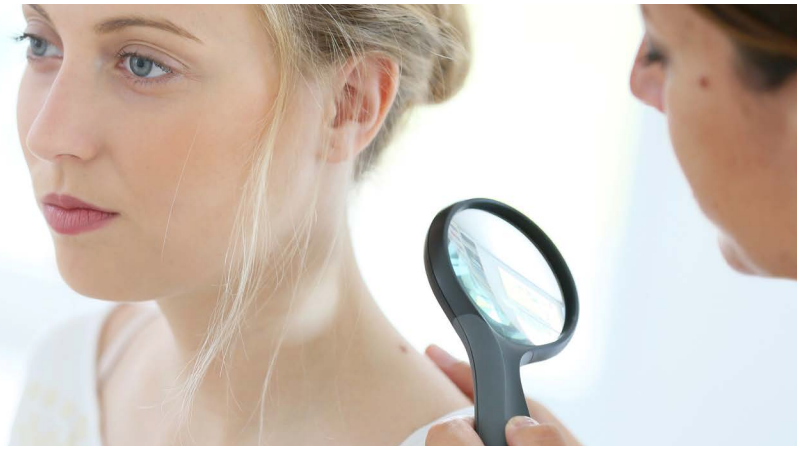


COMPOUNDING FOR **DERMATOLOGICAL CONDITIONS**



INTRODUCTION



Treating dermatological conditions in the past seemed to be a long and trying process for both prescribers and patients. Often times, multiple drug therapies were employed and rendered undesirable side effects such as dry, thin, red, peeling and irritated skin. This proved to be very discouraging to patients as they do not want to be bothered with side effects that can be worse than the condition itself. With the recent resurgence of compounding services, prescribers and pharmacists have worked together to find simplified treatment regimens that lead to an increase in patient compliance, by addressing concerns most commonly encountered during treatment with commercial products. Some of the most popular dermatological conditions that have been successfully treated by compounded preparations include, but are not limited to:

- Acne
- Pruritus, such as eczema and psoriasis
- Hair Loss
- Callus and Wart Remover
- Corrective Cosmetic
- Topical Fungus and Rashes
- Anti-Aging

The Advantages of Compounding Dermatological Preparations include:

Dosing

The therapeutic effective dose can be prescribed without having to worry about the fixed dosing increments set by commercial products.

Topical Composition

Compounded preparations of several topical compositions, such as creams, lotions, ointments and solutions, allow for the patient, pharmacist and prescriber to determine what will be best suited for both therapeutic effect and patient preference.

Convenience

Multiple drugs can be combined into one preparation for the patient to minimize the administration of multiple medications.

Compliance

Since compounded prescriptions allow for total customization for the individual patient, bases and excipients can be changed to meet allergy or sensitivity issues and to minimize harsh side effects. Also, by providing the most effective dose, the topical composition most convenient and applicable to the patient, this helps to increase patient compliance for successful treatment of their dermatological concerns.

ACNE



FORMULA #	FORMULA TITLE	DESCRIPTION	MEDISCA BASE
F 006 042	Aloe Vera 0.2%, Tea Tree Oil 5% Topical Cream (Emulsion, 100g)	Moisturizing Acne Control Cream	VersaPro™ Cream Base
F 005 882	Clindamycin Hydrochloride 2.26%, Hydrocortisone 1%, Salicylic Acid 3% Topical Cream (Emulsion, 30g)	Moisturizing Acne Rosacea Cream	VersaPro™ Cream Base
F 005 883	Salicylic Acid 5%, Spironolactone 5% Topical Cream (Emulsion, 100g)	Moisturizing Hormonal Acne Cream	VersaPro™ Cream Base
F 005 884v2	Sulfur 6% Topical Cream (Emulsion, 100g)	Nighttime Acne Treatment	VersaPro™ Cream Base
F 005 885	Erythromycin 4.0%, Zinc Sulfate 1.056% Topical Cream (Emulsion, 100g)	Treatment for acne and bacterial infections.	VersaPro™ Cream Base

