

The Medical Letter®

On Drugs and Therapeutics

Published by The Medical Letter, Inc. • 145 Huguenot Street, New Rochelle, NY 10801 • A Nonprofit Publication

IN THIS ISSUE (starts on next page)

In Brief: *Absorica* for Acne p 8

Important Copyright Message

The Medical Letter® publications are protected by US and international copyright laws. Forwarding, copying or any distribution of this material is prohibited.

Sharing a password with a non-subscriber or otherwise making the contents of this site available to third parties is strictly prohibited.

By accessing and reading the attached content I agree to comply with US and international copyright laws and these terms and conditions of The Medical Letter, Inc.

**For further information click: [Subscriptions, Site Licenses, Reprints](#)
or call customer service at: 800-211-2769**

FORWARDING OR COPYING IS A VIOLATION OF US AND INTERNATIONAL COPYRIGHT LAWS

The Medical Letter®

On Drugs and Therapeutics

Published by The Medical Letter, Inc. • 145 Huguenot Street, New Rochelle, NY 10801 • A Nonprofit Publication

Volume 55 (Issue 1408)
January 21, 2013

www.medicalletter.org
[Take CME Exams](#)

IN BRIEF

Absorica for Acne

The oral retinoid isotretinoin (*Accutane*, and others) is the most effective drug available for treatment of acne.¹ The FDA has recently approved a new oral isotretinoin product (*Absorica* – Cipher/Ranbaxy) for treatment of severe, recalcitrant nodular acne.

Table 1. Isotretinoin Products¹

Drug	Cost ²
<i>Absorica</i> (Ranbaxy)	\$1416.82
<i>Amnesteem</i> (Mylan)	551.26
<i>Claravis</i> (Barr)	710.70
<i>Myorisan</i> (VersaPharm)	550.50
<i>Sotret</i> (Ranbaxy)	612.51

1. With the exception of *Absorica*, all are generic products of *Accutane*, which is no longer available in the US.
2. Wholesale acquisition cost (WAC) for 30 days' treatment at 60 mg/day.
Source: Source@ Monthly (Selected from FDB MedKnowledge™) January 14, 2013. Reprinted with permission by FDB, Inc. All rights reserved.
©2012. www.fdbhealth.com/policies/drug-pricing-policy. Actual retail prices may vary.

Isotretinoin can completely clear severe nodulocystic lesions, in some cases leading to remission that can persist for years after treatment is stopped. Mucocutaneous adverse effects include dry skin, dry eye, epistaxis, nasopharyngitis, cheilitis, alopecia, eczema, skin fragility and photosensitivity. Musculoskeletal symptoms, hypertriglyceridemia, hepatitis, pancreatitis, pseudotumor cerebri, depression and psychosis can occur.

The manufacturer's package insert states that isotretinoin has been associated with inflammatory bowel disease, but a recent population-based cohort study found no significant association.² The drug is a potent human teratogen (pregnancy category X); the prescriber, the pharmacist, the distributors, and the patient must register with iPLEDGE, a computer-based risk management program (www.ipledgeprogram.com).

The recommended dosage is 0.5 to 1 mg/kg/day given in 2 divided doses for 15-20 weeks. Unlike other formulations of isotretinoin, which are highly lipophilic and must be taken with a high-fat meal to achieve therapeutic plasma levels, *Absorica* can be taken with or without food, but serum concentrations are higher when it is taken with food. It should be taken with a full glass of

water to reduce the risk of esophageal irritation. *Absorica* has not been shown to be more effective or better tolerated than generic formulations of isotretinoin.

1. Drugs for acne, rosacea and psoriasis. Treat Guidel Med Lett 2013; 11:1.
2. RO Alhusayen et al. Isotretinoin use and the risk of inflammatory bowel disease: a population-based cohort study. J Invest Dermatol 2012 Oct 25 (epub).

The Medical Letter®

On Drugs and Therapeutics

EDITOR IN CHIEF: Mark Abramowicz, M.D.

