

SECTION	SUBJECT	PAGE									
RESTRICTED USE	For Topical Use Metronidazole 500 mg capsules Metronidazole 1% topical gel (Metrogel®) or 1% cream (Noritate®) For Oral Use Metronidazole 250 mg tablets are on Formulary Metronidazole 500 mg capsules are Non-Formulary	1 of 1									
	Original Revision	<table> <tr> <th>YY</th><th>MM</th><th>DD</th></tr> <tr> <td>16</td><td>11</td><td>24</td></tr> <tr> <td>18</td><td>07</td><td>01</td></tr> </table>	YY	MM	DD	16	11	24	18	07	01
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16	11	24									
18	07	01									

PROTOCOLS

1. For wound management of arterial, malodorous, or non-healing fungating wounds

Metronidazole 500 mg capsules and metronidazole 1% topical gel or cream, are approved for use under the following conditions:

- Short-term use (up to 4 weeks)
 - Treatment goals and follow-up plan are established and implemented; **and**
 - The prescriber initiates a referral to either ISFL Skin and Wound consultant **or** the LTC site-based Skin and Wound Assessment Team (SWAT), if appropriate.
- Long-term use (longer than 4 weeks)
 - A short-term trial was effective; **and**
 - Recommended by ISFL Skin and Wound **or** the LTC site-based SWAT that long-term use is required; **and**
 - Treatment goals and follow-up plan are established and implemented.

2. For the treatment of Rosacea

Metronidazole 1% topical gel or 1% topical cream are approved for use for the treatment of Rosacea.

PROCEDURE

For Kroll Users

Upon completion of the review by the clinical pharmacist, in the **Rx Plan Information**, under **Special authorization #** field, create a tracking number by entering an Intervention code, followed by date of review MONYY, followed by the clinical pharmacist's initials (e.g. ST-NOV16-LS). The code should be updated annually.

ST-Short Term
 LT –Long Term