PRURITUS

FORMULA #	FORMULA TITLE	DESCRIPTION	MEDISCA BASE
F 005 886	Coal Tar Solution 10%, Salicylic Acid 10% Topical Ointment (Emulsion, 30g)	Treatment for various types of psoriasis.	Ointment Base (Emulsifying)
F 005 887v2	Betamethasone Dipropionate 0.064%, Calcipotriol 0.005% Topical Cream (Emulsion, 100g)	Treatment for various types of psoriasis.	VersaPro™ Cream Base
F 004 030v3	Hydrocortisone 2% Topical Cream (Emulsion, 100g)	Treatment for mild atopic dermatitis (eczema).	VersaPro™ Cream Base
F 005 888v2	Tacrolimus 0.15% Topical Cream (Emulsion, 100g)	Treatment for moderate to severe atopic dermatitis (eczema).	VersaPro™ Cream Base
F 003 559v2	Coal Tar Solution 10%, Salicylic Acid 2%, Sulfur 4%, Urea 20% Topical Ointment (Emulsion, 120g)	Treatment for various types of psoriasis.	Ointment Base (Emulsifying)
F 005 204	Fluocinolone Acetonide 0.05%, Ketoconazole 2%, Salicylic Acid 6% Topical Shampoo (Suspension, 60mL)	Shampoo treatment for dandruff and scalp psoriasis.	N/A

HAIR LOSS

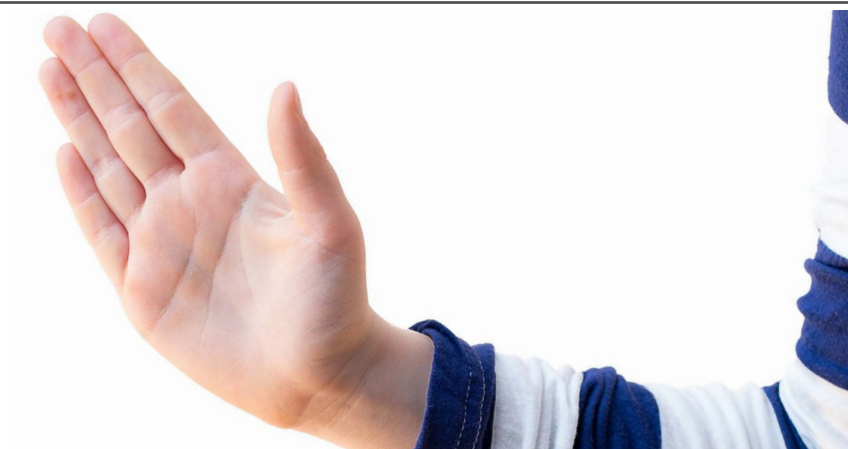


FORMULA #	FORMULA TITLE	DESCRIPTION	MEDISCA BASE
F 003 093v2	Betamethasone Sodium Phosphate 0.132%, Finasteride 0.5%, Minoxidil 8% Scalp Lotion (Suspension, 100g)	Treatment for hair loss; ideal for bald areas.	Mediderm™ (Cream Base)
F 005 993v2	Minoxidil 5%, Progesterone 0.025%, Spironolactone 3% Topical Liquid (Solution, 60mL)	Treatment for female pattern baldness.	N/A
F 001 919v3	Minoxidil 3%, Tretinoin 0.025% Topical Liquid (Solution, 60mL)	Treatment of bald areas or maintenance for areas of hair regrowth.	N/A
F 003 527v2	Finasteride 0.1%, Minoxidil 5% Topical Liquid (Solution, 100mL)	Treatment of bald areas or maintenance for areas of hair regrowth.	N/A
F 005 212	Minoxidil 5% Topical Liquid (Solution, 100mL)	Treatment of bald areas or maintenance for areas of hair regrowth.	N/A
F 003 526v2	Finasteride 0.1% Topical Liquid (Solution, 60mL)	Treatment of bald areas or maintenance for areas of hair regrowth.	N/A

