

**South East London Area Prescribing Committee
Formulary recommendation**

Reference	083
Intervention:	Ivermectin 1% cream (Soolantra™) for the topical treatment of inflammatory lesions of papulopustular facial rosacea in adults (Ivermectin is a member of the avermectin class, which have anthelmintic and insecticidal properties)
Date of Decision:	May 2018
Date of Issue:	May 2018
Recommendation	GREEN – can be prescribed within agreed criteria for use in primary or secondary care
Further Information:	<ul style="list-style-type: none"> Ivermectin 1% cream (Soolantra™) is approved for use in SEL for the topical treatment of inflammatory lesions of papulopustular rosacea in adults. This is in line with the licensed use for the product. <p>In line with the SEL Pustulopapular Rosacea treatment pathway, ivermectin 1% cream may be considered as a first line topical treatment option in both mild to moderate and severe papulopustular facial rosacea.</p> <ul style="list-style-type: none"> In severe papulopustular facial rosacea, it may be considered as an option for use in combination with an oral tetracycline antibiotic. <p>Please refer to the Pustulopapular Rosacea treatment pathway and Recommendation 082 for further information.</p> <p>Practical information (refer also to SPC and patient information leaflet for further information):</p> <ul style="list-style-type: none"> A treatment course consists of one application daily for up to 4 months. In case of no improvement after 3 months, the treatment should be discontinued. The cream should be applied only to the face. Cutaneous application of a pea-size amount of ivermectin 1% cream to each of the five areas of the face: forehead, chin, nose, and each cheek. The cream should be spread as a thin layer across the entire face, avoiding the eyes, lips and mucosa. The treatment course may be repeated.
Shared Care/Transfer of care document required:	N/A
Cost Impact for agreed patient group	<ul style="list-style-type: none"> Based on the Scottish Medicines Consortium (SMC) advice on ivermectin around 134 people per 100,000 population might be eligible for treatment. If a 20% uptake is assumed (~27 patients per 100,000 population) and a cost of £73 per patient for a 4 months course (1 tube per month), the total cost impact across SEL is estimated to be ~£35,000 (excluding VAT). Whilst ivermectin 1% cream is more expensive than other topical options, it is applied once daily rather than twice daily. As ivermectin 1% cream may be initiated in primary care, this has the potential to release savings through reduced referrals to dermatology.

Usage Monitoring & Impact Assessment	Trusts: <ul style="list-style-type: none"> • Monitor usage and report back to APC when requested. • Audit to ensure use in line with this recommendation and local pathway. CCGs: <ul style="list-style-type: none"> • Monitor primary care prescribing data. • Audit locally to ensure use in line with this recommendation and local pathway. • Exception reports from GPs if inappropriate prescribing requests are made to primary care.
Evidence reviewed	References (from evidence evaluation): <ol style="list-style-type: none"> 1. NICE Evidence summary ESNM68: Inflammatory lesions of papulopustular rosacea: ivermectin 10 mg/g cream. Published date: January 2016 2. Summary of product characteristics (SmPC) for Soolantra® 10mg/g Cream Galderma (UK) Ltd. Accessed via www.medicines.org.uk 3. Stein Gold L, Kircik L, Fowler J et al. (2014a) Efficacy and safety of ivermectin 1% cream in treatment of papulopustular rosacea: results of two randomized, double-blind, vehicle-controlled pivotal studies. Journal of Drugs in Dermatology 13: 316–23 4. Stein Gold L, Kircik L, Fowler J et al. (2014b) Long-term safety of ivermectin 1% cream vs azelaic acid 15% gel in treating inflammatory lesions of rosacea: results of two 40-week controlled, investigator-blinded trials. Journal of Drugs in Dermatology 13: 1380–6 5. Taieb A, Ortonne JP, Ruzicka T et al. (2015) Superiority of ivermectin 1% cream over metronidazole 0.75% cream in treating inflammatory lesions of rosacea: a randomized, investigator-blinded trial. British Journal of Dermatology 172: 1103–10

NOTES:

- a) Area Prescribing Committee recommendations, position statements and minutes are available publicly via the [APC webpages](#).
- b) This Area Prescribing Committee recommendation has been made on the cost effectiveness, patient outcome and safety data available at the time. The recommendation will be subject to review if new data becomes available, costs are higher than expected or new NICE guidelines or technology appraisals are issued.
- c) **Not to be used for commercial or marketing purposes. Strictly for use within the NHS.**