

EFFECTIVE AS A FINAL ORDER

DATE: 3.27.24

FILED

MAR 06 2024

BEFORE THE BOARD OF HEALING ARTS  
OF THE STATE OF KANSAS

KS State Board of Healing Arts

In the Matter of )  
 ) KSBHA Docket No. 24-HA 00033  
Miguel Antonatos, M.D. )  
Kansas License No. 04-44257 )

SUMMARY ORDER

NOW ON THIS 10<sup>th</sup> day of March, 2024, this matter comes before Susan Gile, Executive Director, Kansas State Board of Healing Arts ("Board"), in summary proceedings under K.S.A. 77-537.

Under K.S.A 77-537 and K.S.A. 77-542, this Summary Order shall become effective as a Final Order, without further notice, if no written request for a hearing is made within 15 days of service. Upon review of the agency record and being duly advised in the premises, the following findings of fact, conclusions of law, and order are made for and on behalf of the Board:

Findings of Fact

1. Miguel Antonatos, M.D. ("Licensee") is or has been entitled to be engaged in the practice of medicine and surgery in Kansas, having been granted an Active license on January 14, 2021. Licensee's current license designation is Active. Licensee last renewed this license on July 26, 2023.

2. Licensee's last mailing address known to the Board is: **CONFIDENTIAL**  
**CONFIDENTIAL** . Licensee's last email address known to the board  
**CONFIDENTIAL**

Miguel Antonatos, M.D.  
License No. 04-44257  
Summary Order

3. On or about August 24, 2023, Licensee entered into a Stipulated Findings of Fact, Conclusions of Law, and Agreed Order with the Washington Medical Commission (“Washington Order”). (Bd. Ex. 1 – Washington Order).

4. By the terms of the Washington order, Licensee agreed that he had “committed unprofessional conduct in violation of RCW 18.130.180(4).” (*Id.*)

a. RCW 18.130.180(4), a Washington Statute, defines unprofessional conduct in pertinent part: “Incompetence, negligence, or malpractice which results in injury to a patient or which creates an unreasonable risk that a patient may be harmed.”

5. By the terms of the Washington Order, Licensee agreed to the Washington Medical Commission’s imposition of a number of sanctions, including, but not limited to:

- a. Requiring Licensee enter into a practice agreement in which he is required prior to providing care to any patients in Washington to: establish a physician-patient relationship; see the patient in person or via real-time video; take the patient’s history; examine the patient before deciding on a course of action; and which prohibits him from prescribing ivermectin for non-FDA-approved indications to Washington patients;
- b. Requiring Licensee complete continuing medical education courses on recordkeeping and on infectious diseases;
- c. Requiring Licensee to submit to an annual audit of his medical records;
- d. Requiring Licensee to personally appear before the Washington Medical Commission;

- e. Requiring Licensee to submit personal reports to the Washington Medical Commission; and
- f. The imposition of a \$6,000 fine.

#### Applicable Law

6. Under K.S.A. 65-2836(j) of the Kansas Healing Arts Act, licensee's license may be revoked, suspended, or limited, or the licensee may be publicly censured or placed under probationary conditions, where "[t]he licensee has had a license to practice the healing arts revoked, suspended or limited, has been censured or has had other disciplinary action taken, or an application for a license denied, by the proper licensing authority of another state, territory, District of Columbia, or other country."

#### Conclusions of Law

7. The Board has jurisdiction over Licensee as well as the subject matter of this proceeding, and such proceeding is held in the public interest.

8. Based on the facts and circumstances set forth herein, the use of summary proceedings in this matter is appropriate, in accordance with the provisions of K.S.A. 77-537(a), in that the use of summary proceedings does not violate any provision of law and the protection of the public interest does not require the Board to give notice and opportunity to participate to non-parties.

9. The Board finds Licensee violated K.S.A. 65-2836(j), in that Licensee's license to practice medicine in Washington was subject to disciplinary action imposed by the Washington Medical Commission, the proper licensing authority of another state. The Board therefore has

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**Miguel Antonatos, M.D.**  
**License No. 04-44257**  
**Summary Order**

authority to revoke, suspend, or limit Licensee's license, or to publicly censure or place Licensee under probationary conditions.

**IT IS HEREBY ORDERED** that Licensee is **PUBLICLY CENSURED** for his violation of K.S.A. 65-2836(j).

**PLEASE TAKE NOTICE** that upon becoming effective as a Final Order, this document shall be deemed a public record and be reported to any reporting entities authorized to receive such disclosure.

Dated this 10<sup>th</sup> day of March, 2024.

