



State of Louisiana
Louisiana Department of Health
Office of the Surgeon General

Standing Order for Pharmacist Dispensing of Ivermectin

BACKGROUND AND LEGAL AUTHORITY

Pursuant to La. R.S. 37:1218.3, enacted by [Act 464](#) of the 2025 Regular Session of the Louisiana Legislature, a healthcare professional with prescriptive authority within the Louisiana Department of Health ("LDH") may issue a Standing Order under which a pharmacist may dispense Ivermectin to an individual who is at least eighteen years of age.

STANDING ORDER FOR THE DISTRIBUTION OR DISPENSING OF IVERMECTIN

I, Ralph L. Abraham, M.D., Surgeon General and State Health Officer, hereby issue pursuant to La. R.S. 37:1218.3 and Act 464 of the 2025 Regular Session a statewide Standing Order, under which any licensed pharmacist may dispense Ivermectin, in the formulation, dosage, and quantity set forth below, to an individual patient who is eighteen years of age or older, but only if:

1. The pharmacist verifies through valid photo identification that the patient is at least eighteen years of age;
2. The pharmacist provides to such patient a copy of the "LDH Ivermectin Information Sheet for Patients", including the Screening Risk Assessment Tool, attached to this Standing Order; then, the patient completes and signs the "Screening Risk Assessment Tool", submits the completed tool to the pharmacist, and the pharmacist verifies that dispensing is not contraindicated thereunder;
3. The pharmacist retains a copy of the LDH Ivermectin Information Sheet and Screening Risk Assessment Tool that has been completed and signed by the patient, for at least five (5) years;
4. The pharmacist provides to such patient at the time of dispensing a "take-home" copy of the "LDH Ivermectin Information Sheet for Patients" attached to this Standing Order; and
5. The pharmacist complies with applicable requirements set forth in any rule(s) promulgated by LDH pursuant to La. R.S. 37:1218.3 and [Act 464](#) of the 2025 Regular Session.

Formulation, Dosage, and Quantity:

- Route of admin: Oral (PO)
- Formulation: 3mg tabs
- Dose: Based on a benchmark of 0.2mg/kg daily, typically four 3mg tabs daily
- Duration: 5 days
- Maximum Number of tablets to be dispensed: 25
- Refills: none

This Standing Order shall be valid for one year from the date of issue below.

Date of Issue: September 24, 2025



Ralph L. Abraham, M.D. (LSBME No. MD.022086; NPI #1013962620)
Surgeon General and State Health Officer



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LDH IVERMECTIN PATIENT INFORMATION SHEET

(REVISED SEPTEMBER 23, 2025)

[This *LDH Ivermectin Patient Information Sheet* ("Information Sheet") is attached to and accompanies the *Standing Order for Pharmacist Dispensing of Ivermectin* ("Standing Order") issued by the Louisiana Department of Health, Office of the Surgeon General on September 23, 2025.]

The Louisiana Surgeon General, Ralph L. Abraham, M.D., has issued the above-described Standing Order, which allows a licensed pharmacist to dispense a maximum of twenty five (25) tablets of Ivermectin to an adult individual patient without the need for a prescription from a medical practitioner with prescriptive authority who has examined the individual, unless contraindicated by the Screening Risk Assessment Tool included in this Information Sheet. The Standing Order requires that the dispensing pharmacist must verify the individual's age, provide the individual with a take-home copy of this Information Sheet, and retain a signed copy of the Information Sheet on which the individual has completed the Screening Risk Assessment Tool and signed where indicated. In addition to containing a Screening Risk Assessment Tool, this Information Sheet is designed to provide the individual patient with general information concerning Ivermectin and with specific information concerning: 1) the indications and contraindications for the use of Ivermectin; 2) the appropriate method for using Ivermectin; and 3) the importance of medical consultation and follow-up. As used herein, the term "you" refers to the individual patient whose name is printed on the acknowledgement form below and who has received this Information Sheet, pursuant to the Standing Order.

PLEASE CAREFULLY READ THIS INFORMATION SHEET.

GENERAL INFORMATION ABOUT IVERMECTIN

Ivermectin is a member of the avermectin class of broad-spectrum antiparasitic agents, and is approved by the FDA for use as an antiparasitic. The use of Ivermectin to treat COVID-19 is presently an off-label use. Possible adverse reactions to taking Ivermectin include:

- Body as a Whole: asthenia/fatigue, abdominal pain.
- Gastrointestinal: anorexia, constipation, diarrhea, nausea, vomiting.
- Nervous System/Psychiatric: dizziness, somnolence, vertigo, tremor.
- Skin: pruritus, rash, and urticaria.
- All Indications: Hypotension (mainly orthostatic hypotension), worsening of bronchial asthma, toxic epidermal necrolysis, Stevens-Johnson syndrome, seizures, hepatitis, elevation of liver enzymes, and elevation of bilirubin.

