

Berkshire West Area Prescribing Committee Policy Statement

Drug Name	Molludab
Indication under review	Molluscum contagiosum (MC)
Policy No:	APC 114
Date of Issue:	July 2015
Review Date:	July 2018
Policy Statement: Molludab is not recommended for routine use for the treatment of molluscum contagiosum (MC)	
Traffic Light Status	Brown
Key Points considered:	
<ul style="list-style-type: none"> • MC is a self-limiting condition that will normally resolve within 18 months. Parents should be reassured about this. • Genital molluscum may require treatment for some adult patients. • Current evidence for potassium hydroxide is limited. • This policy has been produced as a guide for GPs. Evidence and information was carefully considered and consulted upon by clinicians who concluded that this treatment is not a cost effective use of scarce NHS resources. There are situations where this policy may not apply to an individual patient due to their clinical exceptionality. This policy statement does not overrule an individual GPs clinical decision making and therefore each GP would be need to make the final decision on whether treatment is a cost-effective use of their CCG budget. 	
References Rajouria EA, Amatya A, Karn D. Comparative Study of 5 % Potassium Hydroxide Solution Versus 0.05% Tretinoin Cream for Molluscum Contagiosum in Children <i>Kathmandu Univ Med J</i> 2011;36(4):291-4. Köse O1, Özmen İ, Arca E. An open, comparative study of 10% potassium hydroxide solution versus salicylic and lactic acid combination in the treatment of molluscum contagiosum in children <i>J Dermatolog Treat.</i> 2013 Aug;24(4):300-4. Hanjani F, Behazin E, Comparison of 10% potassium hydroxide solution versus cryotherapy in the treatment of molluscum contagiosum: An open randomized clinical trial. <i>The Journal of dermatological treatment.</i> June 2014, vol./is.25/3(249-250). Metkar A, Pande S, Khopkar U. An open, nonrandomized, comparative study of imiquimod 5% cream versus 10% potassium hydroxide solution in the treatment of molluscum contagiosum. <i>Indian J Dermatol Venereol Leprol</i> 2008;74:614-8 Burce Can, Filiz Topaloğlu, Mukaddes Kavala, Zafer Turkoglu, Ilkin Zindanci, Sibel Sudogan. Treatment of pediatric molluscum contagiosum with 10% potassium hydroxide solution. <i>Journal of Dermatological Treatment</i> 2014-06-01 Romiti R; Ribeiro AP; Grinblat BM; Rivitti EA; Romiti N. Treatment of molluscum contagiosum with potassium hydroxide: a clinical approach in 35 children. <i>Pediatr Dermatol.</i> 1999; 16(3):228-31 Uçmak D1, Akkurt MZ, Kacar SD, Sula B, Arica M. Comparative study of 5% and 2.5% potassium hydroxide solution for molluscum contagiosum in children. <i>Cutan Ocul Toxicol.</i> 2014 Mar;33(1):54-9. Short K, Fuller C, Higgins E. Double-Blind, Randomized, Placebo-Controlled Trial of the use of Topical 10% Potassium Hydroxide Solution in the treatment of Molluscum Contagiosum.	
Date taken to APC:	1 st July 2015
Date Ratified by MMC on Behalf of the Board:	19 th August 2015

Berkshire West Area Prescribing Policies serve as a guide to clinicians. This does not overrule the clinical or budgetary responsibility of clinicians when considering treatment for individual patients.

Brown	Green	Amber	Red
These drugs have been reviewed and are not considered a cost effective use of scarce NHS resources	Medicines suitable for routine use. Primary care prescribers take full responsibility for prescribing	Medicines that should be initiated by a specialist and can be continued in primary care under a shared care agreement.	Medicines which should be prescribed by specialists only