**KANSAS STATE BOARD  
OF HEALING ARTS**

*Susan Gile*

Susan Gile  
Executive Director

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**Miguel Antonatos, M.D.**  
**License No. 04-44257**  
**Summary Order**



**FINAL ORDER NOTICE OF RIGHTS**

**PLEASE TAKE NOTICE** that this is a Final Order. A Final Order is effective upon service. A party to an agency proceeding may seek judicial review of a Final Order by filing a petition in the District Court as authorized by K.S.A. 77-601, *et seq.* Reconsideration of a Final Order is not a prerequisite to judicial review. A petition for judicial review is not timely unless filed within 30 days following service of the Final Order. A copy of any petition for judicial review must be served upon Susan Gile, Executive Director, Kansas Board of Healing Arts, 800 SW Jackson, Lower Level-Suite A, Topeka, KS 66612.

**CERTIFICATE OF SERVICE**

I, the undersigned, hereby certify that I served a true and correct copy of the above and foregoing **FINAL ORDER** by depositing the same in the United States Mail, postage prepaid, on this 27<sup>th</sup> day of MARCH 2024, addressed and emailed to:

Miguel Antonatos, M.D.

**CONFIDENTIAL**

*Licensee*

Miguel Antonatos, MD

**CONFIDENTIAL**

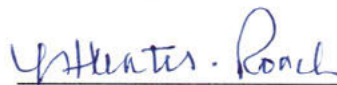
And a copy was hand-delivered to:

Matthew Gaus, Deputy Litigation Counsel  
Kansas State Board of Healing Arts  
800 SW Jackson, Lower Level-Suite A  
Topeka, Kansas 66612  
Matthew.gaus@ks.gov

Licensing Administrator  
Kansas State Board of Healing Arts  
800 SW Jackson, Lower Level-Suite A  
Topeka, Kansas 66612

Office of the General Counsel  
Kansas State Board of Healing Arts  
800 SW Jackson, Lower Level-Suite A  
Topeka, Kansas 66612

And the original was filed with the office of the Executive Director.



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Staff Signature

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**BOARD EXHIBIT # 1**

Washington Order

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**In the matter of** Michael Antonatos, MD  
**Docket No.** TBD

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**STATE OF WASHINGTON  
WASHINGTON MEDICAL COMMISSION**

In the Matter of the License to Practice  
as a Physician and Surgeon of:

**MIGUEL R. ANTONATOS, IMLC.MD**  
License No. IMLC.MD.61023368

Respondent.

**No. M2022-487**

**STIPULATED FINDINGS OF FACT,  
CONCLUSIONS OF LAW, AND  
AGREED ORDER**

The Washington Medical Commission (Commission), through Michael L. Farrell, Commission Staff Attorney, and Respondent, represented by counsel, Jessica M. Creager, stipulate and agree to the following.

**1. PROCEDURAL STIPULATIONS**

- 1.1 On February 9, 2023, the Commission issued a Statement of Charges against Respondent alleging a violation of RCW 18.130.180(4).
- 1.2 The Commission is prepared to proceed to a hearing on the allegations in the Statement of Charges.
- 1.3 Respondent has the right to defend against the allegations in the Statement of Charges by presenting evidence at a hearing.
- 1.4 The Commission has the authority to impose sanctions pursuant to RCW 18.130.160 if the allegations are proven at a hearing.
- 1.5 The parties agree to resolve this matter by means of this Stipulated Findings of Fact, Conclusions of Law, and Agreed Order (Agreed Order).
- 1.6 Respondent waives the opportunity for a hearing on the Statement of Charges if the Commission accepts this Agreed Order.
- 1.7 This Agreed Order is not binding unless it is accepted and signed by the Commission.
- 1.8 If the Commission accepts this Agreed Order, it will be reported to the National Practitioner Data Bank (45 CFR Part 60), the Federation of State Medical Boards' Physician Data Center, and elsewhere as required by law.
- 1.9 This Agreed Order is a public document. It will be placed on the Department of Health's website, disseminated via the Commission's electronic mailing list, and disseminated according to the Uniform Disciplinary Act (Chapter 18.130 RCW). It may be



disclosed to the public upon request pursuant to the Public Records Act (Chapter 42.56 RCW). It will remain part of Respondent's file according to the state's records retention law and cannot be expunged.

1.10 If the Commission rejects this Agreed Order, Respondent waives any objection to the participation at hearing of any Commission members who heard the Agreed Order presentation.

1.11 Respondent may benefit from completing a compliance orientation to discuss completing the sanctions in this Agreed Order. To arrange an orientation Respondent should contact the Compliance Unit at the Commission by calling (360) 236-2781, or by sending an email to: [Medical.compliance@wmc.wa.gov](mailto:Medical.compliance@wmc.wa.gov).

