

Prescribing During COVID-19

NEW - IVERMECTIN FOR THE TREATMENT OF COVID-19

There have been increasing reports and misleading claims through social media and other mediums (including signage off Manitoba highways) regarding the purported use of the veterinary antiparasitic agent ivermectin in treating COVID-19. Similar to claims surrounding the use of certain antimalarial, antibiotic, and antiviral therapies to treat COVID-19 earlier in the pandemic, the following FAQs were developed to answer concerns raised.

1. What should I do if a patient asks me for ivermectin?

Ivermectin is an antiparasitic agent primarily used in veterinary medicine to deworm livestock and is not to be used to prevent or treat COVID-19 in humans. Treatment provided to patients, for any reason, must be evidence-informed and in the best interest of patients and public safety.

The College of Pharmacists of Manitoba has issued [this advisory](#) to its members.

CPSM reminds its members that:

Section 6 in the [Code of Ethics and Professionalism](#) states explicitly that you must “...recommend evidence-informed treatment options...”.

Prescribers must demonstrate the provisions defining good medical care as outlined in section 3 of the [CPSM Standard of Practice Regulation](#).

CPSM recognizes the ongoing challenges members face battling misinformation and your efforts in sustaining patient safety are appreciated.

2. Can I prescribe ivermectin to my patients?

Ivermectin is NOT authorized for the prevention or treatment of COVID-19. Health Canada has issued an advisory against using the veterinary or human drug formulations of ivermectin to prevent or treat COVID-19. [Read the Health Canada advisory here.](#)

3. Why can't I use the human formulation of ivermectin to treat my patients?

Ivermectin is not to be used for the prevention or treatment of COVID-19. Health Canada is clear that there is no evidence that ivermectin in either formulation is safe or effective for treating COVID-19.

The human version of ivermectin is authorized for sale in Canada **only to treat strongyloidiasis** (parasitic worm infections) in people.

4. What are the dangers of ivermectin for human use?

The veterinary version of ivermectin, especially at high doses, can be dangerous for humans and may cause serious health problems such as vomiting, diarrhea, low blood pressure, allergic reactions, dizziness, seizures, coma and even death. Ivermectin products for animals have a higher concentrated dose than ivermectin products for people.

There have been multiple reports of patients in the U.S. being hospitalized after using ivermectin intended for livestock.

5. Is ivermectin being tested for COVID-19?

CPSM is closely monitoring guidance from Health Canada regarding treatments for COVID-19. If new information about ivermectin or any other treatment for COVID-19 becomes available, we will communicate pertinent information to CPSM members.

For information on vaccines and treatments authorized for use in Canada, visit Canada.ca.

Additional Resources

Manitobans expect that their healthcare providers and team members, comprised of physicians, nurses, and pharmacists, continue to work together to ensure that all health information provided, including all prescribing and dispensing practices, are current, evidence-based, and in the best interest of the patient and public safety.

The following resources may be helpful to all practitioners in conversations with the public:

[Can existing drugs, like ivermectin, help prevent or treat COVID-19?](#) - Doctors Manitoba

[Ivermectin for preventing and treating COVID-19](#) – Cochrane Library

[Drug treatments for covid-19: living systematic review and network meta-analysis](#) – British Medical Journal

[Ivermectin in the Treatment and Prevention of COVID-19](#) - COVID-19 Scientific Advisory Group, Rapid Evidence Report, Alberta Health Services

[Misleading clinical evidence and systematic reviews on ivermectin for COVID-19](#) - British Medical Journal

[The British Columbia COVID-19 Therapeutics Committee - guidance on the most current research on the use of therapies in the management of COVID-19](#) – BC Centre for Disease Control

[Why you should not use ivermectin to treat or prevent Covid-19](#) - USA Food & Drug Administration

6. The media is carrying stories surrounding certain anti-malarial, antibiotic and antiviral therapies used in the treatment of COVID-19 patients and are asking me to prescribe this as a precautionary treatment if they do contract COVID-19. Any advice?

