

**AREA PRESCRIBING COMMITTEE – Birmingham, Sandwell, Solihull and environs**

**Decision Making Support Tool**

The following document supports the committee to consider formulary applications against defined criteria.

Formulary application reference:		APCBSSE/00027
Drug name and formulations:		Ivermectin cream 1% (Soolantra®)
Criteria	Example	Committee Consensus
Patient Safety	<i>Potential for abuse, toxicity, significant drug interactions</i>	No major concerns; this would avoid excessive use of antimicrobials in line with antimicrobial stewardship principles
Clinical effectiveness	<i>Established licensed product</i>	Shown in trials to be at least as effective as metronidazole 0.75% cream.
Strength of evidence		Acceptable
Cost effectiveness or resource impact	£	Slightly more expensive than current topical treatment options.
Place of therapy relative to available treatments	<i>1/2<sup>nd</sup> tier</i>	Alternative treatment option.
National guidance and priorities	<i>NICE, MTRAC</i>	None
Local health priorities	<i>CCG views</i>	N/A
Equity of access	<i>Equality assessment</i>	N/A
Stakeholder views	<i>Define wider groups to be engaged</i>	supported
Implementation requirements	<i>Requires, RICAD ESCA etc.</i>	None

**Decision Summary**

Resubmission is recommended to complete the information to enable a decision:	
Not approved and rationale:	
Formulary status (RAG) and rationale	GREEN: alternative option to metronidazole / azelaic acid gel
Implementation requirements:	
Implementation monitoring:	