

SHPA response to Proposed amendments to the Poisons Standard – ACCS, ACMS and joint ACCS/ACMS November 2022 meetings (ivermectin), September 2022

Introduction

The Society of Hospital Pharmacists of Australia (SHPA) is the national, professional organisation for the 6,100+ Hospital Pharmacists, and their Hospital Pharmacist Intern and Hospital Pharmacy Technician colleagues working across Australia's health system, advocating for their pivotal role improving the safety and quality of medicines use. Embedded in multidisciplinary medical teams and equipped with exceptional medicines management expertise, SHPA members are progressive advocates for clinical excellence, committed to evidence-based practice and passionate about patient care.

SHPA convenes an Infectious Diseases Specialty Practice Group, consisting of a network of pharmacists who have expertise or interest in infectious diseases, including general infectious diseases, critical care, tropical medicine, antimicrobial stewardship, antimicrobial therapeutic drug monitoring, surgical prophylaxis, HIV, and sexual health.

SHPA is also a member of the National COVID-19 Taskforce and represented on the National Steering Committee and National Guidelines Leadership Group. SHPA members who are subject matter experts in their field, are also represented on various specialist expert writing group panels convened by the National COVID-19 Taskforce, including the acute and critical care panel, disease modifying treatment and chemoprophylaxis panel.

After consultation with SHPA members in the Infectious Diseases, Medication Safety, Dispensing and Distribution Specialty Practice Group and SHPA members in the National COVID-19 Taskforce, SHPA would like to provide the following comments for the Delegate's consideration in making a decision regarding the Appendix D listing for ivermectin, and that any decisions made that limit its access are proportional to the risks of misuse.

Applicant's intent and evidence for ivermectin as a COVID-19 treatment

SHPA is strongly concerned at the applicant's clear intention and view that access to ivermectin for the treatment of COVID-19 should be more readily available, despite not being listed as a recommended treatment on the National COVID-19 Clinical Evidence Guidelines.¹ The evidence base for ivermectin remains poor, with a Cochrane Review in 2021 assessing the evidence base for ivermectin in prevention and treatment of COVID-19 concluding uncertainty in the limited evidence base and noting that most studies were small, biased and of poor quality.²

Given that Therapeutic Goods Administration-approved treatments for the treatment and prevention for COVID-19 are readily available, SHPA recognises that patients who are prescribed and dispensed ivermectin by their doctors and pharmacists are being treated with sub-optimal treatment that is not supported by National COVID-19 Clinical Evidence Guidelines.¹

Evidence of inappropriate ivermectin use

With the increased availability of approved treatments for COVID-19, SHPA members report relatively low levels of inappropriate prescribing of ivermectin seen in practice. Data surrounding inappropriate prescribing or use of ivermectin since approved COVID-19 treatments became readily available, are lacking and would need to be assessed prior to forming a decision regarding this proposal.

Impact on use and access to ivermectin for approved TGA indications

It is essential that the treatment of parasitic infections must not be impeded by any restriction placed on ivermectin access, however, SHPA acknowledges that evidence demonstrating this is lacking. Members have raised that other antimicrobials have the potential to be inappropriately prescribed, but do not have measures limiting their access placed on them, as such measures are not proportional to the risk. SHPA believes appropriate clinical oversight by antimicrobial stewardship pharmacists is essential in ensuring that appropriate prescribing and dispensing for medicines to treat infectious diseases are maintained. Such clinical pharmacy services in all settings of care complement regulatory measures and oversight to mitigate the risk of inappropriate use of antimicrobials.

If you have any queries or would like to discuss our submission further, please do not hesitate to contact Jerry Yik, Head of Policy and Advocacy on jyik@shpa.org.au.

References

¹ National COVID-19 Clinical Evidence Taskforce. Living Guidelines. (2022) Available at: <https://covid19evidence.net.au/#living-guidelines>

²Popp M., Stegemann M., Metzendorf M-I., Gould S., Kranke P., Meybohm P., Skoetz N., Weibel S.(2021). Ivermectin for preventing and treating COVID-19.Cochrane Database of Systematic Reviews 2021, Issue 7. Art. No.: CD015017.DOI: 10.1002/14651858.CD015017.pub2.