The three Colleges of Pharmacists, Registered Nurses, and Physicians and Surgeons have released this [joint statement](#). CPSM may be reviewing prescriptions of these drugs and prescribers must be able to demonstrate good medical care.

7. As a cautionary measure, should I keep an office supply of hydroxychloroquine, azithromycin, or any other drug that might prove beneficial for treating COVID-19?

No. These drugs have an intended use and prescribing these drugs as a precautionary measure leads to drug shortages and is compromising care for other patients. Additionally, should these or

other drugs prove useful in combating COVID-19 their use will need to be carefully managed and preserved for those who need them the most.

8. Can I prescribe these drugs for myself or my family?

No. During a pandemic when resources may become scarce, actions like these dramatically depart from the core values of medical professionalism, may be in contravention of the *Code of Ethics and Professionalism* and the Standard of Practice of Good Medical Care, and undermine the trust the public has in the profession at a time when they are most vulnerable.

9. My patient is in self-isolation or isolation due to a confirmed or potential positive COVID-19 test. How should I help patients access their regular medication?

Tell the patient not to go into the pharmacy as it's important for these patients to stay home and not put patients and pharmacy professionals at risk, especially as pharmacy professionals do not have access to any personal protective equipment. Fax the prescription to the patient's pharmacy of choice and explain the situation. The patient and pharmacy can then coordinate to arrange for delivery of the medication or alternative pick-up by a family member, friend, etc.

10. On another note, should I be faxing prescriptions in accordance with social distancing?

Pharmacists are asking prescribers, where possible, to please fax prescriptions to pharmacies to minimize personal contact and wait times at the pharmacies.

PRESCRIBING AND VIRTUAL MEDICINE

11. Can I renew chronic non-M3P prescriptions by phone or fax?

It depends on the prescription and patient. Use your clinical and professional judgment and knowledge of the patient. For patients who have been on chronic stable dosing of medications, you may consider providing refills for non-M3P medications over the phone or by fax to the pharmacy or utilize Virtual Medicine options.

For example, go ahead and refill a patient's hypertension medications which have been stable for the past 12 months in a reasonable quantity.

12. What about prescribing new non- M3p medications or renewing medications undergoing active titration?

Again, it depends on the prescription and patient. Use your clinical and professional judgment and knowledge of the patient and the diagnosis or medical issue. Where appropriate, contact the patient to confirm effectiveness and tolerance of medications before authorizing refills. You can use Virtual Medicine options or in-person appointments, as appropriate.

For example, if you recently started a patient on an anti-depressant, prior to renewing the medication it would be prudent to confirm with the patient it is working and/or if an increase in dose is required. If a patient needs an antibiotic for a urinary tract infection, you may decide to prescribe using Virtual Medicine.

13. Can I prescribe M3P medications using Virtual Medicine?

Adjustments have been made to the permit prescribing M3P medications using Virtual Medicine. Read this document for [Ensuring Safe Access to M3P Prescriptions for Patients During COVID-19](#).

14. What about my patients that have daily dispensing of methadone or suboxone?

A guiding document for methadone and suboxone prescribers during the pandemic has been developed in collaboration with CPSM and the College of Pharmacy of Manitoba.

<https://cpsm.mb.ca/prescribing-practices-program/prescribing-practices-program-overview>

15. Should I Fax a prescription or hand the paper copy to the patient?

Where possible, please FAX prescriptions to pharmacies so that personal contact and wait times at the pharmacies are kept to a minimum.

Other Important Links Regarding Prescribing during COVID-19

[Ensuring Safe Access to M3P Prescriptions for Patients During COVID-19](#)

[Narcotic and Controlled Drug Prescriptions for Personal Care Home Residents](#)

[Advice Regarding Take-Home Dosing \(Carries\) for Patients on OAT with Methadone or Suboxone](#)

[Ensuring Safe Access to M3P Prescriptions for Patients During the COVID-19 Outbreak](#)

[Facsimile Transmission of M3P Prescription COVID-19 Template](#)

[COVID-19 Guidance Regarding M3P Prescriptions for Palliative Care](#)

Prescribing and Dispensing of Drugs to Treat COVID-19 - Joint Statement