## 2. FINDINGS OF FACT

Respondent and the Commission stipulate to the following findings of fact:

2.1 On November 20, 2019, the state of Washington issued Respondent a license to practice as a physician and surgeon. Respondent's license is currently active.

2.2 At all times relevant to this Statement of Charges, Respondent resided in Illinois, and owned a telemedicine practice called Text2MD providing telemedicine consultations to patients in multiple states, including patients residing in the state of Washington.

2.3 Respondent prescribed ivermectin to at least four patients residing in the state of Washington through Text2MD, as detailed below. Each of these patients began their encounter with Respondent by submitting a questionnaire via Respondent's web site. Respondent did not have a previously established physician-patient relationship with any of these four patients. In each case, Respondent prescribed ivermectin based solely on a review of an online questionnaire. Respondent did not examine these patients or use real-time video or audio to consult or interact with these patients.

2.4 The questionnaire for each patient included a five-page consent form touting the effectiveness of ivermectin and asking the patient to agree to take ivermectin as an off-label drug for coronavirus disease 2019 (COVID-19) prophylaxis or treatment. The consent form includes several studies that have since been retracted or have been otherwise discredited. The section on informed consent also included only studies that purported to show that ivermectin was effective. Respondent did not include a citation or

reference to any of the majority of studies that showed ivermectin has no effect in either preventing or treating a COVID-19 infection nor any indication that organizations such as the manufacturer or Federal Drug Administration had recommended against using ivermectin for COVID-19. Respondent failed to have a discussion with the patients about the risks and benefits of the proposed medication; failed to provide an accurate, updated, and balanced review of the evidence of the effectiveness of the medication; and failed to document or discuss an explanation of the reasons the medication is appropriate for the patient's condition. Respondent also failed to confirm that the patients read, understood, and did not have questions about the lengthy electronic consent.

Patient A

2.5 On or about April 29, 2021, Patient A, a 26-year-old male used Text2MD to seek a prescription for ivermectin. Respondent had not previously treated Patient A in any capacity. Patient A completed a questionnaire providing his name, address, sex, phone number, email address, occupation, sex, height and weight, and stating that the purpose of the visit was "Covid prophylaxis;" that he had none of the listed medical conditions; that he was not sick; that he did not have a confirmed COVID-19 test; that he has had no known exposure to COVID-19; and had a temperature of 98.6. Patient A also answered a question asking whether he ever had an allergic reaction to ivermectin by stating that he had never taken ivermectin before.

2.6 Respondent created a note in the chart stating:

Reviewed medical history, medications and allergies, No contraindications for Ivermectin. Patient candidate for Ivermectin through this platform. Will Rx off label use Ivermectin per the I-Mask protocol for covid-19 Prophylaxis.

2.7 That same day, based solely on the information Patient A provided in the questionnaire, Respondent sent a message to Patient A stating that he had prescribed ivermectin and that it would be a "safe and effective COVID prophylaxis or treatment for [Patient A]." Respondent sent a prescription electronically to Patient A's pharmacy for 25 tablets of ivermectin 3 mg and authorized 2 refills, with instructions to take five tablets on day one, then repeat same dose in 48 hours, then take five tablets once weekly.

2.8 Respondent failed to meet the standard of care in his treatment of Patient A in the following respects:



2.8.1 Respondent failed to establish a physician-patient relationship with Patient A and prescribed a medication based solely on an online questionnaire.

2.8.2 Respondent failed to provide adequate informed consent to Patient A when prescribing an off-label medication.

2.8.3 Respondent failed to discuss with Patient A the use of vaccines or other treatments to prevent a COVID-19 infection.

Patient B

2.9 On or about June 4, 2021, Patient B, a 48-year-old male used Text2MD to seek a prescription for ivermectin. Respondent had not previously treated Patient B in any capacity. Patient B completed a questionnaire providing his name, address, sex, phone number, email address, occupation, sex, height and weight, and stating that the purpose of the visit was "Covid prophylaxis while traveling;" that he had none of the listed medical conditions; that he was not sick; that he did not have a confirmed COVID-19 test; that he has had no known exposure to COVID-19; and that he had never had an allergic reaction to ivermectin because he had never taken it before. Patient B also confirmed that during the last 24 hours, he did not have cough, shortness of breath, sore throat, headache, body aches, feeling run down, swollen glands, pink eye, chest congestion, chest tightness or heaviness, loss of appetite, diarrhea or loss of smell and taste. Patient B also stated on the questionnaire that he did not have any issues with his ability to think clearly, speak clearly, sleep well, or breathe easily, and that his symptoms were the same as the day before. Finally, Patient B reported that his oxygen saturation was between 97 and 100%, he did not hear wheezing breath sounds, and his temperature was 98.6.

