

# Advisers Agree on Certainty of Health Reform

BY ALICIA AULT

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WASHINGTON — The nation's health care system will be overhauled in a substantive fashion in the early days of the next administration, promised advisers to the presidential candidates at a forum sponsored by the journal Health Affairs.

Although the economy has replaced health care as the top issue for voters, there is still a hunger for change, and economic and health concerns are linked,

said Democratic and Republican pollsters at the same forum.

Sen. Ron Wyden (D-Ore.), who has pushed for health reform for years, agreed that early 2009 will be the right time. "At this point you almost don't want to hope again," he said at the forum. But "this time, believe."

He said that he has visited with 80 of 100 senators in the last few months and that all were motivated to reduce the cost

of health care and to increase coverage for the uninsured.

Sen. Wyden and Sen. Bob Bennett (R-Utah) have promoted their Healthy Americans Act (S. 334) as a solution, but Sen. Wyden acknowledged that no one piece of legislation was likely to be the be-all and end-all.

Democratic pollster Celinda Lake said that voters view health care as a right and that in particular, women regarded it as a value. Women are concerned that health

care not cost too much and that cost constraints not lead to any shortages that result in long waits for appointments or less time with a physician. And women are likely to be the voting bloc that decides the 2008 presidential election, said Ms. Lake.

On the other hand, those currently without health insurance are the least likely constituency of concern, she said, noting that the strongest predictor of not voting is being uninsured.

When it comes to health care, Americans are consumers, "not altruists," she said. That means they want to know how much it's going to cost them to cover the uninsured. "There is a real desire for change and a dramatic concern about rising costs," said Ms. Lake.

Presidential candidate Sen. John McCain (R-Ariz.) seems to have tapped into these sentiments with his proposal to grant tax credits for health insurance plans, paying for wellness and eliminating waste in the system, Ms. Lake said.

Health care is inexorably linked with the economy—when the economy is bad, people worry about their health coverage, said William McInturff, a Republican pollster. In a poll his company conducted for the Robert Wood Johnson Foundation in April, the top two items cited to improve the economic situation for the average American were making health care more affordable and providing coverage for all Americans.

Sixty-seven percent of respondents to that survey said they thought the number of uninsured would increase in the next 6 months. That's the highest percentage since his firm began asking the question in 2001, Mr. McInturff said.

Candidates' proposals—such as mandates requiring individuals to have insurance, a focus on prevention, and repealing tax cuts to pay for coverage—resonated, with 35%-45% of survey respondents saying they'd heard or read about such ideas.

Mr. McInturff predicted that if Sen. McCain becomes president that the senator would remain committed to health reform.

"I'm not sure I understand how Sen. McCain would advance cost control," said Dr. David Blumenthal, a senior adviser to Sen. Barack Obama's (D-Ill.) campaign. The way to get affordability and value is to address cost and access, said Dr. Blumenthal, director of the Massachusetts General Hospital Institute for Health Policy, Boston. He is also professor of health care policy and Samuel O. Thier Professor of Medicine at Harvard Medical School in Boston.

It would be relatively easy to curb spending in Medicare through budgetary caps, but that was not a good solution because it would just push the costs elsewhere, said Dr. Blumenthal.

Douglas Holtz-Eakin, a senior policy adviser to Sen. McCain's campaign, said that offering options to employer-sponsored health insurance could make Americans better consumers, and thus help drive down costs.

Regardless of their choice for president, all the advisers agreed that reform was coming.

"The next president will have to do health care reform, period," said Mr. Holtz-Eakin. ■

## BenzaClin® Topical Gel

(clindamycin - benzoyl peroxide gel)

**Brief summary. Please see full prescribing information for complete product information.**  
Topical Gel: clindamycin (1%) as clindamycin phosphate, benzoyl peroxide (5%)  
For Dermatological Use Only - Not for Ophthalmic Use  
\*Reconstitute Before Dispensing\*

### INDICATIONS AND USAGE

BenzaClin Topical Gel is indicated for the topical treatment of acne vulgaris.

### CONTRAINDICATIONS

BenzaClin Topical Gel is contraindicated in those individuals who have shown hypersensitivity to any of its components or to lincomycin. It is also contraindicated in those having a history of regional enteritis, ulcerative colitis, or antibiotic-associated colitis.

