

POLICY & PRACTICE

SkinPAC Raises \$185,000

Dermatologists raised \$185,000 in the last election cycle as part of the American Academy of Dermatology Association's political action committee. SkinPAC, which raised the money from 205 AADA members, distributed the funds to 68 congressional candidates. The federal, non-partisan PAC has focused on addressing physician payment issues, medical liability reform, increasing funding for skin disease research, and enacting indoor tanning legislation, according to Cynthia Yag-Howard, M.D., chair of SkinPAC board of

advisors. Reporting on the PAC's progress at the AADA business meeting in February, Dr. Yag-Howard urged more dermatologists to give to the PAC. "It is an essential component in the reality of our political system," she said. "Your involvement equals visibility on the Hill. It equals credibility on the Hill and tangible results."

Bioterrorism Referral List

The American Academy of Dermatology is asking dermatologists with an interest or expertise in cutaneous manifes-

tations of bioterrorism to add their names to a list of volunteers who might be called on to help in the evaluation and treatment of bioterrorism victims. The list is being compiled by the AAD's Bioterrorism Task Force, which was formed in October 2001 following the anthrax attacks. The task force members are still compiling names for the list, which they are currently planning to pass along to the Centers for Disease Control and Prevention. As of February, they had nearly 100 volunteers. For more information about the Bioterrorism Task Force or to add your name to the referral list, contact Connie Tegeler of the AAD at 847-240-1733 or e-mail ctegeler@aad.org.

Lip Cancer Awareness

The public is still unaware of the risks of lip cancer from sun exposure, according to a recent survey. While 94% of people surveyed said they were aware that unprotected sun exposure can damage the skin, only 70% said they knew about the risks for lip cancer. Since lip cancer is less prevalent, it has received less attention, even among health care professionals, according to Richard F. Wagner Jr., M.D., a dermatologic surgeon at the University of Texas, Galveston, and coauthor of the study published in the February issue of *Dermatologic Surgery*. Dr. Wagner and his colleagues surveyed 299 beachgoers and asked them about their awareness of skin cancer and lip cancer.

Eczema Impact

A majority of atopic eczema patients are in a state of constant concern over when their disease will flare up next, according to the results of a multinational survey called the International Study of Life With Atopic Eczema (ISOLATE). The data, which were presented at the annual meeting of the American Academy of Dermatology, are from a subset of 400 U.S. patients and caregivers. Only 24% of patients and 27% of caregivers said they are completely confident that they can manage the condition. The survey was developed by the National Eczema Association for Science and Education (NEASE) and other patient-focused organizations around the world. "This survey demonstrates the seriousness of the condition and the tremendous need for effective treatment options that patients can use safely to control their disease long term," NEASE CEO Vicki Kalabokes said in a statement.

Fiscal 2006 Budget Request

The president's 2006 budget request got mixed reviews from health care groups. Although some groups objected to a lack of appropriate funding for health professions programs, others decried the \$60 billion in proposed cuts to Medicaid over the next 10 years. The Association of American Medical Colleges is opposed to cuts "that will further stretch the already taut health care safety net provided by teaching hospitals and medical school physicians," Jordan Cohen, M.D., AAMC president, said in a statement. Although pleased with a \$300 million boost for community health centers, Daniel Hawkins of the National Association of Community Health Centers noted that proposed cuts to Medicaid and the National Health Service Corps presented a funding conflict.

Not everyone was unhappy with the budget: The American Medical Association praised the budget's efforts to fund tax credit initiatives and expand health savings accounts.

States Meet Their Match

States have been known to recycle payments returned by health care providers to draw down additional federal dollars for Medicaid, and the feds are tired of it. The administration's budget request seeks to curb such tactics by only matching those funds kept by health care providers as payment for services. States also can make Medicaid payments to health care providers that are far in excess of the actual cost of services and then use the additional money to leverage federal reimbursements in excess of their Medicaid matching rate or for other purposes. To halt this misuse of funds, the government proposes to limit reimbursement to no more than the cost of providing services. Both proposals are expected to save \$5.9 billion over 5 years. "None of these efforts should affect the way physicians get paid under Medicaid," Department of Health and Human Services spokesman Bill Pierce said in an interview.

Asian American Gays Surveyed

More than three-fourths of Asian Pacific American lesbian, gay, bisexual, and transgender (LGBT) people have experienced discrimination based on their sexual orientation, according to a study by the National Gay and Lesbian Task Force, an advocacy organization. As part of the largest study of this group ever undertaken, researchers surveyed 124 attendees at a regional LGBT conference and found that 82% had experienced such discrimination: 82% also had experienced discrimination based on their race or ethnicity, and 96% of respondents agreed that homophobia and transphobia is a problem within the Asian Pacific American community. "The lives of Asian Pacific American [LGBT] people involve a complex web of issues arising from being sexual, racial/ethnic, language, gender, immigrant, and economic minorities," said Glenn D. Magpantay, steering committee member of Gay Asian & Pacific Islander Men of New York.

