers on how to boost your immune system against Covid-19, how to treat Covid-19 at home if you contract the virus, and lastly how to stay alive if you find yourself in the hospital with Covid-19. Included are several resources to familiarize yourself with the protocols so that you can make an informed decision, as well as advocate for yourself and loved ones.

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# Covid-19 Treatment

## Dr. Vladimir Zelenko's Covid-19 Preventative Protocol

<https://vladimirzelenkomd.com/prophylaxis-protocol/>

Prophylaxis is an action taken to prevent or protect against a specified disease. Greek in origin, from the word "phylax", meaning "to guard" and "watching."

### Low Risk Patients

Young healthy people do not need prophylaxis against Covid-19. In young and healthy people, this infection causes mild cold-like symptoms. It is advantageous for these patients to be exposed to Covid-19, build up their antibodies and have their immune system clear the virus. This will facilitate the development of herd immunity and help prevent future Covid-19 pandemics. However, if these patients desire prophylaxis against Covid-19, then they should take the protocol noted below.

### Moderate Risk Patients

Patients from this category are healthy but have high potential viral-load exposure. This group includes medical personnel, caregivers of high-risk patients, people who use public transportation, first responders and other essential personnel who are crucial to the continued functioning of society. These patients should be encouraged to take prophylaxis against Covid-19 in accordance with the protocol noted below.

### High Risk Patients

Patients are considered high risk if they are over the age of 45, or if they are younger than 45 but they have comorbidities, that is, they have other health conditions that put them at risk. These patients have between a 5 to 10% mortality rate if they are infected with Covid-19. These patients should be strongly encouraged to take prophylaxis against Covid-19 in accordance with the protocol noted below.

### Protocol for Low and Moderate Risk Patients:

Elemental Zinc 25mg 1 time a day  
Vitamin D3 5000iu 1 time a day  
Vitamin C 1000mg 1 time a day  
Quercetin 500mg 1 time a day until a safe and efficacious vaccine becomes available

If Quercetin is unavailable, then use Epigallocatechin-gallate (EGCG) 400mg 1 time a day

### Protocol for High Risk Patients:

Elemental Zinc 25mg once a day  
Vitamin D3 5000iu 1 time a day  
Hydroxychloroquine (HCQ) 200mg 1 time a day for 5 days, then 1 time a week until a safe and efficacious vaccine becomes available

If HCQ is unavailable, then use the Protocol for Low and Moderate Risk Patients.

# Dr. Vladimir Zelenko's Covid-19 Treatment Protocol

<https://vladimirzelenkomd.com/treatment-protocol/>

## **Fundamental Principles**

Treat patients based on clinical suspicion as soon as possible, preferably within the first 5 days of symptoms. Perform PCR testing, but do not withhold treatment pending results.

## **Risk Stratify Patients**

**Low risk patient** - Younger than 45, no comorbidities, and clinically stable

**High risk patient** - Older than 45, younger than 45 with comorbidities, or clinically unstable

## **Treatment Options**

### **Low risk patients**

Supportive care with fluids, fever control, and rest

Elemental Zinc 50mg 1 time a day for 7 days

Vitamin C 1000mg 1 time a day for 7 days

Vitamin D3 5000iu 1 time a day for 7 days

### **Optional over the counter options**

Quercetin 500mg 2 times a day for 7 days

or

Epigallocatechin-gallate (EGCG) 400mg 1 time a day for 7 days

### **Moderate / High risk patients**

Elemental Zinc 50-100mg once a day for 7 days

Vitamin C 1000mg 1 time a day for 7 days

Vitamin D3 10000iu once a day for 7 days or 50000iu once a day for 1-2 days

Azithromycin 500mg 1 time a day for 5 days or Doxycycline 100mg 2 times a day for 7 days

**Hydroxychloroquine (HCQ) 200mg 2 times a day for 5-7 days**

and/or

**Ivermectin 0.4-0.5mg/kg/day for 5-7 days**

Either or both HCQ and IVM can be used, and if one only, the second agent may be added after about 2 days of treatment if obvious recovery has not yet been observed etc.

## **Other treatment options**

Dexamethasone 6-12mg 1 time a day for 7 days or Prednisone 20mg twice a day for 7 days, taper as needed

Budesonide 1mg/2cc solution via nebulizer twice a day for 7 days

Blood thinners (i.e. Lovenox, Eliquis, Xarelto, Pradaxa, Aspirin)

Colchicine 0.6mg 2-3 times a day for 5-7 days

Monoclonal antibodies

Home IV fluids and oxygen

**TRY TO KEEP PATIENTS OUT OF THE HOSPITAL**

## **FLCCC Protocol for Covid-19 Treatment**

This website provides preventative, outpatient and hospitalization protocols, along with a weight-based dosing chart for Ivermectin.

This website provides treatment instructions in multiple languages.

Prevention and Early Outpatient Treatment Protocol For Covid-19:

<https://covid19criticalcare.com/Covid-19-protocols/i-mask-plus-protocol/>

Hospital Treatment Protocol for Covid-19:

<https://covid19criticalcare.com/Covid-19-protocols/math-plus-protocol/>

Management Protocol for Long Haul Covid-19 Syndrome (LHCS):

<https://covid19criticalcare.com/Covid-19-protocols/i-recover-protocol/>

## **Budesonide Treatment**

Budesonide is an FDA-approved medication that decreases inflammation in the lungs.

Inhaled budesonide used with a nebulizer blocks the inflammatory chemicals released by the virus and stops them from spreading.

It is used by millions of people who suffer from asthma every day.