### WARNINGS

ORALLY AND PARENTERALLY ADMINISTERED CLINDAMYCIN HAS BEEN ASSOCIATED WITH SEVERE COLITIS WHICH MAY RESULT IN PATIENT DEATH. USE OF THE TOPICAL FORMULATION OF CLINDAMYCIN RESULTS IN ABSORPTION OF THE ANTIBIOTIC FROM THE SKIN SURFACE. DIARRHEA, BLOODY DIARRHEA, AND COLITIS (INCLUDING PSEUDOMEMBRANOUS COLITIS) HAVE BEEN REPORTED WITH THE USE OF TOPICAL AND SYSTEMIC CLINDAMYCIN. STUDIES INDICATE A TOXIN(S) PRODUCED BY CLOSTRIDIA IS ONE PRIMARY CAUSE OF ANTIBIOTIC-ASSOCIATED COLITIS. THE COLITIS IS USUALLY CHARACTERIZED BY SEVERE PERSISTENT DIARRHEA AND SEVERE ABDOMINAL CRAMPS AND MAY BE ASSOCIATED WITH THE PASSAGE OF BLOOD AND MUCUS. ENDOSCOPIC EXAMINATION MAY REVEAL PSEUDOMEMBRANOUS COLITIS. STOOL CULTURE FOR *Clostridium Difficile* AND STOOL ASSAY FOR *C. difficile* TOXIN MAY BE HELPFUL DIAGNOSTICALLY. WHEN SIGNIFICANT DIARRHEA OCCURS, THE DRUG SHOULD BE DISCONTINUED. LARGE BOWEL ENDOSCOPY SHOULD BE CONSIDERED TO ESTABLISH A DEFINITIVE DIAGNOSIS IN CASES OF SEVERE DIARRHEA. ANTIPERISTALTIC AGENTS SUCH AS OPIATES AND DIPHENOXYLATE WITH ATROPINE MAY PROLONG AND/OR WORSEN THE CONDITION. DIARRHEA, COLITIS, AND PSEUDOMEMBRANOUS COLITIS HAVE BEEN OBSERVED TO BEGIN UP TO SEVERAL WEEKS FOLLOWING CESSATION OF ORAL AND PARENTERAL THERAPY WITH CLINDAMYCIN.

Mild cases of pseudomembranous colitis usually respond to drug discontinuation alone. In moderate to severe cases, consideration should be given to management with fluids and electrolytes, protein supplementation and treatment with an antibacterial drug clinically effective against *C. difficile* colitis.

### PRECAUTIONS

**General:** For dermatological use only; not for ophthalmic use. Concomitant topical acne therapy should be used with caution because a possible cumulative irritancy effect may occur, especially with the use of peeling, desquamating, or abrasive agents.

The use of antibiotic agents may be associated with the overgrowth of nonsusceptible organisms including fungi. If this occurs, discontinue use of this medication and take appropriate measures.

Avoid contact with eyes and mucous membranes.

Clindamycin and erythromycin containing products should not be used in combination. *In vitro* studies have shown antagonism between these two antimicrobials. The clinical significance of this *in vitro* antagonism is not known.

**Information for Patients:** Patients using BenzaClin Topical Gel should receive the following information and instructions:

1. BenzaClin Topical Gel is to be used as directed by the physician. It is for external use only. Avoid contact with eyes, and inside the nose, mouth, and all mucous membranes, as this product may be irritating.
2. This medication should not be used for any disorder other than that for which it was prescribed.
3. Patients should not use any other topical acne preparation unless otherwise directed by physician.
4. Patients should minimize or avoid exposure to natural or artificial sunlight (tanning beds or UVA/B treatment) while using BenzaClin Topical Gel. To minimize exposure to sunlight, a wide-brimmed hat or other protective clothing should be worn, and a sunscreen with SPF 15 rating or higher should be used.
5. Patients should report any signs of local adverse reactions to their physician.
6. BenzaClin Topical Gel may bleach hair or colored fabric.
7. BenzaClin Topical Gel can be stored at room temperature up to 25°C (77°F) for 3 months. Do not freeze. Discard any unused product after 3 months.
8. Before applying BenzaClin Topical Gel to affected areas wash the skin gently, then rinse with warm water and pat dry.

**Carcinogenesis, Mutagenesis, Impairment of Fertility:** Benzoyl peroxide has been shown to be a tumor promoter and progression agent in a number of animal studies. The clinical significance of this is unknown.

Benzoyl peroxide in acetone at doses of 5 and 10 mg administered twice per week induced skin tumors in transgenic Tg.AC mice in a study using 20 weeks of topical treatment.

In a 52 week dermal photocarcinogenicity study in hairless mice, the median time to onset of skin tumor formation was decreased and the number of tumors per mouse increased following chronic concurrent topical administration of BenzaClin Topical Gel with exposure to ultraviolet radiation (40 weeks of treatment followed by 12 weeks of observation).

In a 2-year dermal carcinogenicity study in rats, treatment with BenzaClin Topical Gel at doses of 100, 500 and 2000 mg/kg/day caused a dose-dependent increase in the incidence of keratoacanthoma at the treated skin site of male rats. The incidence of keratoacanthoma at the treated site of males treated with 2000 mg/kg/day (8 times the highest recommended adult human dose of 2.5 g BenzaClin Topical Gel, based on mg/m<sup>2</sup>) was statistically significantly higher than that in the sham- and vehicle-controls.