COSMETIC

FORMULA #	FORMULA TITLE	DESCRIPTION	MEDISCA BASE
F 001 701v3	Ascorbic Acid 0.01%, Dexamethasone 0.1%, Hydroquinone 5%, Tretinoin 0.1% Topical Cream (Emulsion, 50mL)	Skin brightener, spot and pigment corrector cream.	HRT Cream Base
F 004 544	Lactic Acid 14%, Resorcinol 14%, Salicylic Acid 14% Topical Liquid (Solution, 100mL)	Chemical peel for in-office prescriber administration (aka Jessner's Solution).	N/A

CALLUS AND WART REMOVER



FORMULA #	FORMULA TITLE	DESCRIPTION	MEDISCA BASE
F 001 675v2	Podophyllum 5%, Salicylic Acid 5%, Trichloroacetic Acid 5% Topical Liquid (Suspension, 15mL)	Treatment for various types of warts.	N/A
F 004 516	Acyclovir 5%, Lidocaine 2%, Lysine Hydrochloride 0.75% Topical Lip Balm (Solid Suspension, 20g)	Treatment for cold sores and fever blisters.	N/A
F 002 371v2	Salicylic Acid 3%, Urea 20% Topical Lotion (Emulsion, 100g)	Corn or Callus Remover	Mediderm™ (Cream Base)
F 002 032	5-Fluorouracil 2%, Salicylic Acid 20% Topical Liquid (Suspension, 100mL)	Treatment for various types of warts, such as plantar warts.	N/A
F 002 489	L-Lysine Hydrochloride 6.25% Topical Lip Balm (Solid Suspension, 10g)	Prevention and/or treatment for cold sores/fever blisters.	N/A
F 002 508v2	Acetic Acid 10%, Lactic Acid 10%, Salicylic Acid 10% Topical Liquid (Solution, 10g)	Treatment solution for warts.	N/A

TOPICAL FUNGUS/RASH

FORMULA #	FORMULA TITLE	DESCRIPTION	MEDISCA BASE
F 005 889v2	Cholestyramine 10%, Nystatin 10%, Zinc Oxide 10% Topical Ointment (Suspension, 90g)	Treatment for diaper rash.	OleaBase™ Plasticized
F 005 890v2	Benzoic Acid 6%, Salicylic Acid 3% Topical Ointment (Emulsion, 30g)	Topical treatment for fungal rashes, such as athlete's foot (Whitfield's Ointment).	OleaBase™ Plasticized
F 000 451	Ciclopirox Olamine 8% Topical Nail Lacquer Liquid (Solution, 6.6mL)	Treatment for onychomycosis on fingernails and/or toenails.	N/A
F 004 560	Fluconazole 2%, Salicylic Acid 6% Topical Shampoo (Suspension, 120mL)	Treatment of scalp ringworm.	N/A
F 005 891	Clotrimazole 10%, Urea 20% Topical Ointment (Emulsion, 30g)	Treatment of fungal infections, such as dry and scaly athlete's foot.	OleaBase™ Plasticized
F 005 892	Betamethasone Valerate 0.05%, Miconazole Nitrate 2%, Mupirocin 1% Topical Ointment (Suspension, 30g)	All-purpose nipple ointment for breast feeding.	OleaBase™ Plasticized