It can be prescribed by any doctor or nurse practitioner for respiratory symptoms.

<https://budesonideworks.com>

<https://budesonideworks.com/budesonide/>

Preventative and Treatment Protocol:

<https://budesonideworks.com/got-covid/>

FLCCC Optional Medicines for the Treatment of Covid-19:

<https://covid19criticalcare.com/Covid-19-protocols/medical-evidence-and-optional-medicines/optional-medicines/>

Dr. Richard Bartlett discusses Budesonide treatment to cure Covid-19:

<https://www.bitchute.com/video/om3g3lgaOGPg/>

## **Monoclonal Antibodies Treatment**

Monoclonal Antibodies Information:

<https://combatcovid.hhs.gov/i-have-Covid-19-now/monoclonal-antibodies-high-risk-Covid-19-positive-patients>

Find Infusion Centers:

<https://protect-public.hhs.gov/pages/therapeutics-distribution>

<https://covid.infusioncenter.org>

## **Additional Information on Treatments**

### **Zinc and Zinc Ionophore Information**

Zinc has long been known for its potential antiviral effects.

An ionophore is an “ion carrier” – a molecule that facilitates the movement of electronically charged ions in and out of cell membranes.

(<https://gilbertlab.com/neutraceuticals/quercetin/antiviral-effects-of-quercetin-zinc-ionophore>)

When zinc is supplemented enough in the body, zinc gets inside the cells. And if a virus gets inside a cell, it cannot replicate in the presence of zinc. (<https://rumble.com/vnmjir-emergency-broadcast-with-guest-dr-ardis.html>)

## **Ivermectin Information**

Ivermectin has been FDA approved for 20 years. (<https://rumble.com/vnmmjr-emergency-broadcast-with-guest-dr-ardis.html>)

Ivermectin is a zinc ionophore that helps get zinc into the cells. (<https://rumble.com/vnmmjr-emergency-broadcast-with-guest-dr-ardis.html>)

Ivermectin in Covid-19 scientific rationale:

<https://covid19criticalcare.com/ivermectin-in-Covid-19/>

Review of the Emerging Evidence Demonstrating the Efficacy of Ivermectin in the Prophylaxis and Treatment of Covid-19, NIH abstract published 4/22/2021:

<https://pubmed.ncbi.nlm.nih.gov/34375047/>

Dr. Pierre Kory (FLCCC Alliance) testifies to senate committee about Ivermectin 12/8/2020:

<https://odysee.com/@RefinersFire:c/DrPierreKorytestifiestosenate:8>

## **Wormwood Information**

Wormwood is an herb that was used to develop the structure of Ivermectin.

(<https://rumble.com/vnmmjr-emergency-broadcast-with-guest-dr-ardis.html>)

Wormwood is a zinc ionophore that helps get zinc into the cells. (<https://rumble.com/vnmmjr-emergency-broadcast-with-guest-dr-ardis.html>)

Wormwood is available over-the-counter at pharmacies, health stores and online.

<https://www.drugs.com/npp/wormwood.html>

## **Hydroxychloroquine Information**

Hydroxychloroquine is a zinc ionophore that helps get zinc into the cells.

(<https://rumble.com/vnmmjr-emergency-broadcast-with-guest-dr-ardis.html>)

Hydroxychloroquine is comparable to Chloroquine.

Chloroquine is a potent inhibitor of SARS coronavirus infection and spread, Virology Journal abstract published 8/22/2005:

<https://virologyj.biomedcentral.com/articles/10.1186/1743-422X-2-69>

## **Quercetin Information**

Quercetin is a zinc ionophore that helps get zinc into the cells. (<https://rumble.com/vnmmjr-emergency-broadcast-with-guest-dr-ardis.html>)

Quercetin is the element that pharmaceutical companies made Hydroxychloroquine from.

(<https://rumble.com/vnmmjr-emergency-broadcast-with-guest-dr-ardis.html>)

Quercetin is available over-the-counter at pharmacies, health stores and online.

(<https://gilbertlab.com/neutraceuticals/quercetin/antiviral-effects-of-quercetin-zinc-ionophore/>)

Anti-inflammatory potential of Quercetin in Covid-19 treatment:

(<https://journal-inflammation.biomedcentral.com/articles/10.1186/s12950-021-00268-6>)

# Where to Get Treatment and Medicines

## Telemedicine Providers

<https://www.americasfrontlinedoctors.org/covid/early-treatment/>

Uses a contracted pharmacy that will mail prescriptions.  
Does not accept insurance.

<https://myfreedoctor.com>

Follow instructions on website to download the Medici App to get in touch with a doctor.  
Use Invite Code MYFREEDOCTOR to log in to website.  
Does not accept insurance.

<https://www.synergyhealthdpc.com>

Uses compound pharmacies that will direct mail prescriptions.  
Does not accept insurance.

<https://stotlandmedical.com>

Uses a contracted pharmacy that will mail prescriptions or your local pharmacy.

<https://drstellamd.com>

Uses a contracted pharmacy that will mail Hydroxychloroquine and Ivermectin prescriptions.  
Other medications will be called into your local pharmacy.

<https://vladimirzelenkomd.com>

<https://www.pushhealth.com/for-patient>

<https://budesonideworks.com/providers-2/> – list of providers

<https://covid19criticalcare.com/ivermectin-in-Covid-19/how-to-get-ivermectin/> – list of providers

## Where to Get Medicines

Choose a compound pharmacy to fill your prescriptions,

<http://www.ecompoundingpharmacy.com/location.aspx>.

