ACMS MEETING – Out of session

8 September 2021

IVERMECTIN

Delegate-initiated scheduling proposal and reasons for the proposal

The Delegate is seeking advice from the Advisory Committee on Medicines Scheduling (ACMS) on a scheduling proposal to amend the current Poisons Standard with respect to oral ivermectin for human use.

Prescribing for human use

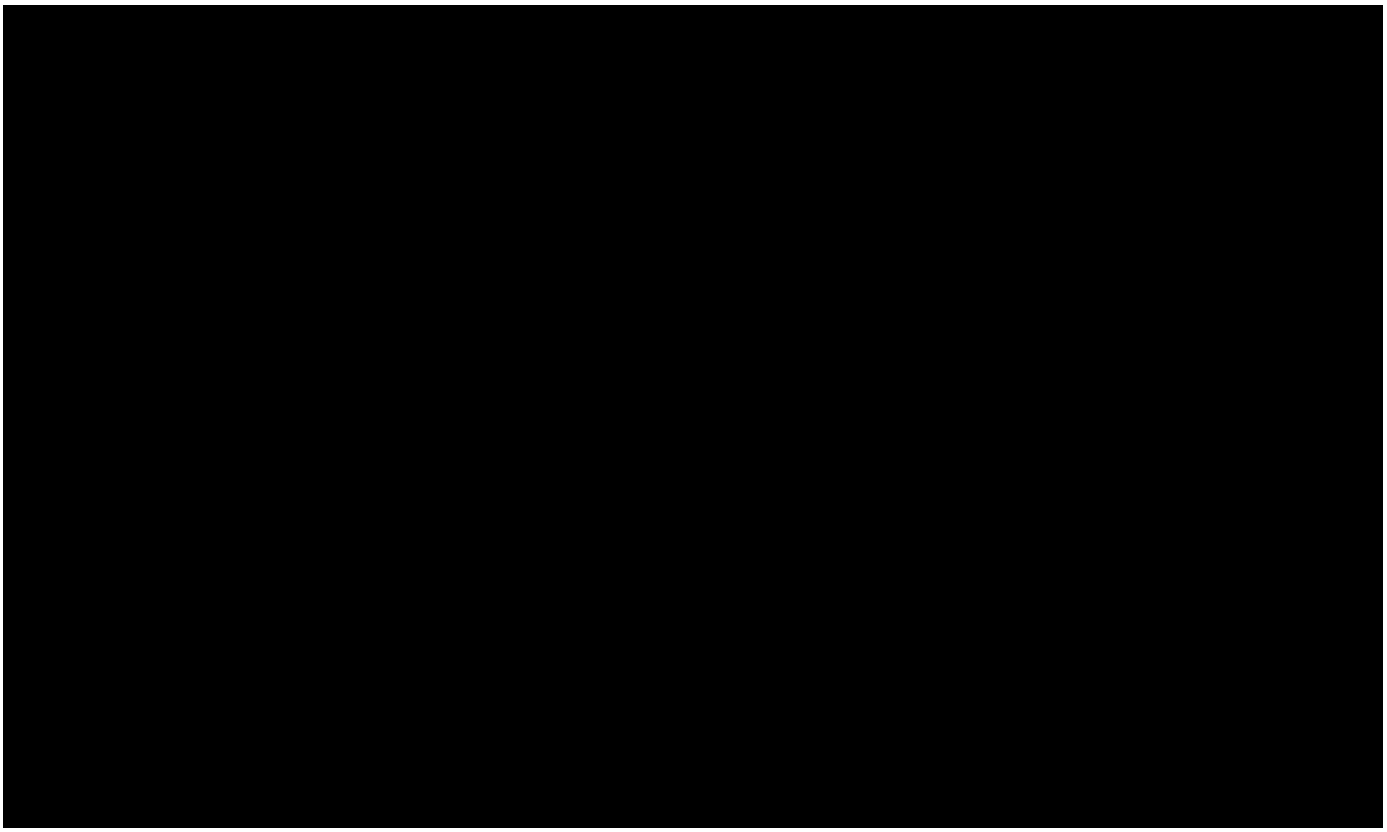
Concerns have been raised regarding the increase in off-label prescribing of oral ivermectin as a potential therapy for prophylaxis or treatment of COVID-19. Ivermectin is not currently approved in any OECD countries for COVID-19. However, there has been a noticeable increase in prescribing of oral ivermectin for this purpose.