Genotoxicity studies were not conducted with BenzaClin Topical Gel. Clindamycin phosphate was not genotoxic in *Salmonella typhimurium* or in a rat micronucleus test. Clindamycin phosphate sulfoxide, an oxidative degradation product of clindamycin phosphate and benzoyl peroxide, was not clastogenic in a mouse micronucleus test. Benzoyl peroxide has been found to cause DNA strand breaks in a variety of mammalian cell types, to be mutagenic in *S. typhimurium* tests by some but not all investigators, and to cause sister chromatid exchanges in Chinese hamster ovary cells. Studies have not been performed with BenzaClin Topical Gel or benzoyl peroxide to evaluate the effect on fertility. Fertility studies in rats treated orally with up to 300 mg/kg/day of clindamycin (approximately 120 times the amount of clindamycin in the highest recommended adult human dose of 2.5 g BenzaClin Topical Gel, based on mg/m<sup>2</sup>) revealed no effects on fertility or mating ability.

### Pregnancy: Teratogenic Effects: Pregnancy Category C:

Animal reproductive/developmental toxicity studies have not been conducted with BenzaClin Topical Gel or benzoyl peroxide. Developmental toxicity studies performed in rats and mice using oral doses of clindamycin up to 600 mg/kg/day (240 and 120 times amount of clindamycin in the highest recommended adult human dose based on mg/m<sup>2</sup>, respectively) or subcutaneous doses of clindamycin up to 250 mg/kg/day (100 and 50 times the amount of clindamycin in the highest recommended adult human dose based on mg/m<sup>2</sup>, respectively) revealed no evidence of teratogenicity.

There are no well-controlled trials in pregnant women treated with BenzaClin Topical Gel. It also is not known whether BenzaClin Topical Gel can cause fetal harm when administered to a pregnant woman.

**Nursing Women:** It is not known whether BenzaClin Topical Gel is excreted in human milk after topical application. However, orally and parenterally administered clindamycin has been reported to appear in breast milk. Because of the potential for serious adverse reactions in nursing infants, a decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother.

**Pediatric Use:** Safety and effectiveness of this product in pediatric patients below the age of 12 have not been established.

### ADVERSE REACTIONS

During clinical trials, the most frequently reported adverse event in the BenzaClin treatment group was dry skin (12%). The Table below lists local adverse events reported by at least 1% of patients in the BenzaClin and vehicle groups.

| Local Adverse Events - all causalities<br>in >= 1% of patients |                      |                    |
|--|----------------------|--------------------|
|  | BenzaClin<br>n = 420 | Vehicle<br>n = 168 |
| Application site reaction                                      | 13 (3%)              | 1 (<1%)            |
| Dry skin   | 50 (12%)             | 10 (6%)            |
| Pruritus   | 8 (2%)               | 1 (<1%)            |
| Peeling  | 9 (2%)               | -                  |
| Erythema   | 6 (1%)               | 1 (<1%)            |
| Sunburn  | 5 (1%)               | -                  |

The actual incidence of dry skin might have been greater were it not for the use of a moisturizer in these studies.

### DOSAGE AND ADMINISTRATION

BenzaClin Topical Gel should be applied twice daily, morning and evening, or as directed by a physician, to affected areas after the skin is gently washed, rinsed with warm water and patted dry.

### HOW SUPPLIED AND COMPOUNDING INSTRUCTIONS

| Size<br>(Net Weight) | NDC 0066- | Benzoyl<br>Peroxide Gel | Active Clindamycin<br>Powder (In plastic<br>vial) | Purified Water<br>To Be Added<br>to each vial |
|----------------------|-----------|-------------------------|---|---|
| 25 grams             | 0494-25   | 19.7g                   | 0.3g  | 5 mL  |
| 50 grams             | 0494-50   | 41.4g                   | 0.6 g   | 10 mL   |
| 50 grams (pump)      | 0494-55   | 41.4g                   | 0.6 g   | 10 mL   |

**Prior to dispensing, tap the vial until powder flows freely. Add indicated amount of purified water to the vial (to the mark) and immediately shake to completely dissolve clindamycin. If needed, add additional purified water to bring level up to the mark.** Add the solution in the vial to the gel and stir until homogenous in appearance (1 to 1½ minutes). For the 50 gram pump only, reassemble jar with pump dispenser. BenzaClin Topical Gel (as reconstituted) can be stored at room temperature up to 25°C (77°F) for 3 months. Place a 3 month expiration date on the label immediately following mixing.

Store at room temperature up to 25°C (77°F) (See USP).

**Do not freeze. Keep tightly closed. Keep out of the reach of children.**

US Patents 5,446,028; 5,767,098; 6,013,637

Brief Summary of Prescribing Information as of May 2007.

### Rx Only

#### Dermik Laboratories

a business of sanofi-aventis U.S. LLC  
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