Big box pharmacies are being told not to fill Ivermectin and Hydroxychloroquine.

(<https://rumble.com/vnmmjr-emergency-broadcast-with-guest-dr-ardis.html>)

Since international shipping times could take a few weeks ordering from them will not be helpful if you already have Covid-19, but may be helpful if you are planning ahead.

<https://www.alldaychemist.com> (in India) – no prescription required,

Use ADC10 coupon code for 10% off order.

<https://www.riverpharmacy.ca> (in Canada) – no prescription required

<https://budesonideworks.com/pharmacies/> – list of pharmacies that ship prescriptions

<https://covid19criticalcare.com/pharmacies/> – list of pharmacies dispensing Ivermectin

# The Dangers of and Poisoning by Remdesivir

Dr. Bryan Ardis discusses Remdesivir, hospital treatment and prevention treatments, published 10/12/2021: (52 minute video)

<https://rumble.com/vnmmjr-emergency-broadcast-with-guest-dr-ardis.html>

Dr. Bryan Ardis Speaks on the Truth About Covid, Fauci & Remdesivir, published 8/27/2021: (18 minute video)

<https://www.bitchute.com/video/IC2LQQpieYI6/>

Dr. Anthony Fauci stated only one drug was found effective in a viral trial against the Ebola virus in 2019. Remdesivir was the least effective and had the highest death rate of the four drugs used in that trial. It had a 53% death rate, and in August of 2019 Remdesivir was pulled from the study. A cohort study in March of 2020 by Gilead, who owns the patent for Remdesivir, showed 31% of all who received Remdesivir went into acute kidney, liver or multi-organ failure.

Dr. Fauci's 5/1/2020 memo mandated Remdesivir as the only treatment for hospitalized patients in America. Dr. Fauci stated Remdesivir was proven to be safe and effective. Dr. Fauci asked the federal government in May of 2020 to buy up all the reserves of Remdesivir from Gilead and not to share it with another country until the end of 2020.

The US was the only country that had the majority of 95% of Covid-19 deaths in hospitals and ICUs where ICUs were only treating with Remdesivir. The US has 4.5% of the world population, but at the end of 2020, the US had 25% of all Covid-19 deaths worldwide.

Remdesivir Dangers and Poisoning:

- Remdesivir causes acute kidney failure in 30% of patients within 5 days of beginning treatment.
- If patient is also on IV fluids, they cannot excrete fluids through urine, which causes heart and lungs to fill with fluid and patient to drown in their own fluid.
- When lungs fill with fluid, hospitals recommend placement on a ventilator to force air into the lungs.
- Hospitals are calling this secondary Covid-19 pneumonia.
  - A sputum test is hospital protocol and the only way to define if it is viral or bacterial pneumonia.
  - Demand the hospital perform a sputum test to determine if viral or bacterial pneumonia.

## Referenced Documents

NIH Table 2e. Characteristics of Antiviral Agents That Are Approved or Under Evaluation for the Treatment of Covid-19, last updated 7/8/2021: (see page 10)

<https://www.covid19treatmentguidelines.nih.gov/therapies/antiviral-therapy/table--characteristics-of-antiviral-agents/>

Centers for Medicare and Medicaid Services (CMS) New Covid-19 Treatments Add-On Payment (NCTAP), last updated 4/21/2021: (see page 13)

<https://www.cms.gov/medicare/Covid-19/new-Covid-19-treatments-add-payment-nctap>

Ebola Randomized, Controlled Trial of Ebola Virus Disease Therapeutics, The New England Journal of Medicine article published 12/12/2019:

<https://www.nejm.org/doi/full/10.1056/NEJMoa1910993>

## **Discussing Remdesivir and Ivermectin Protocols with Hospitals**

Dr. Bryan Ardis Links & Resources:

[https://thedrardisshow.com/links-resources?kx=N4vLX-ILuPsXHsHxnl\\_m4StBXo\\_YJj\\_0KWvwQTVBeEM%3D.SwvL6p](https://thedrardisshow.com/links-resources?kx=N4vLX-ILuPsXHsHxnl_m4StBXo_YJj_0KWvwQTVBeEM%3D.SwvL6p)

If your loved one is coherent, tell them to demand verbally and record it if possible, to STOP all Remdesivir treatments immediately.

If they resist and continue or attempt to do it again tell your loved one to threaten that they will call the police and file battery charges against the doctor.

If you ask for Ivermectin treatment and they refuse treatment or said it is not an approved Covid-19 treatment.

Print the below NIH document (see page 10) and take it to the doctor in the hospital. Per the NIH website Ivermectin is listed as a treatment for adults with Covid-19. Throw this document in front of them. They don't know it exists.

You can also reference the FLCCC.net hospital protocol. Demand that they follow this protocol. <https://covid19criticalcare.com/Covid-19-protocols/math-plus-protocol/>

For anyone whose loved ones are vented you need to watch and share the Dr. Richard Bartlett video on how to successfully help loved ones get off the deadly vent and stop the deadly Remdesivir treatments. <https://rumble.com/vn4aoz-dr.-ardis-interviews-dr.-richard-bartlett-md.html>

Print the below NIH and CMS documents (see page 10 and 13) and show them to hospital staff and admins. Tell them you are aware that federal agencies like CMS.gov are bribing the hospitals with a 20% bonus to treat Covid-19 patients with the deadly drug Remdesivir.

Tell them that your life, and your loved one's lives are "NOT FOR SALE!". Give them the printed document and show them that Ivermectin IS an approved treatment for Covid-19 per the NIH chart. It is just as approved as Remdesivir. Demand that they use Ivermectin.