2.10 Respondent created a note in the chart stating:

Reviewed medical history, medications and allergies, No contraindications for Ivermectin. Patient candidate for Ivermectin through this platform. Will Rx off label use Ivermectin per the I-Mask protocol for covid-19 Prophylaxis.

2.11 Later that day, based solely on the information Patient B provided in the questionnaire, Respondent sent a prescription electronically to Patient B's pharmacy for 35 tablets of ivermectin 3 mg and authorized 2 refills, with instructions to take seven tablets on day one, then repeat same dose in 48 hours, then take seven tablets once weekly.

2.12 On or about September 15, 2021, Patient B sent a message to Respondent requesting another prescription for ivermectin, "to have more on hand for an upcoming trip." Text2MD support replied on September 20, 2021 by asking Patient B to complete a medication refill form.

2.13 On or about September 29, 2021, Patient B completed and submitted another questionnaire stating he had exposure to COVID, that his medical condition had not changed since his last visit and asking for a refill of the ivermectin prescription.

Respondent created a note in the chart stating:

Pt on ivermectin for Covid prophylaxis, reports no changes on medications, weight and medical conditions. Will renew Rx off label Ivermectin.

2.14 That same day, based solely on the information Patient B provided in the questionnaire, Respondent sent a prescription electronically to Patient B's pharmacy for 56 tablets of ivermectin 3 mg and authorized 2 refills with instructions to take seven tablets twice weekly.

2.15 On or about November 4, 2021, Patient B completed and submitted another questionnaire stating that he ran out of ivermectin but had been taking it for five days and stating that he has had COVID for seven days, is "feeling a bit worse," and has oxygen saturation readings of 97 to 99, and a temperature of about 99.9. Patient B also indicated that he had a very mild cough, very mild headache, very mild body aches, a mild to moderate run-down feeling, a mild to moderate loss of appetite, loss of smell and taste, and mild difficulties thinking clearly and sleeping well.

2.16 On or about November 5, 2021, Respondent created a note in the chart stating:

Reviewed medical history, medications and allergies, No contraindications for Ivermectin and Fluvoxamine. Patient candidate for Ivermectin and Fluvoxamine through this platform. Will Rx off label use Ivermectin and Fluvoxamine per the I-Mask protocol for covid-19 Early Outpatient Treatment.

That same day, based solely on the information Patient B provided in the questionnaire, Respondent sent a prescription electronically to Patient B's pharmacy for 20 tablets of ivermectin 3 mg with instructions for Patient B to take two tablets daily for five days, then repeat same dose as needed; 30 tablets of adult aspirin 325 mg, one tablet per day; 30



tablets of atorvastatin 40 mg, one tablet per day; 28 tablets of fluvoxamine 50 mg, one tablet twice a day for 14 days; and two boxes of inhaled budesonide 0.5mg/2 mL.

Respondent also authorized 2 refills of the prescription for inhaled budesonide.

2.17 On or about November 6, 2021, Respondent sent Patient B a message asking how he was feeling and asking Patient B to message him if he has any questions or concerns. Patient B responded by sending Respondent a message stating "I am feeling ok thank you." The next day, Patient B sent a series of messages to Respondent asking if he should get monoclonal antibodies and stating "I have lower O2 Sats than I did. Went from 97-99 down to 93 to 96." Patient B added: "Overall I feel ok. But I know its in my lungs now. Have some tightness. And have some less O2 Sats which concerns me that it could get worse." There is no indication in the medical record that Respondent responded to Patient's B's messages.

2.18 Respondent failed to meet the standard of care in his treatment of Patient B in the following respects:

2.18.1 Respondent failed to establish a physician-patient relationship with Patient B and prescribed a medication based solely on an online questionnaire.

2.18.2 Respondent failed to provide adequate informed consent to Patient B when prescribing an off-label medication.

2.18.3 Respondent failed to discuss with Patient B the use of vaccines or other treatments to prevent or to treat a COVID-19 infection.

2.18.4 Respondent failed to respond appropriately to Patient B's condition on November 6, 2021, by failing either to ask Patient B to see his primary care provider immediately, to contact Patient B's primary care provider directly, or to tell Patient B to go to an urgent care facility or to a hospital emergency department for treatment.

#### Patient C

2.19 On or about February 14, 2021, Patient C, a 61-year-old male used Text2MD to seek a prescription for ivermectin. Respondent had not previously treated Patient C in any capacity. Patient C completed a questionnaire providing his name, address, sex, phone number, email address, occupation, sex, height, and weight, and stating that the purpose of the visit was "prophylaxis." Patient C entered information

indicating that he had none of the listed medical conditions, that he was not sick, that he did not have a confirmed COVID-19 test, that he has had no known exposure to COVID-19, and that he had never had an allergic reaction to ivermectin because he had never taken it before and did not have a pulse oximeter and did not hear wheezing breath sounds.