In the event of an adverse reaction, you should contact your physician or medical provider, or telephone 911.

As with all prescription medications, Ivermectin dispensed pursuant to the Standing Order should be taken only by the individual to whom it is dispensed and should be stored in a manner that prevents access to it by children.

SCREENING RISK ASSESSMENT TOOL

This Screening Risk Assessment Tool is designed to help identify potential health risks, allergies, contraindications, and suitability for Ivermectin use prior to dispensation, in accordance with Louisiana Revised Statute 37:1218.3 as enacted by Act 464 of the 2025 Legislative Session. If you answer "NO" to either of the eligibility questions below or "YES" to any of the contraindication questions below, Ivermectin will not be dispensed pursuant to the Standing Order, in which case you should seek personalized medical evaluation by a physician or medical provider.

ELIGIBILITY QUESTIONS: (A "NO" answer to either question prohibits dispensing):

1. Are you 18 years of age or older? YES / NO [circle only one]
2. Do you believe you currently have a condition appropriately treated by Ivermectin?
YES / NO [circle only one]

CONTRAINDICATION QUESTIONS: (A "YES" answer to any question prohibits dispensing):

1. Are you currently pregnant, breastfeeding, or planning to become pregnant in the next month? (Ivermectin is not recommended during pregnancy or lactation due to potential risks to the fetus or infant.) YES / NO [circle only one]
2. Do you have a known allergy or hypersensitivity to Ivermectin, any avermectin derivatives, or any ingredients in the Ivermectin formulation? (Allergic reactions can range from mild rash to severe anaphylaxis.) YES / NO [circle only one]
3. Do you have any liver disease, kidney impairment, or other chronic conditions affecting organ function, such as cirrhosis or renal failure? (Ivermectin is metabolized by the liver and excreted via the kidneys, and impaired function may increase the risk of toxicity.) YES / NO [circle only one]
4. Are you taking any medications that may interact with Ivermectin, including but not limited to warfarin, certain anti-seizure drugs (e.g., carbamazepine or phenytoin), or other antiparasitic agents? (If you are unsure whether your medication(s) interacts with Ivermectin, please consult the dispensing pharmacist. Drug interactions can alter Ivermectin levels in the blood, leading to reduced efficacy or increased side effects.) YES / NO [circle only one]

5. Do you have a history of neurological disorders, such as epilepsy, or are you experiencing symptoms like seizures, dizziness, or confusion? (Ivermectin can cross the blood-brain barrier in cases of high blood levels or certain genetic factors, potentially exacerbating neurological issues.)
YES / NO [circle only one]
6. Have you been advised by your physician or medical provider to avoid taking Ivermectin? (Personalized medical history may indicate unsuitability.) YES / NO [circle only one]
7. Have you experienced any severe side effects from previous medication use, including but not limited to difficulty breathing, swelling, severe itching, or vision changes? (These could indicate a predisposition to adverse reactions with Ivermectin.) YES / NO [circle only one]

INDICATIONS AND CONTRAINDICATIONS

Indications: You should take Ivermectin dispensed to you pursuant to the Standing Order only if you have tested positive for COVID-19.

Contraindications: You should not take Ivermectin pursuant to the Standing Order under any of the following conditions:

1. You are allergic or hypersensitive to Ivermectin or any of the ingredients contained in the version of Ivermectin dispensed to the patient.
2. You have been advised by your physician or medical provider to avoid taking Ivermectin.
3. You are pregnant or nursing.
4. You have known liver disease.

APPROPRIATE METHOD FOR USING IVERMECTIN

You should take the Ivermectin tablets dispensed to you pursuant to the Standing Order orally with water on an empty stomach once daily for five days in accordance with the following schedule:

<u>Body weight (lb.)</u>	<u>Number of Tablets</u>
55-77	2
78-110	3
111-143	4
144 and above	5

You should take only one 5-day round of Ivermectin for a single incidence of COVID-19, and you should consult a physician or healthcare provider prior to taking another round.

ACKNOWLEDGMENT

I, _____ [PRINT PATIENT NAME] attest that:

1. I have received a copy of this Information Sheet;
2. I am at least eighteen years of age;
3. I have truthfully completed the Screening Risk Assessment Tool included herein; and
4. I acknowledge the risks of possible adverse reactions to taking Ivermectin, and agree to seek immediate medical attention for any adverse reactions or effects.

Patient Signature

Date