## Advocating for a Loved One in the Hospital

Ask to speak with an assigned patient advocate at the hospital if doctors are not listening to your requests.

See links for Patient or Nurse Advocates to communicate with hospitals:

[https://thedrardisshow.com/links-resources?\\_kx=N4vLX-ILuPsXHsHxnI\\_m4StBXo\\_YJj\\_0KWvwQTVBeEM%3D.SwvL6p](https://thedrardisshow.com/links-resources?_kx=N4vLX-ILuPsXHsHxnI_m4StBXo_YJj_0KWvwQTVBeEM%3D.SwvL6p)

See links for Patient Advocacy to communicate with hospitals:

<https://budesonideworks.com/need-additional-help/>

Medical Power of Attorney for Covid-19 or Variants (see page 17):

[https://thedrardisshow.com/links-resources?\\_kx=N4vLX-ILuPsXHsHxnI\\_m4StBXo\\_YJj\\_0KWvwQTVBeEM%3D.SwvL6p](https://thedrardisshow.com/links-resources?_kx=N4vLX-ILuPsXHsHxnI_m4StBXo_YJj_0KWvwQTVBeEM%3D.SwvL6p)

Medical Directive for Covid-19 Treatment Protocols (see page 20):

[https://thedrardisshow.com/links-resources?\\_kx=N4vLX-ILuPsXHsHxnI\\_m4StBXo\\_YJj\\_0KWvwQTVBeEM%3D.SwvL6p](https://thedrardisshow.com/links-resources?_kx=N4vLX-ILuPsXHsHxnI_m4StBXo_YJj_0KWvwQTVBeEM%3D.SwvL6p)

How to Advocate for a Loved One in the Hospital (see page 22):

<https://budesonideworks.com/need-additional-help/>

(This was written specifically for Budesonide, but is helpful to advocate for other needs.)

**Table 2e. Characteristics of Antiviral Agents That Are Approved or Under Evaluation for the Treatment of Covid-19, NIH last updated 7/8/2021:**  
<https://www.covid19treatmentguidelines.nih.gov/therapies/antiviral-therapy/table--characteristics-of-antiviral-agents/>

**Table 2e. Characteristics of Antiviral Agents That Are Approved or Under Evaluation for the Treatment of COVID-19**

Last Updated: July 08, 2021

<p><b>Dosing Regimens</b></p> <p><i>The doses listed here are for approved indications or from reported experiences or clinical trials.</i></p>	<p><b>Adverse Events</b></p>	<p><b>Monitoring Parameters</b></p>	<p><b>Drug-Drug Interaction Potential</b></p>	<p><b>Comments and Links to Clinical Trials</b></p>
<p><b>Remdesivir</b></p>				
<p>The doses and indications listed below come from the FDA product information. Please see <a href="#">Therapeutic Management of Hospitalized Adults With COVID-19</a> for the Panel's recommendations on when to use RDV.</p> <p><b>For Hospitalized Adults and Children (Aged ≥12 Years and Weighing ≥40 kg)</b></p> <p><i>For Patients Who Are Not Mechanically Ventilated and/or on ECMO:</i></p> <ul style="list-style-type: none"> <li>• RDV 200 mg IV<sup>9</sup> on Day 1, then RDV 100 mg IV on Days 2–5</li> <li>• For patients who do not show clinical improvement after 5 days of therapy, treatment may be extended to up to 10 days.</li> </ul> <p><i>For Mechanically Ventilated Patients and/or Patients on ECMO:</i></p> <ul style="list-style-type: none"> <li>• RDV 200 mg IV<sup>9</sup> on Day 1,</li> </ul>	<ul style="list-style-type: none"> <li>• Nausea</li> <li>• ALT and AST elevations</li> <li>• Hypersensitivity</li> <li>• Increases in prothrombin time</li> <li>• Drug vehicle is SBECD, which has been associated with renal and liver toxicity. SBECD accumulation may occur in patients with moderate or severe renal impairment.</li> <li>• Each 100 mg vial of RDV lyophilized powder contains 3 g of SBECD, and each 100 mg/20 mL vial of RDV solution contains 6 g of SBECD.</li> <li>• Clinicians may consider preferentially using the lyophilized powder formulation (which contains less</li> </ul>	<ul style="list-style-type: none"> <li>• Infusion reactions</li> <li>• Renal function and hepatic function should be monitored before and during treatment as clinically indicated.</li> <li>• In the FDA product information, RDV is <b>not recommended</b> when eGFR is &lt;30 mL/min. See the <a href="#">Remdesivir</a> section for a discussion on using RDV in people with renal insufficiency.</li> <li>• RDV may need to be discontinued if ALT level increases to &gt;10 times ULN and should be discontinued if there is an increase in ALT level and signs or symptoms of liver inflammation are observed.<sup>1</sup></li> </ul>	<ul style="list-style-type: none"> <li>• Clinical drug-drug interaction studies of RDV have not been conducted.</li> <li>• In vitro, RDV is a substrate of CYP3A4, OATP1B1, and P-gp and an inhibitor of CYP3A4, OATP1B1, OATP1B3, and MATE1.<sup>1</sup></li> <li>• Minimal to no reduction in RDV exposure is expected when RDV is coadministered with dexamethasone (Gilead Sciences, written communication, July 2020).</li> <li>• CQ or HCQ may decrease the antiviral activity of RDV; coadministration of these drugs is <b>not recommended</b>.<sup>1</sup></li> </ul>	<ul style="list-style-type: none"> <li>• RDV should be administered in a hospital or a health care setting that can provide a similar level of care to an inpatient hospital.</li> <li>• RDV is approved by the FDA for the treatment of COVID-19 in hospitalized adult and pediatric patients (aged ≥12 years and weighing ≥40 kg).</li> <li>• An EUA<sup>b</sup> is available for hospitalized pediatric patients weighing 3.5 kg to &lt;40 kg or aged &lt;12 years</li> </ul>