2.20 On that same day, Respondent created a note in the chart stating:

Reviewed medical history, medications and allergies, No contraindications for Ivermectin. Patient candidate for Ivermectin through this platform. Will Rx off label use Ivermectin per the I-Mask protocol for covid-19 Prophylaxis.

2.21 Later that day, Respondent sent an email message to Patient C stating, "Thank you for completing the questionnaire. I have reviewed your answers from your medical chart and have determined that Ivermectin will be safe and an effective prophylaxis or treatment for you. Before we complete your visit, please be sure to read the information below." In the email message, Respondent provided additional information on ivermectin, including links for ivermectin safety, side effects, and drug interactions.

2.22 The next day, February 15, 2021, Respondent sent another email to Patient C stating that he prescribed ivermectin off label use for covid prophylaxis in high-risk individuals and provided instructions on how to take ivermectin for ongoing maintenance of prophylaxis and in the case of a positive test. Respondent also recommended that Patient C reach out to him if he tests positive or is having symptoms. Respondent sent a prescription electronically to a pharmacy for 10 tablets of ivermectin 3 mg and authorized 2 refills, with instructions for Patient C to take five tablets on day one, then repeat same dose in 48 hours, then take five tablets once weekly.

2.23 On or about February 18, 2021, Respondent sent a second prescription electronically to Patient C's pharmacy for 10 tablets of ivermectin 3 mg and authorized 2 refills, with instructions to take five tablets on day one, then repeat same dose in 48 hours, then take five tablets once weekly.

2.24 Respondent failed to meet the standard of care in his treatment of Patient C in the following respects:

2.24.1 Respondent failed to establish a physician-patient relationship with Patient C and prescribed a medication based solely on an online questionnaire.



2.24.2 Respondent failed to provide adequate informed consent to Patient C when prescribing an off-label medication.

2.24.3 Respondent failed to discuss with Patient C the use of vaccines or other treatments to prevent a COVID-19 infection.

Patient D

2.25 On or about March 2, 2021, Patient D, a 56-year-old female, used Text2MD to seek a prescription for ivermectin. Respondent had not previously treated Patient D in any capacity. Patient D completed a questionnaire providing her name, address, sex, phone number, email address, occupation, sex, height and weight, and stating that the purpose of the visit was “[t]o prevent and or minimize Covid symptoms if needed with Ivermectin.” Patient D entered information indicating that she had none of the listed medical conditions, that she had no medication allergies, that she was not pregnant, that she was not sick, that she did not have a confirmed COVID-19 test, that she has had no known exposure to COVID-19, and that he had never had an allergic reaction to ivermectin. Patient D also reported that she did not have symptoms of the following: cough, shortness of breath, sore throat, runny nose, plugged nose, headache, body ache, chills, feeling feverish, feeling dizzy, feeling tired, irritability, swollen glands, pink eye, chest congestion, chest tightness or heaviness, loss of appetite, diarrhea, or loss of smell and taste. Patient D stated that she did not have a pulse oximeter, did not hear wheezing breath sounds, and had a temperature of 98.0.

2.26 Later that day, based solely on the information Patient D provided in the questionnaire, Respondent sent an email message to Patient D stating “Thank you for completing the questionnaire, I have reviewed your answers from your medical chart and have determined that Ivermectin will be safe and an effective prophylaxis or treatment for you. Before we complete your visit, please be sure to read the information below.” In the email message, Respondent provided additional information on ivermectin, including links for ivermectin safety, side effects, and drug interactions.

2.27 On or about March 7, 2021, Patient D sent an email message to Respondent asking Respondent to tell her what the next steps were. Respondent replied with an email message apologizing for the delay, and stating, in part, “Based on your information and risk factors, I have prescribed ivermectin off label use for covid prophylaxis

in high risk individuals, take the recommended dose on day 1 and then repeat dose in 48 hrs." Respondent also advised how to take ivermectin for ongoing maintenance of prophylaxis and in the case of a positive test. Respondent also recommended that Patient D reach out to him in case she tests positive or has symptoms. Respondent also created a note in the chart stating:

Reviewed medical history, medications and allergies, No contraindications for Ivermectin. Patient candidate for Ivermectin through this platform. Will Rx off label use Ivermectin per the I-Mask protocol for covid-19 Prophylaxis.

