comprised a small population and, hence, the possibility of misinterpretation could arise. However, in another case study, the authors raised concerns over the efficacy of hydroxychloroquine-azithromycin in the treatment of COVID-19 patients, since no observable effect was seen when they were used. In some cases, the treatment was discontinued due to the prolongation of the QT interval (307). Hence, further randomized clinical trials are required before concluding this matter.

Recently, another FDA-approved drug, ivermectin, was reported to inhibit the in vitro replication of SARS-CoV-2. The findings from this study indicate that a single treatment of this drug was able to induce an ~5,000-fold reduction in the viral RNA at 48 h in cell culture. (308). One of the main disadvantages that limit the clinical utility of ivermectin is its potential to cause cytotoxicity. However, altering the vehicles used in the formulations, the pharmacokinetic properties can be modified, thereby having significant control over the systemic concentration of ivermectin (338). Based on the pharmacokinetic simulation, it was also found that ivermectin may have limited therapeutic utility in managing COVID-19, since the inhibitory concentration that has to be achieved for effective anti-SARS-CoV-2 activity is far higher than the