ANTI-AGING

FORMULA #	FORMULA TITLE	DESCRIPTION	MEDISCA BASE
F 005 895	Estriol 0.3%, Progesterone 2%, Retinoic Acid 0.1% Topical Cream (Emulsion, 100g)	Treatment for fine lines, wrinkles and thinning of facial skin.	VersaPro™ Cream Base
F 005 896v2	Ascorbic Acid 3%, Hydroquinone 5%, Kojic Acid 5%, Tretinoin 0.05% Topical Gel (Suspension, 100g)	Exfoliating skin brightener, pigment corrector and wrinkle cream.	VersaPro™ Gel Base
F 005 897v2	Coenzyme Q10 1%, Lipoic Acid 5%, Vitamin E Acetate 5% Topical Cream (Emulsion, 60g)	Antioxidant cream that also reduces fine lines and wrinkles from photo-aged skin.	VersaPro™ Cream Base
F 005 994	Estriol 0.05%, Vitamin E Acetate 200IU/g Topical Cream (Emulsion, 30g)	Anti-aging and anti-oxidant cream to improve skin moisture, elasticity and firmness.	VersaPro™ Cream Base
F 005 898v2	Coenzyme Q10 1% Topical Cream (Emulsion, 100g)	Reduction of fine lines and wrinkles from photo-aged skin.	VersaPro™ Cream Base
F 005 922v2	Dimethylaminoethanol Bitartrate 5% Topical Liquid (Solution, 100mL)	Prevents sagginess and increases skin firmness on face and hands.	N/A

DISCLAIMER: THE MEDISCA® GROUP OF COMPANIES (MEDISCA® INC.; MEDISCA® PHARMACEUTIQUE INC.; MEDISCA® NETWORK INC.; MEDISCA® CALL CENTER INC.; MEDISCA® AUSTRALIA PTY. LTD.), HEREBY REFERRED TO AS "MEDISCA", PROVIDES THIS INFORMATION AS A MODEL FOR EDUCATIONAL PURPOSES ONLY ON THE BASIS OF RECOGNIZED COMPENDIA, MANUFACTURERS' INSTRUCTIONS AND/OR OTHER AUTHORITATIVE SOURCES AND TEXTS. THIS DOCUMENT WAS PREPARED FOR THE CANADIAN MARKET AND MAY NEED ADJUSTMENTS IF USED ELSEWHERE. IT IS THE RESPONSIBILITY OF THE HEALTH CARE PROFESSIONAL TO VERIFY THE ACCURACY AND VALIDITY OF THE INFORMATION CONTAINED HEREIN, WITH REGARDS TO SCHEDULING, FEDERAL AND STATE/PROVINCE LAWS ALLOWING THE USE OF THE FORMULAS, PRODUCTS AND FINAL COMPOUNDS IN THE COUNTRY OF USE. MEDISCA TAKES NO RESPONSIBILITY FOR THE VALIDITY OR ACCURACY OF THIS INFORMATION OR FOR ITS SAFETY, SCHEDULING OR EFFECTIVENESS, NOR FOR ANY USE THEREOF, WHICH IS AT THE SOLE RISK OF THE LICENSED HEALTH CARE PROFESSIONAL. ADJUSTMENTS MAY BE NEEDED TO MEET SPECIFIC PATIENT NEEDS AND IN ACCORDANCE WITH A LICENSED PRESCRIBER'S PRESCRIPTION. THE LICENSED HEALTH CARE PROFESSIONAL MUST EMPLOY APPROPRIATE TESTS TO DETERMINE THE STABILITY OF THE RESULTING FORMULATION. MEDISCA CANNOT BE HELD LIABLE TO ANY PERSON OR ENTITY CONCERNING CLAIMS, LOSS, OR DAMAGE CAUSED BY, OR ALLEGED TO BE CAUSED BY, DIRECTLY OR INDIRECTLY, THE USE OR MISUSE OF THE INFORMATION CONTAINED IN THIS DOCUMENT. IN ALL CASES IT IS THE RESPONSIBILITY OF THE LICENSED HEALTH CARE PROFESSIONAL TO KNOW THE LAW, TO COMPOUND ANY FINISHED PRODUCT AND TO DISPENSE THESE PRODUCTS IN ACCORDANCE WITH FEDERAL AND STATE/PROVINCE LAW. IN ADDITION, MEDISCA MAKES NO REPRESENTATIONS WHATSOEVER WITH RESPECT TO ANY THERAPEUTIC USES OR THE APPROPRIATENESS OF COMPOUNDED MEDICATIONS FOR ANY MEDICAL CONDITION, WHICH IS SOLELY THE JUDGMENT AND RESPONSIBILITY OF THE MEDICAL PRACTITIONER.