<p>then RDV 100 mg IV on Days 2–10</p> <p><b>Suggested Dose in EUA<sup>b</sup> for Hospitalized Children</b></p> <p><i>For Patients Weighing 3.5 kg to &lt;40 kg:</i></p> <ul style="list-style-type: none"> <li>• RDV 5 mg/kg IV<sup>a</sup> on Day 1, then RDV 2.5 mg/kg IV once daily starting on Day 2</li> <li>• For patients who are not mechanically ventilated and/or on ECMO, the duration is 5 days. If patients have not shown clinical improvement after 5 days, treatment may be extended to up to 10 days.</li> <li>• For mechanically ventilated patients and/or patients on ECMO, the recommended treatment duration is 10 days.</li> </ul> <p><i>For Patients Aged &lt;12 Years and Weighing ≥40 kg:</i></p> <ul style="list-style-type: none"> <li>• Same dose as for adults</li> </ul>	<p>SBECD) in patients with renal impairment.</p>		<ul style="list-style-type: none"> <li>• No significant interaction is expected between RDV and oseltamivir or baloxavir (Gilead Sciences, personal and written communications, August and September 2020).</li> </ul>	<p>and weighing ≥3.5 kg.</p> <ul style="list-style-type: none"> <li>• A list of clinical trials is available here: <a href="#">Remdesivir</a></li> </ul>
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<b>Ivermectin</b>				
<p><b>Adults:</b></p> <ul style="list-style-type: none"> <li>• The dose most commonly used in clinical trials is IVM 0.2–0.6 mg/kg PO given as a single dose or as a once-daily dose for up to 5 days.</li> </ul>	<ul style="list-style-type: none"> <li>• Generally well tolerated</li> <li>• Dizziness</li> <li>• Pruritis</li> <li>• GI effects (e.g., nausea, diarrhea)</li> <li>• Neurological AEs have been reported when IVM has been used to treat parasitic diseases, but it is not clear</li> </ul>	<ul style="list-style-type: none"> <li>• Monitor for potential AEs.</li> </ul>	<ul style="list-style-type: none"> <li>• Minor CYP3A4 substrate</li> <li>• P-gp substrate</li> </ul>	<ul style="list-style-type: none"> <li>• Generally given on an empty stomach with water; however, administering IVM with food increases its bioavailability.<sup>2</sup></li> <li>• A list of clinical trials is available here: <a href="#">Ivermectin</a></li> </ul>

	whether these AEs were caused by IVM or the underlying conditions.			
<b>Nitazoxanide</b>				
<p><b>Adults:</b></p> <ul style="list-style-type: none"> <li>Doses reported in COVID-19 studies range from NTZ 500 mg PO 3 times daily to 4 times daily.<sup>3,4</sup> Higher doses are being studied (<i>ClinicalTrials.gov</i> Identifier <a href="https://clinicaltrials.gov/ct2/show/study/NCT04746183">NCT04746183</a>).</li> <li>Doses used for antiprotozoal indications range from NTZ 500 mg to 1 g PO twice daily.</li> </ul>	<ul style="list-style-type: none"> <li>Generally well tolerated</li> <li>Abdominal pain</li> <li>Diarrhea</li> <li>Headache</li> <li>Nausea</li> <li>Vomiting</li> <li>Urine discoloration</li> <li>Ocular discoloration (rare)</li> </ul>	<ul style="list-style-type: none"> <li>Monitor for potential AEs.</li> </ul>	<ul style="list-style-type: none"> <li>Drug-drug interactions may occur if NTZ is administered concurrently with other highly plasma protein-bound drugs due to competition for binding sites.<sup>5</sup></li> <li>If NTZ is coadministered with other highly protein-bound drugs with narrow therapeutic indices, monitor the patient for AEs.</li> </ul>	<ul style="list-style-type: none"> <li>NTZ should be taken with food.</li> <li>The oral suspension is not bioequivalent to the tablet formulation.</li> <li>A list of clinical trials is available here: <a href="#">Nitazoxanide</a></li> </ul>

<sup>a</sup> Infuse over 30–120 minutes.

<sup>b</sup> The FDA EUA permits the emergency use of RDV for the treatment of suspected COVID-19 or laboratory-confirmed SARS-CoV-2 infection in hospitalized pediatric patients weighing 3.5 kg to <40 kg or aged <12 years and weighing ≥3.5 kg.<sup>6</sup>

**Key:** AE = adverse event; ALT = alanine transaminase; AST = aspartate aminotransferase; CQ = chloroquine; CYP = cytochrome P450; ECMO = extracorporeal membrane oxygenation; eGFR = estimated glomerular filtration rate; EUA = Emergency Use Authorization; FDA = Food and Drug Administration; GI = gastrointestinal; HCQ = hydroxychloroquine; IV = intravenous; IVM = ivermectin; LPV/RTV = lopinavir/ritonavir; MATE = multidrug and toxin extrusion protein; NTZ = nitazoxanide; OATP = organic anion transporter polypeptide; the Panel = the COVID-19 Treatment Guidelines Panel; P-gp = P-glycoprotein; PO = orally; RDV = remdesivir; SBECd = sulfobutylether-beta-cyclodextrin; ULN = upper limit of normal