EXECUTIVE EDITOR: Gianna Zuccotti, M.D., M.P.H., F.A.C.P., Harvard Medical School

EDITOR: Jean-Marie Pflomm, Pharm.D.

ASSISTANT EDITORS, DRUG INFORMATION: Susan M. Daron, Pharm.D.,
Corinne Z. Morrison, Pharm.D.

CONSULTING EDITORS: Brinda M. Shah, Pharm.D., F. Peter Swanson, M.D.

CONTRIBUTING EDITORS:

Carl W. Bazil, M.D., Ph.D., Columbia University College of Physicians and Surgeons

Vanessa K. Dalton, M.D., M.P.H., University of Michigan Medical School

Eric J. Epstein, M.D., Albert Einstein College of Medicine

Jane P. Gagliardi, M.D., M.H.S., F.A.C.P. Duke University School of Medicine

Jules Hirsch, M.D., Rockefeller University

David N. Juurlink, BPhM, M.D., Ph.D., Sunnybrook Health Sciences Centre

Richard B. Kim, M.D., University of Western Ontario

Hans Meinertz, M.D., University Hospital, Copenhagen

Sandip K. Mukherjee, M.D., F.A.C.C., Yale School of Medicine

Dan M. Roden, M.D., Vanderbilt University School of Medicine

Esperance A.K. Schaefer, M.D., M.P.H., Harvard Medical School

F. Estelle R. Simons, M.D., University of Manitoba

Neal H. Steigbigel, M.D., New York University School of Medicine

Arthur M. F. Yee, M.D., Ph.D., F.A.C.R., Weil Medical College of Cornell University

SENIOR ASSOCIATE EDITORS: Donna Goodstein, Amy Faucard

ASSOCIATE EDITOR: Cynthia Macapagal Covey

EDITORIAL FELLOW: Jennifer Y. Lin, M.D., Harvard Medical School

MANAGING EDITOR: Susie Wong

ASSISTANT MANAGING EDITOR: Liz Donohue

PRODUCTION COORDINATOR: Cheryl Brown

EXECUTIVE DIRECTOR OF SALES: Gene Carbona

FULFILLMENT & SYSTEMS MANAGER: Cristine Romatowski

DIRECTOR OF MARKETING COMMUNICATIONS: Joanne F. Valentino

VICE PRESIDENT AND PUBLISHER: Yosef Wissner-Levy

Founded in 1959 by

Arthur Kallet and Harold Aaron, M.D.

Copyright and Disclaimer: The Medical Letter is an independent nonprofit organization that provides health care professionals with unbiased drug prescribing recommendations. The editorial process used for its publications relies on a review of published and unpublished literature, with an emphasis on controlled clinical trials, and on the opinions of its consultants. The Medical Letter is supported solely by subscription fees and accepts no advertising, grants or donations. No part of the material may be reproduced or transmitted by any process in whole or in part without prior permission in writing. The editors do not warrant that all the material in this publication is accurate and complete in every respect. The editors shall not be held responsible for any damage resulting from any error, inaccuracy or omission.

Subscription Services

Mailing Address:

The Medical Letter, Inc.
145 Huguenot St. Ste. 312
New Rochelle, NY 10801-7537

Customer Service:

Call: 800-211-2769 or 914-235-0500
Fax: 914-632-1733

Web Site: www.medicalletter.org

E-mail: custserv@medicalletter.org

Permissions:

To reproduce any portion of this issue,
please e-mail your request to:
permissions@medicalletter.org

Subscriptions (US):

1 year - \$98; 2 years - \$189;
3 years - \$279. \$49.00 per year for
students, interns, residents and
fellows in the US and Canada.

E-mail site license inquiries to:

info@medicalletter.org or call
800-211-2769 x315.

Special fees for bulk subscriptions.
Special classroom rates are available.
Back issues are \$12 each.
Major credit cards accepted.

Copyright 2013. ISSN 1523-2859