Superior Accuracy for Superior Results

WATCH OUR NEW VIDEO!







Revolutionizing Airless Dispensing

MEDISCA's line of MD Dispensers was engineered for accuracy with a medical structure, yet designed to convey a cosmetic appeal. The MD Dispensers will maintain the integrity of a formulation, while allowing patients to easily and accurately dose medications. The first of its kind on the market, these dispensers feature UV Resistant View Windows for added convenience.

Snapping made
quick and effortless!

MD CapSnapper

New Items Based On Popular Demand

PRODUCT	SIZE	DOSAGE	ACCURACY (%)
 MD Pen	6.5mL	new 0.10mL, 0.15mL	+/-2%
 MD Syringe	5mL, 10mL	0.15mL	+/-2%
 MD Jar	50mL	0.5mL	+/-10%
 MD Pump	30mL, 50mL, 80mL, 100mL, 150mL, 200mL, new 240mL	Actuator A: 0.5mL Actuator B: 1.0mL new Actuator C: 1.5mL	+/-5%

ORDER NOW!

WWW.MEDISCA.COM


1.800.665.6334



**IN VITRO SKIN STUDIES
AND BUD RESULTS**

**VERSAPRO™
CREAM BASE**



 With its great carrying capacity and excellent emollient characteristics, MEDISCA's **VersaPro™ Cream Base** is ideal for both pharmaceutical and cosmetic purposes. Its versatility relates in part to its increased pH stability and excellent compatibility with a wide range of active pharmaceutical ingredients. This unique oil-in-water emulsion is non-greasy, non-irritant and paraben-free. **VersaPro™** is a highly moisturizing cream formulated with excellent penetrating properties.

FEATURES & BENEFITS

SCIENTIFIC DATA	<ul style="list-style-type: none"> – Increased permeation of Progesterone through the skin (<i>DPSI, January 2010</i>) – Validated Beyond-Use-Dates (BUDs) Available – Scientifically Classified as an All-Day Moisturizer
API COMPATIBILITY	For lipophilic and hydrophilic drugs (hormones, analgesics, etc.)
APPEARANCE	White, smooth, versatile cream
INTENDED USE	<ul style="list-style-type: none"> – Pharmaceutical : Highly penetrating transdermal delivery vehicle – Cosmetic : Non-comedogenic moisturizer containing Vitamin E and Aloe Vera
pH STABILITY	pH 2 to 12
TOLERANCE TO API BASE & SALT FORMS	Excellent
APPLICATION TO MUCOUS MEMBRANES	Yes
HEAT SENSITIVITY	Stable at 45°C (113°F)
PRESERVATIVE EFFECTIVENESS	Passes USP microbial challenge test <51>

In vitro skin studies on MEDISCA formulations

SUPERIOR PERFORMANCE OF VERSAPRO™ COMPARED TO COMPETITOR'S CREAM BASE

INTRODUCTION

Realizing the critical role of drug penetration and skin retention involved in transdermal applications, MEDISCA has taken a unique approach towards formulation development by testing and comparing its products to today's leading cream bases. To achieve this goal, MEDISCA partnered up with Dow Pharmaceutical Sciences Inc. (DPSI), a topical product development company with 25+ years of experience interpreting *in vitro* data. DPSI specifically studied the *in vitro* percutaneous absorption of (¹⁴C)-Progesterone from nine transdermal delivery vehicles, including MEDISCA's own VersaPro™ Cream Base. The study was conducted by using the Bronaugh flow-through diffusion cell method (see Figure 1) and human excised skin from a single Caucasian female donor following elective abdominal surgery. In fact, results from *in vitro* studies using this particular tissue preparation are typically less variable and more reproducible than *in vitro* studies using human cadaver skin preparations.