# Centers for Medicare and Medicaid Services (CMS) New Covid-19 Treatments Add-On Payment (NCTAP), CMS last updated 4/21/2021: <https://www.cms.gov/medicare/Covid-19/new-Covid-19-treatments-add-payment-nctap>



Centers for Medicare & Medicaid Services

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## New COVID-19 Treatments Add-On Payment (NCTAP)

CMS issued an [Interim Final Rule with Comment Period](#) that established the New COVID-19 Treatments Add-on Payment (NCTAP) under the Medicare Inpatient Prospective Payment System (IPPS). The NCTAP, designed to mitigate potential financial disincentives for hospitals to provide new COVID-19 treatments, is effective from November 2, 2020, until the end of the COVID-19 public health emergency (PHE).

Through the NCTAP, the Medicare Program will provide an enhanced payment for eligible inpatient cases that use certain new products with current FDA approval or emergency use authorization (EUA) to treat COVID-19, including the following:

- On August 23, 2020, the FDA issued (reissued on November 30, 2020, and revised on March 9, 2021) an [EUA for the use of COVID-19 convalescent plasma](#) for treating COVID-19 in hospitalized patients
- On October 22, 2020, the [FDA approved remdesivir \(Veklury\)](#) for the treatment of COVID-19 for adults and certain pediatric patients requiring hospitalization
- On November 19, 2020, the FDA issued an [EUA for the use of baricitinib \(Olumiant\), in combination with remdesivir \(Veklury\)](#), for the treatment of suspected or laboratory confirmed COVID-19 in certain hospitalized patients

For eligible cases, the NCTAP is equal to the lesser of these:

- 65% of the operating outlier threshold for the claim
- 65% of the amount by which the costs of the case exceed the standard Diagnosis-Related Group (DRG) payment (including the adjustment to the relative weight under [Section 3710 of the Coronavirus Aid, Relief, and Economic Security Act \(CARES Act\)](#))

### Coding for NCTAP

NCTAP claims are those that are eligible for the 20% add-on payment under Section 3710 of the CARES Act. Eligible claims have both of the following:

- ICD-10-PCS codes for remdesivir (Veklury), COVID-19 convalescent plasma, or baricitinib (Olmiant) in combination with remdesivir, as described below

**Codes for Remdesivir or COVID-19 Convalescent Plasma for Hospital Discharges on or after November 2, 2020**

<b>ICD-10-PCS Code</b>	<b>Description</b>
XW033E5	Introduction of remdesivir anti-infective into peripheral vein, percutaneous approach, new technology group 5
XW043E5	Introduction of remdesivir anti-infective into central vein, percutaneous approach, new technology group 5
XW13325	Transfusion of convalescent plasma (nonautologous) into peripheral vein, percutaneous approach, new technology group 5
XW14325	Transfusion of convalescent plasma (nonautologous) into central vein, percutaneous approach, new technology group 5

**Codes for Baricitinib for Hospital Discharges between November 19, 2020 and December 31, 2020\***

<b>ICD-10-PCS Code</b>	<b>Description</b>
XW0DXF5	Introduction of other new technology therapeutic substance into mouth and pharynx, external approach, new technology group 5
3E0G7GC	Introduction of other therapeutic substance into upper G.I. via natural or artificial opening

ICD-10-PCS Code	Description
3E0H7GC	Introduction of other therapeutic substance into lower G.I. via natural or artificial opening

\*In accordance with the EUA, providers should administer baricitinib with remdesivir. Claims should also include the code for remdesivir (XW033E5 or XW043E5).

**Codes for Baricitinib for Hospital Discharges on or after January 01, 2021 through the End of the COVID-19 PHE\***

ICD-10-PCS Code	Description
XW0DXM6	Introduction of baricitinib into mouth and pharynx, external approach, new technology group 6
XW0G7M6	Introduction of baricitinib into upper GI, via natural or artificial opening, new technology group 6
XW0H7M6	Introduction of baricitinib into lower GI, via natural or artificial opening, new technology group 6

\*In accordance with the EUA, providers should administer baricitinib with remdesivir. Claims should also include the code for remdesivir (XW033E5 or XW043E5).

Hospitals should report the ICD-10-PCS code(s) for all products administered during the stay, even if the hospital got the product for free. Hospitals shouldn't report charges for products they got for free.

<b>Note:</b>
<p>A hospital shouldn't seek additional payment on the claim for drugs or biologicals to treat patients with known or suspected COVID-19 that the government purchased or provided for free. <a href="#">See the CMS Medicare Claims Processing Manual, Pub. 100-04, Chapter 32, Section 67 (PDF).</a></p>

[the "Latest News" section of the MS-DRG Classifications and Software webpage.](#)

You can also [review our COVID-19 FAQs \(PDF\)](#), which include information on NCTAP and our implementation of [Section 3710 of the CARES Act](#).

#### Related Links

[CMS COVID-19 webpage](#)

[CMS COVID-19 FAQs](#)

[CMS COVID-19 toolkits](#)

[CDC COVID-19 website](#)

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## DISCLOSURE STATEMENT.