2.28 On or about March 9, 2021, Respondent sent in a prescription electronically to Patient D's pharmacy for 35 tablets of ivermectin 3 mg and authorized 2 refills, with instructions for Patient D to take seven tablets on day one, then repeat the same dose in 48 hours, then take seven tablets once weekly. (BP 18)

2.29 On or about June 22, 2021, Patient D used Text2MD to seek a refill of her ivermectin prescription for "preventative covid." No information is contained in the records about symptoms or medical condition, with only the most recent weight reported and that the last time Patient D had taken ivermectin was on June 20, 2021. Respondent created a note in the chart stating:

Pt on ivermectin for Covid prophylaxis, reports no changes on medications, weight and medical conditions. Will renew off label Ivermectin.

2.30 On or about July 9, 2021, Patient D sent a message via online chat to Respondent stating that CVS needed a diagnosis code before they would fill the prescription. Respondent responded saying, "Dx code is for covid then they will deny the Rx. I will send to CFS." Respondent then sent the prescription for 16 capsules of ivermectin 3mg to CareFirst Specialty Pharmacy, with instructions for Patient D to take 1 capsule on day 1, then repeat the same dose in 48 hours, and then take 1 capsule weekly.

2.31 On or about August 16, 2021, Patient D sent a message via online chat to Respondent stating that she had some COVID-related symptoms since the prior day, including fever on an off with a high of 100.8, stuffy nose and cough, earache and headache, and an oxygen saturation level of 95-98. Patient D said she has been taking ivermectin twice a week, along with Vitamin D and zinc. Patient D also reported she would be getting tested that day. Patient D asked Respondent if she should be doing anything



else. Later that day, Respondent replied stating "COVID treatment patients will be priority. Prophylaxis will take up to 72hrs or more to respond. We appreciate your patience and understanding." Respondent provided no other communication, care or follow up to Patient D's concerns.

2.32 Respondent stated that he renewed Patient D's prescription for ivermectin on or about September 1, 2021, based on a patient refill form completed by Patient D, but not contained in the file. No copy of the prescription is contained in the record, but Respondent stated it was sent to CareFirst Specialty Pharmacy.

2.33 On or about November 7, 2021, Patient D used Text2MD to seek a refill of her ivermectin prescription for "Preventative." No information is contained in the records about symptoms or medical condition, with only the most recent weight reported and that the last time Patient D had taken ivermectin was that day. Respondent created a note in the chart stating:

Reviewed medical history, medications and allergies, No contraindications for Ivermectin. Patient candidate for Ivermectin through this platform. Will Rx off label use Ivermectin per the I-Mask protocol for covid-19 for Prophylaxis.

Later that day Respondent sent a prescription to CareFirst Specialty Pharmacy for a prescription of 26 capsules of 3mg ivermectin, with instructions for Patient D to take 1 capsule twice weekly.

2.34 Respondent failed to meet the standard of care in his treatment of Patient D in the following respects:

2.34.1 Respondent failed to establish a physician-patient relationship with Patient D and prescribed a medication based solely on an online questionnaire.

2.34.2 Respondent failed to provide adequate informed consent to Patient D when prescribing an off-label medication.

2.34.3 Respondent failed to discuss with Patient D the use of vaccines or other treatments to prevent a COVID-19 infection.

2.34.4 Respondent failed to respond appropriately and provide follow-up care to Patient D after Patient D described her condition on August 16, 2021.

2.34.5 Respondent also failed to explain or justify changes in the dosages or frequency when renewing Patient D's ivermectin prescriptions.

### 3. CONCLUSIONS OF LAW

The Commission and Respondent agree to the entry of the following Conclusions of Law:

3.1 The Commission has jurisdiction over Respondent and over the subject matter of this proceeding.

3.2 Respondent has committed unprofessional conduct in violation of RCW 18.130.180(4).

3.3 The above violation provides grounds for imposing sanctions under RCW 18.130.160.

### 4. AGREED ORDER

Based on the Findings of Fact and Conclusions of Law, Respondent agrees to entry of the following Agreed Order:

4.1 **Practice Agreement.**

A. Respondent agrees that when prescribing medication or providing care to patients in the state of Washington Respondent will first establish a physician-patient relationship by seeing the patient either in-person or via real-time video, taking the patient's history, and examining the patient before deciding on a course of treatment and prescribing medication to that patient.

B. Respondent agrees he will not prescribe ivermectin for non-FDA-approved indications to patients located in the state of Washington.

4.2 **Continuing Medical Education (CME).** Respondent will successfully complete a continuing medical education (CME) course, pre-approved by the Commission or its designee, in record-keeping. Respondent will complete the coursework within **six (6) months** of the effective date of this Stipulation. Respondent shall provide the Commission with course certificates within one (1) month of completion. Respondent will also complete the course on "Basic Infectious Disease Concepts in Epidemiology" given by the Northwest Center for Public Health Practice (Basic Infectious Disease Concepts in Epidemiology | Northwest Center for Public Health Practice (nwcphp.org)).

