

Berkshire West Area Prescribing Committee Policy Statement

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| Drug Name | Ivermectin (Soolantra®) | | |
| Indication under review | Papulopustular rosacea | | |
| Policy No: | APC 123 | | |
| Date of Issue: | March 2016 | | |
| Review Date: | March 2019 | | |
| Policy Statement: Ivermectin (Soolantra®) is recommended for the treatment of moderate to severe papulopustular rosacea | | | |
| Traffic Light Status | Green | | |
| Key Points considered: | | | |
| <ul style="list-style-type: none"> • The APC support this treatment for moderate to severe inflammatory lesions of rosacea where a topical treatment is considered appropriate. • A phase III randomised study demonstrated that ivermectin 10mg/g cream was significantly superior to an antimicrobial cream at reducing the percentage of inflammatory lesions from baseline to week 16. • Adverse events were reported in similar proportions in patients on ivermectin and on antimicrobial cream. Percentage of patients discontinuing treatment with metronidazole was higher | | | |
| Reference SMC No. (1104/15) http://www.scottishmedicines.org.uk/files/advice/ivermectin_Soolantra_FINAL_Nov_2015_for_website.pdf | | | |
| Date taken to APC: | 2 nd March 2016 | | |
| Date Ratified by MMC on Behalf of the Board: | 23 rd March 2016 | | |

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 |
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| 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 |