There are numerous associated public health risks in relation to this practice. Persons who take ivermectin for COVID-19 believe themselves to be protected from the disease and decide not to get vaccinated as part of the national vaccination program. Similarly, persons who take ivermectin for COVID-19 decide not to get tested for COVID-19 or to seek appropriate medical care when they develop symptoms. As a result, use of oral ivermectin for unapproved COVID-19 indications has the potential to spread the risk of infection throughout the community.

Oral ivermectin also has the potential for severe adverse events when taken in the high doses described in social media and other sources for treatment of COVID-19 infection. While oral ivermectin is generally well-tolerated at the recommended dose for the approved indications, there is insufficient data to support higher dosages.

STROMECTOL ivermectin 3mg tablet blister pack (AUST R 181338) is the only oral ivermectin product registered on the Australian Register of Therapeutic Goods (ARTG). It has approved indications for the treatment of river blindness (onchocerciasis), threadworm involving the intestines (intestinal strongyloidiasis) and scabies.

The TGA has observed a significant increase in the volume of supply of STROMECTOL over the last 24 months (see Table 1 below). If this volume of supply is maintained, it has the potential to lead to material shortages for the treatment of approved indications in Australia. Any shortages of STROMECTOL would disproportionately impact those in vulnerable communities, in particular, the Aboriginal and Torres Strait Islander communities.



It is proposed that the specific health risks associated with off-label prescribing and potential local or national medicine shortages for the approved indications could be mitigated by restricting off-label prescribing to specialist medical practitioners.

In order to restrict prescribing of ivermectin for off-label indications, the Scheduling Delegate is proposing to make urgent amendments to the current Poisons Standard to create a new Appendix D entry for ivermectin (similar to the measures taken for hydroxychloroquine in March 2020). This is consistent with the scheduling factors for Appendix D outlined in the Australian Health Ministers' Advisory Council Scheduling Policy Framework for Medicines and Chemicals.

The purpose of the amendments would be to limit the use of oral ivermectin for approved indications only, except when prescribed by certain specialists. Patients suffering, or suspected to be suffering from, COVID-19 should seek appropriate medical care. It is also noted that prescribing of approved therapies for COVID-19, sotrovimab and remdesivir, is currently undertaken by hospital physicians and not general practitioners. There is also a critical need to ensure that general practitioners (in particular, those treating Aboriginal and Torres Strait Islander populations, but also more broadly) can continue prescribing ivermectin for approved indications.

Personal importation:

The personal importation scheme allows for the importation of a maximum of three months' supply of unregistered products (not included in the ARTG) at the maximum dose recommended by the manufacturer. If the goods contain Schedule 4 substances, then the importer must have a written authority issued by a medical practitioner registered under a law of a state or territory (in practice, a prescription).

The TGA works closely with the Australian Border Force to detect potentially unlawful importations of therapeutic goods for assessment by the TGA. As a result of this work, detections of ivermectin have increased significantly in recent months, more than 10-fold. An initial assessment of these importations by the TGA indicates:

Agricultural and veterinary use

There are 185 veterinary products containing ivermectin included in PubCRIS. This includes oral and injectable products, as well as pour-on or jetting fluid products. It is considered that placing scheduling restrictions on the supply of veterinary ivermectin would be more difficult to achieve in terms of specifying evidence to establish appropriate need. Instead, communication and education activities may be necessary, as well as consultation with the Australian Veterinary Association and Veterinary Boards.