4.3 **Compliance Audit.** Respondent will permit a representative of the Commission, or a pre-approved designee, to make announced visits to Respondent's practice on an annual basis to conduct a compliance audit. The compliance audit will



include a review of Respondent's records, and compliance with this Agreed Order. The representative will randomly select records of Respondent's patients to determine if Respondent is in compliance with this Agreed Order. The compliance audits may also include inspection of office records, medication logs, generation of PMP profiles for all patients, and interviews of Respondent and other staff. Any costs associated with these compliance audits will be borne by Respondent. Respondent will fully cooperate with the representative during the compliance audit.

4.4 **Personal Appearances.** Within twelve (12) months of the effective date of this Agreed Order, Respondent will personally appear at a date and location determined by the Commission, or as soon thereafter as the Commission's schedule permits. Thereafter, Respondent will make personal appearances annually or as frequently as the Commission requires unless the Commission waives the need for an appearance. Respondent will participate in a brief telephone call with the Commission's Compliance Unit prior to the appearance. The purpose of appearances is to provide meaningful oversight over Respondent's compliance with the requirements of this Agreed Order. The Commission will provide reasonable notice of all scheduled appearances.

4.5 **Personal Reports.** Respondent will submit written personal reports directly to the Commission. Respondent will submit the first report within **thirty (30) days** from the effective of this Agreed Order and will submit a report every six (6) months thereafter unless the Commission determines that they should be submitted less frequently, and Respondent is notified in writing. Personal reports will include a declaration attesting that Respondent is in compliance with all terms and conditions of this Agreed Order, a status report regarding any terms and conditions not yet completed, current professional responsibilities and activities, personal activities as they relate to practice as a physician, and any ongoing efforts to implement improvements into Respondent's practice that may be relevant to the findings of fact outlined in this Agreed Order.

4.6 **Fine.** Within **nine (9) months** of the effective date of this Agreed Order, Respondent will pay six thousand dollars (\$6,000) to the Commission. The fine will be paid by certified check or money order, made payable to the Department of Health, and

mailed to: Washington Medical Commission, Department of Health, P.O. Box 1099, Olympia, Washington, 98504-1099.

4.7 **Demographic Census.** Washington law requires physicians and physician assistants to complete a demographic census with their license renewal. RCW 18.71.080(1)(b) and 18.71A.020(4)(b). Respondent will submit a completed demographic census to the Commission within **thirty (30) days** of the effective date of this Agreed Order, or at the time of renewal, whichever comes first. The demographic census can be found here: can be found here:

<https://wmc.wa.gov/licensing/renewals/demographic-census>.

4.8 **Self-Reporting.** Respondent will report in writing, by email to [medical.compliance@wmc.wa.gov](mailto:medical.compliance@wmc.wa.gov), within thirty (30) days of the occurrence of any of the following events:

A. Entry into any formal or informal agreement or order or issuance of any order, letter of concern, or reprimand with or by any healthcare-related license for the Respondent in another state;

B. Denial, restriction, suspension or revocation of privileges for the Respondent in any healthcare facility;

C. Any felony or gross misdemeanor charge against the Respondent; and

D. The filing of a complaint in superior court or federal district court against Respondent alleging negligence or request for mediation pursuant to chapter 7.70 RCW.

This requirement supplements and does not supersede the reporting obligations imposed by WAC 246-16-230.

4.9 **Obey Laws.** Respondent will obey all federal, state and local laws and all administrative rules governing the practice of the profession in Washington.

4.10 **Costs.** Respondent will assume all costs of complying with this Agreed Order.

4.11 **Violations.** If Respondent violates any provision of this Agreed Order in any respect, the Commission may initiate further action against Respondent's license.



4.12 **Change of Address or Name.** Respondent will inform the Commission and Adjudicative Clerk Office in writing, of changes in his residential and/or business address and/or his name within thirty (30) days of such change.

4.13 **Effective Date.** The effective date of this Agreed Order is the date the Adjudicative Clerk Office places the signed Agreed Order into the U.S. mail. If required, Respondent shall not submit any fees or compliance documents until after the effective date of this Agreed Order.

4.14 **Termination.** Respondent may petition the Commission in writing to terminate this Agreed Order five years from its effective date, and only after successful completion of all terms and conditions. The Commission will issue a notice scheduling a date and time for Respondent to appear unless the Commission waives the need for an appearance.

