



**PAN MERSEY AREA PRESCRIBING COMMITTEE
PRESCRIBING POLICY STATEMENT**



Pan Mersey

Area Prescribing Committee

REF:

FIRST APC BOARD DATE: 04 MAY 2016

LAST APC BOARD DATE: 23 MAY 2018

POTASSIUM HYDROXIDE 5% Solution (MolluDab[®] or Molutrex[®])

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The Pan-Mersey Area Prescribing Committee does not recommend the prescribing of Potassium Hydroxide 5% (MolluDab[®] or Molutrex[®]) on the NHS. Patients are advised to purchase MolluDab[®] or Molutrex[®] if they wish.

Molluscum contagiosum is a self-limiting viral skin infection caused by the molluscum contagiosum virus (MCV). The NHS Clinical Knowledge Summaries (CKS)¹ scenario and NHS choices² both say that treatment for molluscum contagiosum is not usually recommended.

Advice for self-care:

- Reassure people that molluscum contagiosum is a self-limiting condition. Spontaneous resolution usually occurs within 18 months.
- Explain that lesions are contagious, and it is sensible to avoid sharing towels, clothing, and baths with uninfected people (e.g. siblings).
- Encourage people not to scratch the lesions. If it is problematic, consider treatment to alleviate the itch.
- Exclusion from school, gym, or swimming is not necessary

Treatment is usually only recommended for older children and adults in cases where the spots are particularly unsightly and affect quality of life. MolluDab[®] or Molutrex[®] are available for 'over the counter' (OTC) purchase for these purposes.

A [patient information leaflet](#) on molluscum contagiosum is available from the British Association of Dermatologists.

Note: Patients who are not eligible for treatment under this policy may be considered on an individual basis where their GP or consultant believes exceptional circumstances exist that warrant deviation from the rule of this policy. If appropriate an exceptional funding request will be required following the usual locally defined process.

Potassium Hydroxide 5% Solution (MolluDab® or Molutrex®)

<p>EFFECTIVENESS</p> <p>There are many expert reviews reporting on the treatment of molluscum contagiosum, but very few randomised placebo-controlled trials. To date, no trial has compared watchful waiting with different treatment strategies. Most available trials are small, have poor methodological quality, are carried out in secondary care setting and cannot be generalised to primary care. A Cochrane review concluded that, at present, no reliable evidence-based recommendations can be given for the treatment of non-genital molluscum contagiosum in immunocompetent people. Unless robust evidence emerges for effective and safe treatment, clinicians should consider expectant management (e.g. waiting for spontaneous resolution of the molluscum lesions).¹</p> <p>A small randomized controlled trial (n = 20) comparing potassium hydroxide 10% solution with a saline placebo showed clearance with topical potassium hydroxide in 6/10 children at 90 days of follow up; 2/10 children reported 'no change' in the potassium hydroxide group, compared with 8/10 children in the control group (though this difference did not reach statistical significance). Stinging and post inflammatory pigmentary changes were recorded with potassium hydroxide.³</p>	<p>SAFETY^{5,6}</p> <p>CAUTION: Potassium Hydroxide 5% is highly corrosive. Use solution carefully as it may cause caustic burns if used incorrectly on the skin.</p> <p>Important information about safe use:</p> <ul style="list-style-type: none"> • When applying, keep out of the reach of children. • Do not use Potassium Hydroxide 5% on infants or children under 3 years of age. • Avoid contact with eyes. Wash hands immediately after each use. If solution does accidentally enter the eye, rinse immediately for 15 minutes with large amounts of water and seek medical advice. • Ensure that the solution does not come into contact with healthy skin or mucous membranes. Allow the solution to dry thoroughly to avoid spreading it to healthy skin. Immediately rinse spilled solution away from skin and mucous membranes with plenty of running water for 15 minutes. • If swallowed. Rinse mouth and drink plenty of water. DO NOT induce vomiting. Call a doctor immediately. • In case of overdose or excessive frequent use, painful inflammation of the skin may occur. • Do not allow the solution to come into contact with clothing or textiles. • Soak spillages from surfaces with an absorbent paper towel and immediately wash the surface with plenty of water.
<p>COST</p> <p>MolluDab® 2ml: £13.50⁴ (approx.. £27⁵ to purchase) Molutrex® 3ml: £9.99⁴ (approx.. £16.99⁶ to purchase)</p> <p>Currently in the Pan-Mersey area, the cost of current prescribing is approximately £3,236 per year.</p>	<p>PATIENT FACTORS^{5,6}</p> <ul style="list-style-type: none"> • The solution should be applied sparingly to the top of the molluscum blister once or twice a day and allowed to dry. • As soon as inflammation appears (recognisable by redness lasting 12 hours or more) stop using the solution as this indicates that the molluscum bumps are healing (usually happens within 2 to 10 days). • Cease using the solution after 14 days even if no inflammation is apparent and consult your doctor for further advice. • Wait for the molluscum lesions to heal (this usually takes between 1 and 5 weeks).

PRESCRIBING INFORMATION

Prescribing is not recommended.

IMPLEMENTATION NOTES

Prescribers should advise that Potassium Hydroxide 5% solution may be purchased.

REFERENCES

1. NHS Clinical Knowledge Summaries (CKS) scenario for Molluscum contagiosum <http://cks.nice.org.uk/molluscum-contagiosum#!scenario> (accessed 4.12.17)
2. NHS Choices: Molluscum contagiosum <http://www.nhs.uk/Conditions/Molluscum-contagiosum/Pages/Introduction.aspx>
3. Short KA, Fuller C, Higgins EM. Double-Blind, Placebo-Controlled Trial of the Use of Topical 10% Potassium Hydroxide Solution in the Treatment of Molluscum Contagiosum. *Pediatric Dermatology*, 2006, Vol 23, No 3, 269-281
4. Drug Tariff: December 2017
5. MolluDab website: <http://www.molludab.co.uk/molluscum-contagiosum> (Accessed 4.12.17)
6. Molutrex website: <http://www.molutrex.co.uk/> (Accessed 4.12.17)