Cost of New Drug Benefit

National health care spending costs will remain stable during the next 10 years, though public programs will account for half of total spending, in part because of the new Medicare Part D prescription drug benefit, according to a report by the Centers for Medicare and Medicaid Services. The agency claims the drug benefit—which kicks in next January—is expected to "significantly" increase prescription drug use and reduce out-of-pocket spending for older patients without causing any major increase in the health care spending trend. However, the new benefit will result in a significant shift in funding from private payers and Medicaid to Medicare. Medicare spending is projected to grow almost 8% in 2004 and 8.5% in 2005, because of several changes in the program under the Medicare Modernization Act, such as positive physician updates and higher Medicare Advantage payment rates.

—Mary Ellen Schneider

ROSAC[®] Cream

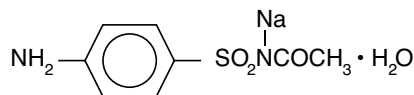
WITH SUNSCREENS

(sodium sulfacetamide 10% and sulfur 5%)

Rx only

DESCRIPTION: Each gram of Rosac[®] Cream With Sunscreens contains 100 mg of sodium sulfacetamide and 50 mg of sulfur in a cream containing avobenzone, benzyl alcohol, C12-15 alkyl benzoate, cetostearyl alcohol, dimethicone, edetate disodium, emulsifying wax, monobasic sodium phosphate, octinoxate, propylene glycol, purified water, sodium thiosulfate, steareth-2, steareth-21.

Sodium sulfacetamide is a sulfonamide with antibacterial activity while sulfur acts as a keratolytic agent. Chemically, sodium sulfacetamide is N-[(4-aminophenyl) sulfonyl]acetamide, monosodium salt, monohydrate. The structural formula is:



CLINICAL PHARMACOLOGY: The most widely accepted mechanism of action of sulfonamides is the Woods-Fildes theory which is based on the fact that sulfonamides act as competitive antagonists to para-aminobenzoic acid (PABA), an essential component for bacterial growth. While absorption through intact skin has not been determined, sodium sulfacetamide is readily absorbed from the gastrointestinal tract when taken orally and excreted in the urine, largely unchanged. The biological half-life has variously been reported as 7 to 12.8 hours.

The exact mode of action of sulfur in the treatment of acne is unknown, but it has been reported that it inhibits the growth of *Propionibacterium acnes* and the formation of free fatty acids.

INDICATIONS AND USAGE: Rosac Cream With Sunscreens is indicated in the topical control of acne vulgaris, acne rosacea and seborrheic dermatitis.

CONTRAINDICATIONS: Rosac Cream With Sunscreens is contraindicated for use by patients having known hypersensitivity to sulfonamides, sulfur or any other component of this preparation. This drug is not to be used by patients with kidney disease.

WARNINGS: Although rare, sensitivity to sodium sulfacetamide may occur. Therefore, caution and careful supervision should be observed when prescribing this drug for patients who may be prone to hypersensitivity to topical sulfonamides. Systemic toxic reactions such as agranulocytosis, acute hemolytic anemia, purpura hemorrhagica, drug fever, jaundice, and contact dermatitis indicate hypersensitivity to sulfonamides. Particular caution should be employed if areas of denuded or abraded skin are involved.

PRECAUTIONS: General — If irritation develops, use of the product should be discontinued and appropriate therapy instituted. For external use only. Keep away from eyes. Patients should be carefully observed for possible local irritation or sensitization during long-term therapy. The object of this therapy is to achieve desquamation without irritation, but sodium sulfacetamide and sulfur can cause reddening and scaling of epidermis. These side effects are not unusual in the treatment of acne vulgaris, but patients should be cautioned about the possibility. Keep out of reach of children.

Carcinogenesis, Mutagenesis and Impairment of Fertility — Long-term studies in animals have not been performed to evaluate carcinogenic potential.

Pregnancy — Category C. Animal reproduction studies have not been conducted with Rosac Cream with Sunscreens. It is also not known whether this drug can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity. It should be given to a pregnant woman only if clearly needed.

Nursing Mothers — It is not known whether sodium sulfacetamide is excreted in human milk following topical use of Rosac Cream With Sunscreens. However, small amounts of orally administered sulfonamides have been reported to be eliminated in human milk. In view of this and because many drugs are excreted in human milk, caution should be exercised when this drug is administered to a nursing woman.

Pediatric Use — Safety and effectiveness in children under the age of 12 have not been established.

ADVERSE REACTIONS: Although rare, sodium sulfacetamide may cause local irritation.

DOSAGE AND ADMINISTRATION: Apply a thin film of Rosac[®] Cream With Sunscreens to affected areas 1 to 3 times daily.

HOW SUPPLIED: 45 g tubes (NDC 0145-2617-05)

Store at controlled room temperature 15°-30°C (59°-86°F).



Stiefel Laboratories, Inc.
Coral Gables, FL 33134

Patent Pending
813400 Rev. 0804