Evaluating not only the physical, but the emotional burden of disease can help you determine the best course of treatment for your rosacea patients. Use the following questionnaire to help guide your assessment of the cumulative burden of disease, including symptoms that go beyond the visible and impact your patient’s quality of life.¹

**Physical assessment: the surface of rosacea**

Does your patient present with the following?¹

- **AT LEAST ONE**
  - Diagnostic Phenotype
    - Fixed centrofacial erythema
    - Phymatous changes

- **OR**

- **AT LEAST TWO**
  - Major Phenotypes
    - Papules and pustules
    - Flushing
    - Telangiectasia
    - Ocular manifestations

- **Secondary Phenotypes**
  - Burning and stinging
  - Edema
  - Dry appearance

**Confirming the severity of visible symptoms**

Of course, a visual examination may be sufficient to confirm a rosacea diagnosis. However, in instances where additional probing is necessary for a comprehensive physical assessment, consider asking your patients one or more of the following questions¹:

- Do you experience persistent redness on your nose and/or cheeks that sometimes gets worse?
- Does it seem like your skin is thickening or the texture is changing, especially on your nose?
- Have you noticed inflammation or bumps that might look like acne? Are they filled with pus?
- Does your face sometimes feel or look flushed, or slightly swollen?
- Have you noticed visible blood vessels or “spider veins” on your face, especially on the cheeks?
- Are you experiencing eye problems like dry, irritated, swollen eyes? Are your eyelids red or swollen? Any sensitivity to light?

**Emotional assessment: take a deeper look**

The burden of rosacea goes beyond the visible symptoms alone. In fact, survey results show rosacea affects quality of life for half of all patients. To determine the severity of the emotional impact rosacea has on your patient, consider asking the following questions²:

- Have you had to miss days of school, work or skipped a social event because of your skin condition?
- Does your rosacea make you feel stressed out, frustrated, embarrassed or insecure?
- Do you avoid situations where there might be food, alcohol, sun exposure or another potential trigger because you worry it might aggravate your symptoms?
- Do you feel like your rosacea has caused problems in your intimate relationships?
SOOLANTRA® (IVERMECTIN) CREAM, 1% AT A GLANCE:

TIME TO SURFACE

Prescribe the topical that helps patients get clearer, faster and for longer.

SOOLANTRA Cream is an innovative topical treatment that fights the bumps and blemishes of rosacea with a once-daily, easy-to-apply cream.

Treatment goal assessment: get clear on patient preference

Consider asking your rosacea patients any of the following questions to see if SOOLANTRA Cream is an appropriate treatment option:

- Would you be interested in a topical treatment that could potentially get you clearer from the inflammatory lesions of rosacea?
- Would you prefer a topical treatment that you apply only once a day?
- Would you say it's important for the treatment to be gentle and tolerable?
- Would you be interested in trying a treatment that could potentially provide results in as little as three weeks?
- Would you like a treatment that could potentially continue to control symptoms over time?
- Are you fine with relatively clear skin or would you like to try to treat to "clear"?*

**DOES THIS MATCH YOUR ASSESSMENT?**

- Confirmed PPR diagnosis
- Wants to achieve clearer skin

**CONSIDER ONCE-DAILY SOOLANTRA CREAM**

**Proposed dual MOA of ivermectin**

- **Anti-inflammatory**
  - Decreases cellular and humoral immune responses and downregulates pro-inflammatory cytokines (IL-8, LL-37, HBD3, KLK-5, and TNF-a)
- **Antiparasitic**
  - Vermicide
  - Demodex

**Superior to METROCREAM® (metronidazole) Topical Cream, 0.75%**

- SOOLANTRA Cream is faster vs METROCREAM® Topical Cream, 0.75% at reducing inflammatory lesions, with reductions seen as early as 3 weeks (83% reduction vs 73.7%; P=0.001 at Week 16)
- 60% more patients reached "CLEAR"* (IGA 0) with SOOLANTRA Cream vs METROCREAM® Topical Cream, 0.75% (34.9% vs 21.7%)

**Highly tolerable**

- Similar safety and tolerability vs METROCREAM® Topical Cream, 0.75%
- The most common AEs in patients were skin irritation (0.6%), erythema (0.4%), rosacea (0.4%), and pruritus (0.2%)

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**Important Safety Information**

**Indication:** SOOLANTRA® (ivermectin) Cream, 1% is indicated for the treatment of inflammatory lesions of rosacea. Not for oral, ophthalmic or intravaginal use. **Adverse Events:** In clinical trials with SOOLANTRA Cream, the most common adverse reactions (incidence ≥1%) included skin burning sensation and skin irritation. You are encouraged to report negative side effects of prescription drugs to the FDA. Visit [www.fda.gov/Safety/MedWatch](http://www.fda.gov/Safety/MedWatch) or call 1-800-FDA-1088.

**References:**

3. SOOLANTRA® (ivermectin) cream prescribing information. Fort Worth, TX: Galderma Laboratories, LP; 2020.

*The mechanism of action (MOA) of SOOLANTRA Cream in treating rosacea lesions is unknown.

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