Current Scheduling

Schedule 4

IVERMECTIN:

for human use; or

for the treatment of mange in dogs

Schedule 5

IVERMECTIN for use in animals:

a. in preparations for the prophylaxis of heartworm in cats and dogs;

b. in the intraruminal implants containing 160mg or less of ivermectin;

c. in preparations containing 3.5 per cent or less of ivermectin when packed in child-resistant packaging or in packaging approved by the relevant registration authority; or

d. in other preparations containing 2 per cent or less of ivermectin.

Schedule 7

IVERMECTIN **except** when included in Schedule 4 or 5.

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Proposed scheduling

Proposal to amend Appendix D to include additional controls to restrict the availability of S4 ivermectin for human use as follows:

Preparations for oral administration of ivermectin may be prescribed for:

(a) an indication that is accepted in relation to the inclusion of ivermectin in tablet dosage form in the Australian Register of Therapeutic Goods for human therapeutic use (an ***accepted indication***); or

(b) an indication that is not an accepted indication, when the preparation is prescribed or authorised by a medical practitioner registered under State or Territory legislation that forms part of the Health Practitioner Regulation National Law, as a specialist in any of the following recognised specialties:

- emergency medicine;
- intensive care medicine; and
- infectious disease.

Note: Accepted indications are shown in the public summary of the Australian Register of Therapeutic Goods on the Therapeutic Goods Administration website at www.tga.gov.au.

Delegate questions

1. Is ivermectin used for any other parasitic conditions that would warrant genuine off-label prescribing by GPs?
2. Is there an alternative scheduling mechanism to restrict access?
3. If so, is the proposed wording appropriate?
4. Are there other specialists that should be reflected in the restrictions, for example, gastroenterology?

Attachment 1: Australian Register of Therapeutic Goods (ARTG)

As of 6 September 2021, there was one oral prescription medicine currently included in the Australian Register of Therapeutic Goods (ARTG) that contains ivermectin as an active ingredient. The other two products are topical creams (included for information only as no changes are proposed to the scheduling of these products).

STROMECTROL ivermectin 3mg tablet blister pack	Merck Sharp & Dohme (Australia) Pty Ltd	Onchocerciasis and intestinal strongyloidiasis (anguillulosis). Crusted scabies in conjunction with topical therapy. Human sarcoptic scabies when prior topical treatment has failed or is contraindicated. Treatment is only justified when the diagnosis of scabies has been established clinically and/or by parasitological examination. Without formal diagnosis, treatment is not justified in case of pruritis alone.	4
VASTREKA ivermectin 10mg/g cream	Galderma Australia Pty Ltd	Topical treatment of inflammatory lesions of rosacea (papulo-pustular) in adult patients 18 years and over.	4
SOOLANTRA ivermectin 10mg/g cream	Galderma Australia Pty Ltd	Topical treatment of inflammatory lesions of rosacea (papulo-pustular) in adult patients 18 years and over.	4

As of 6 September 2021, there were 185 products containing ivermectin on the Public Chemical Registration Information System Search (PubCRIS).

Attachment 2: Poisons Standard Appendix D Entries

The Australian Health Ministers' Advisory Council Scheduling Policy Framework for Medicines and Chemicals (Version 1.0 January 2018) relevantly provides the following factors in relation to Appendix D:

Inclusion of a substance in Appendix D may be considered by the Secretary for any human or veterinary medicine where the assessment of the proposal identifies:

- *a specific health risk that may be mitigated by restricting availability through **specialist medical practitioners**; or*
- *significant potential for illicit diversion and/or abuse which does not warrant inclusion in Schedule 8 but warrants particular control of possession; or*
- *a specific high potential for abuse, particular international treaty restrictions on availability or other matters of national public health policy which when weighed against the need for access to the substance, warrants, in addition to inclusion of the substance in Schedule 4 or 8, further restrictions on access, such as authorisation by the Secretary of the Department of Health or some other appropriate State/Territory or Commonwealth authority.*

Inclusion of a substance in Appendix D may be made following consultation with the appropriate advisory committee or a joint meeting, and must take into account the implications for professional practice by affected healthcare practitioners and regulatory control by the states and territories.

In practice, the controls may be specified in relation to formally recognised specialties.