## 5. COMPLIANCE WITH SANCTION RULES

5.1 The Commission applies WAC 246-16-800, *et seq.*, to determine appropriate sanctions, including stipulations to informal disposition under RCW 18.130.172. Tier B of the "Practice Below Standard of Care" schedule, WAC 246-16-810, applies to cases where substandard practices resulted in moderate patient harm or created a risk of moderate to severe patient harm. Respondent's care of Patients A, B, C, and D, included prescribing medication based solely on an online questionnaire, failing to provide adequate informed consent, failing to provide information on other treatments, and, in some cases, failing to respond appropriately to serious conditions, either caused moderate harm or created a risk of moderate harm to these patients. Schedule B therefore applies.

5.2 Tier B requires the imposition of sanctions ranging from two years of oversight to five years of oversight, unless revocation. Under WAC 246-16-800(3)(d), the starting point for the duration of the sanctions is the middle of the range. The Commission uses aggravating and mitigating factors to move towards the maximum or minimum ends of the range.

5.3 The aggravating and mitigating factors in this case, listed below, justify a moving to the maximum end of the range. The sanctions also include practice agreements, continuing medical education in record keeping and basis infectious disease

concepts, annual compliance appearances before the Commission, annual compliance audits, and other terms designed to protect the public.

5.4 These sanctions are appropriate within the Tier B range given the alleged facts of the case and the following aggravating and mitigating factors:

A. Aggravating factors include the number of patients involved and the egregious nature of the substandard care provided to those patients.

B. A mitigating factor is Respondent cooperated with the investigation.

#### 6. FAILURE TO COMPLY

Protection of the public requires practice under the terms and conditions imposed in this Agreed Order. Failure to comply with the terms and conditions of this Agreed Order may result in further action on Respondent's license after a show cause hearing. If Respondent fails to comply with the terms and conditions of this Agreed Order, the Commission may hold a hearing to require Respondent to show cause why the license should not be revoked. Alternatively, the Commission may bring additional charges of unprofessional conduct under RCW 18.130.180(9). In either case, Respondent will be afforded notice and an opportunity for a hearing on the issue of non-compliance.

#### 7. RESPONDENT'S ACCEPTANCE

I, MIGUEL ANTONOTOS, MD, Respondent, certify that I have read this Agreed Order in its entirety; that my counsel of record, Jessica M. Creager, has fully explained the legal significance and consequence of it; that I fully understand and agree to all of it; and that it may be presented to the Commission without my appearance. If the Commission accepts the Agreed Order, I understand that I will receive a signed copy.

  
\_\_\_\_\_  
MIGUEL R. ANTONOTOS, MD  
RESPONDENT

08/10/2023  
\_\_\_\_\_  
DATE

\_\_\_\_\_  
JESSICA M. CREAGER, WSBA NO. 42183  
ATTORNEY FOR RESPONDENT

\_\_\_\_\_  
DATE



concepts, annual compliance appearances before the Commission, annual compliance audits, and other terms designed to protect the public.

5.4 These sanctions are appropriate within the Tier B range given the alleged facts of the case and the following aggravating and mitigating factors:

A. Aggravating factors include the number of patients involved and the egregious nature of the substandard care provided to those patients.

B. A mitigating factor is Respondent cooperated with the investigation.

#### 6. FAILURE TO COMPLY

Protection of the public requires practice under the terms and conditions imposed in this Agreed Order. Failure to comply with the terms and conditions of this Agreed Order may result in further action on Respondent's license after a show cause hearing. If Respondent fails to comply with the terms and conditions of this Agreed Order, the Commission may hold a hearing to require Respondent to show cause why the license should not be revoked. Alternatively, the Commission may bring additional charges of unprofessional conduct under RCW 18.130.180(9). In either case, Respondent will be afforded notice and an opportunity for a hearing on the issue of non-compliance.


#### 7. RESPONDENT'S ACCEPTANCE

I, MIGUEL ANTONOTOS, MD, Respondent, certify that I have read this Agreed Order in its entirety; that my counsel of record, Jessica M. Creager, has fully explained the legal significance and consequence of it; that I fully understand and agree to all of it; and that it may be presented to the Commission without my appearance. If the Commission accepts the Agreed Order, I understand that I will receive a signed copy.

  
MIGUEL R. ANTONOTOS, MD  
RESPONDENT

08/10/2023

DATE

  
JESSICA M. CREAGER, WSBA NO. 42183  
ATTORNEY FOR RESPONDENT

DATE


Aug 10, 2023

**8. COMMISSION'S ACCEPTANCE AND ORDER**

The Commission accepts and enters this Stipulated Findings of Fact, Conclusions of Law and Agreed Order.

DATED: 9/29/23

STATE OF WASHINGTON  
WASHINGTON MEDICAL COMMISSION

  
\_\_\_\_\_  
PANEL CHAIR

PRESENTED BY:

WSBA  
28692  on behalf of MF  
\_\_\_\_\_  
MICHAEL L. FARRELL, WSBA NO. 16022  
COMMISSION STAFF ATTORNEY