**THIS MEDICAL POWER OF ATTORNEY IS AN IMPORTANT LEGAL DOCUMENT. BEFORE SIGNING THIS DOCUMENT, YOU SHOULD KNOW THESE IMPORTANT FACTS:**

**Specifically, you acknowledge that this document is intended to support your decision as a sovereign individual and your rights as a patient as described in your Advanced Directive for Covid 19. You acknowledge that all treatment options for Covid 19 have risks. You are making a conscience decision to forego the use of the ventilator and/or ~~Remdesivir~~ and direct your Medical Power of Attorney to seek alternative treatment options. You acknowledge that in seeking alternative treatment options there are still risks associated and there is no guarantee that you will succumb to death or suffer from serious bodily injury and only expect that your agents comply with your wishes and that they make the best decision available at the time**

Except to the extent you state otherwise, this document gives the person you name as your agent the authority to make any and all health care decisions for you in accordance with your wishes, including your religious and moral beliefs, when you are unable to make the decisions yourself. Because "health care" means any treatment, service, or procedure to maintain, diagnose, or treat your physical or mental condition, your agent has the power to make a broad range of health care decisions for you. Your agent may consent, refuse to consent, or withdraw consent to medical treatment and may make decisions about withdrawing or withholding life-sustaining treatment. Your agent may not consent to voluntary inpatient mental health services, convulsive treatment, psychosurgery, or abortion. A physician must comply with your agent's instructions or allow you to be transferred to another physician.

Your agent's authority is effective when your doctor certifies that you lack the competence to make health care decisions.

Your agent is obligated to follow your instructions when making decisions on your behalf. Unless you state otherwise, your agent has the same authority to make decisions about your health care as you would have if you were able to make health care decisions for yourself.

It is important that you discuss this document with your physician or other health care provider before you sign the document to ensure that you understand the nature and range of decisions that may be made on your behalf. If you do not have a physician, you should talk with someone else who is knowledgeable about these issues and can answer your questions. You do not need a lawyer's assistance to complete this document, but if there is anything in this document that you do not understand, you should ask a lawyer to explain it to you.

The person you appoint as agent should be someone you know and trust. The person must be 18 years of age or older or a person under 18 years of age who has had the disabilities of minority removed. If you appoint your health or residential care provider (e.g., your physician or an employee of a home health agency, hospital, nursing facility, or residential care facility, other than a relative), that person has to choose between acting as your agent or as your health or residential care provider; the law does not allow a person to serve as both at the same time.

**THIS POWER OF ATTORNEY IS NOT VALID UNLESS:**

- (1) **YOU SIGN IT AND HAVE YOUR SIGNATURE ACKNOWLEDGED BEFORE A NOTARY PUBLIC; OR**
- (2) **YOU SIGN IT IN THE PRESENCE OF TWO COMPETENT ADULT WITNESSES.**

**THE FOLLOWING PERSONS MAY NOT ACT AS ONE OF THE WITNESSES:**

- (1) the person you have designated as your agent;
- (2) a person related to you by blood or marriage;
- (3) a person entitled to any part of your estate after your death under a will or codicil executed by you or by operation of law;
- (4) your attending physician;
- (5) an employee of your attending physician;
- (6) an employee of a health care facility in which you are a patient if the employee is providing direct patient care to you or is an officer, director, partner, or business office employee of the health care facility or of any parent organization of the health care facility; or
- (7) a person who, at the time this medical power of attorney is executed, has a claim against any part of your estate after your death.

By signing below, I acknowledge that I have read and understand the information contained in the above disclosure statement.

I sign my name to this medical power of attorney on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
at \_\_\_\_\_.

\_\_\_\_\_  
\_\_\_\_\_

**SUBSCRIBED AND SWORN TO BEFORE ME** by the said \_\_\_\_\_, Principal,  
this \_\_\_\_\_ day of \_\_\_\_\_, 20 =

\_\_\_\_\_  
Notary Public, State of \_\_\_\_\_

**DIRECTIVE TO PHYSICIANS AND FAMILY OR SURROGATES REGARDING  
COVID19 or VARIANTS THEREOF AND TREATMENT PROTOCOLS**

**DIRECTIVE**

I, \_\_\_\_\_, recognize that the best health care is based upon a partnership of trust and communication with my physician. My physician and I will make health care or treatment decisions together as long as I am of sound mind and able to make my wishes known. If there comes a time that I am unable to make medical decisions about myself because of illness or injury, I direct that the following treatment preferences be honored:

\_\_\_\_\_ If I am diagnosed with COVID 19, a variant or afflicted with an ailment derived thereof, either determined through testing positive or am determined to be presumptively positive as defined by my symptoms. I intentionally and specifically reject the use of Remdesivir or the use of a ventilator as a treatment option or any other treatment method that is being utilized that is resulting in a high injury or death rate.

\_\_\_\_\_ If treatment is necessary because I have received the COVID19 or any subsequent variant vaccine, I hereby revoke traditional treatment and direct my agent to seek alternative treatment by professionals treating patients and side effects caused by the vaccine.

\_\_\_\_\_ If the facility does not allow for the use of any alternative medical treatments, I direct my agent to have me discharged and placed on HOSPICE CARE as opposed to being treated with the ventilator or Remdesivir. If I am discharged, I direct that I be provided oxygen and any other necessary equipment for comfort.

\_\_\_\_\_ I do not consent to receiving any vaccine for COVID19 while be admitted to any medical or psychiatric facility.

\_\_\_\_\_ In the event that new medications or treatment options for COVID19 are made available. I direct my Medical Power of Attorney or surrogate to conduct an independent evaluation regarding the side effects or risks associated with any new medications or treatment options prior to consenting to the administration.

If a medical professional disregards my wishes and refuses to cooperate, I specifically request that a criminal referral be made for assault on my person, false imprisonment and negligent homicide if I should pass away. I have educated myself on the COVID19 pandemic and am aware that the government protocols are life threatening and that the medical establishment is knowingly causing harm.

If the person named as agent in my Medical Power of Attorney is not available, or if I have not designated a spokesperson, I understand that a spokesperson will be chosen for me following standards specified by law if applicable. If, in the judgment of my physician, my death is imminent within minutes to hours, even with the use of all available medical treatment

provided within the prevailing standard of care, I acknowledge that all treatments may be withheld or removed except those needed to maintain my comfort. I specifically direct my spokesperson to seek alternative treatments (like those offered as alternative protocols including Ivermectin and Hydroxychloroquine) I understand that under law this directive may have no effect if I have been diagnosed as pregnant. This directive will remain in effect until I revoke it. No other person may do so.

My residence address is \_\_\_\_\_.

SIGNED on \_\_\_\_\_, 20\_\_ .

\_\_\_\_\_  
\_\_\_\_\_, Declarant

STATE OF \_\_\_\_\_

§  
§  
§

COUNTY OF \_\_\_\_\_

**BEFORE ME**, the undersigned authority, on this day personally appeared \_\_\_\_\_, known to me to be the Declarant whose name is subscribed to the foregoing instrument in her capacity, and, said person being by me duly sworn, the Declarant \_\_\_\_\_, declared to me in my presence that said instrument is her/his Directive to Physicians and Family or Surrogates regarding COVID 19 or any variants thereof, and that she/he had willingly and voluntarily made and executed it as her free act and deed for the purposes therein expressed.

\_\_\_\_\_  
\_\_\_\_\_, Declarant

**SUBSCRIBED AND ACKNOWLEDGED BEFORE ME** by the said Declarant, \_\_\_\_\_, on this the \_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public, State of \_\_\_\_\_

1. **Demand effective treatment** for your loved one (inhaled budesonide using a nebulizer) from the hospital and doctors treating your loved one. Get an attorney if needed. (See sample Demand letter written by an attorney below). Assert your rights as a Stakeholder and assert your rights under the Federal [Right to Try](#) (see *NIH's COVID-19 Treatment Guidelines, page 217, regarding ongoing trials*). If they refuse, request an **ethics consultation with the hospital ethics committee** with a complaint of “failure of communication.”
2. **Prepare for Ethics Committee meeting.** Read the articles & studies on the [Validation page](#). Start with the evidence from Oxford showing inhaled Budesonide is 90% effective; the underlying science for the effectiveness is germane to explaining Budesonide’s effectiveness for your loved one’s current condition. If your loved one is on a ventilator, have the study that shows how Budesonide is highly effective at weaning people off the ventilator with ARDS (hint: if on a ventilator, your loved one is mostly coded by insurance with a secondary diagnosis of ARDS). Bring as many studies as necessary to ensure each participant has a copy. If it’s a Zoom meeting, ask for the email to send your studies.
3. **Bring a written Agenda** to the Ethics Committee meeting. Outline the articles you want to discuss and present in the order on your Agenda.
4. **Show up at meeting with a powerful presence.** Have copies of the studies printed out in a nice folder. Bring a lawyer if you have one. Dress professionally. Show them you mean business. Stand your ground; do NOT back down.
5. **Negotiate at Ethics Committee meeting.** Make your demands, show evidence and follow the Agenda. Demand a retest for COVID to determine whether your loved one has an active COVID infection. If objection that the hospital does not retest until after 21 days, ask the hospital whether they follow the same protocol for their employees. Most likely they accept two COVID negative tests and then allow the physicians and nurses to circulate among the hospital’s vulnerable patient population. Ask them how the hospital can reconcile this double standard? (Hint: they can’t.) A negative COVID test can reframe your options (i.e. ability to transfer, in-person visitation, and treatments for the inflammatory condition).
6. **Talk in their language:** Ethics Committees look at “Risks, benefits and reasonable options”. This is the same language as consent language. Remember that the physician cannot exaggerate the risks to circumvent your wishes. To do so in your presence is an automatic Medical Board complaint, Joint Commission/DNV complaint, and Department of Health complaint. Informed and truthful presentation of facts for consent is sacrosanct in medicine.
7. If they still refuse to give treatment, **decide which avenue to go** - fire/switch doctors, transfer your loved one to another facility that will properly treat, or bring your loved one home to continue treatment if not on a ventilator. If the patient is “end of life” per the hospital, and hospice is an option, demand Budesonide as hospice requires comfort measures and Budesonide will assist with inflammation and oxygen exchange for more comfort.

8. **Get out** – If loved one is not on a ventilator, make plans to check them out of the hospital. **Get prepared to treat from home.** Contact a [provider](#) to get prescribed meds & nebulizer sent to home. Ensure someone can help your loved one receive the proper level of care at home.
9. **Communicate with all levels of authority.** *Remember: the more eyes on your problem, the better.* CC all State Representatives, the Health Department, your Attorney General, and Hospital Medical Executive Committee as well as the Board of Trustees/Hospital District members. (Board members are especially important as they have the responsibility under the Accreditation Standards for Joint Commission/DNV for Hospital quality, including the medical staff's quality. Most Board members are public members without medical training. Remind them of their fiduciary duty to the public they serve.)
10. **Keep good records.** When possible, have more than one person listen to hospital communications. That includes every person you communicate with-- from housekeeper, to administrator, to nurse, to physician. Everyone. Keep good records and have a witness.
11. **In the end, you are the best advocate for your loved one.** You got this.