Figure 1. Bronaugh Flow-Through Cells. 2010
DPSI. Available at www.dowpharmasci.com

METHODS

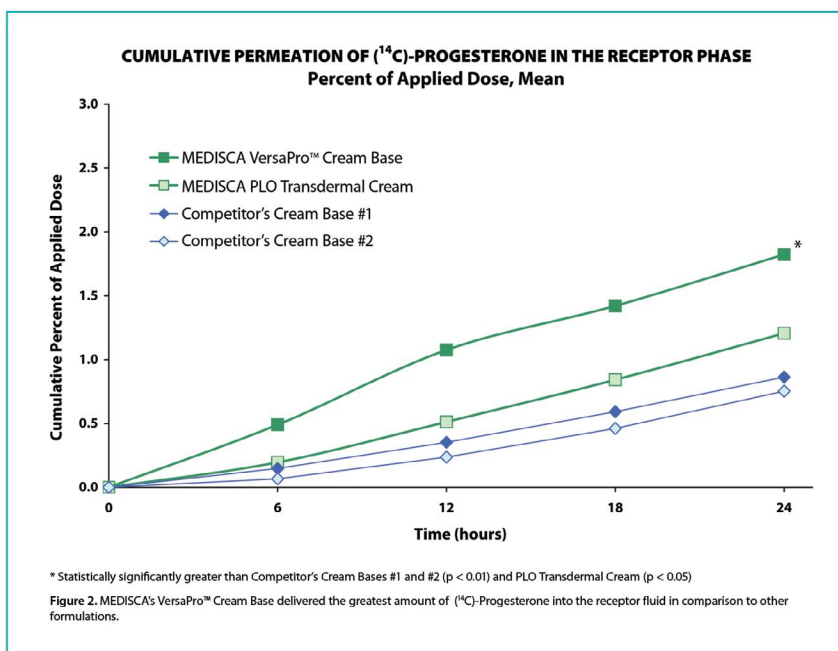
All formulations evaluated in this study were equally spiked with sufficient (¹⁴C)-Progesterone to achieve a nominal formulation dose of 1.0μCi/3.2mg per diffusion cell, which corresponds to a topical application of 5mg formulation per cm² of tissue. This clinically relevant dose was dispensed onto dermatomed skin tissue (0.028 ± 0.004 inches), and was left undisturbed for a 24-hour exposure period. The 54 flow-through diffusion cells were maintained at a constant temperature of 32°C by use of recirculating water baths. Fresh receptor phase buffered solution was continuously pumped under the tissue at a flow rate of 1.0 mL/hr and collected in 6-hour intervals. Over the 24-hour period, the amount of (¹⁴C)-Progesterone residing in the receptor phase samples was quantified using liquid scintillation analyzing techniques to determine the cumulative permeation of (¹⁴C)-Progesterone.

RESULTS

Following a 24-hour period, MEDISCA's VersaPro™ Cream Base delivered significantly more (¹⁴C)-Progesterone relative to the Competitor's Cream Bases and PLO Transdermal Cream (1.82% of the applied dose).

In addition, VersaPro™ Cream Base displayed a more rapid rate of (¹⁴C)-Progesterone delivery over the exposure period.

DISCLAIMER : For prescription compounding. MEDISCA makes no representations and takes no responsibility for the clinical or therapeutic use of this product with or without active ingredients. The pharmacist is hereby advised to use this product in accordance with a licensed prescriber's prescription. MEDISCA cannot be held liable to any person or entity concerning claims, loss, or damage caused by, or alleged to be caused by the use or misuse of the information contained in this suggested product information sheet. The results indicated herein are based upon an independent laboratory study (at DPSI) of comparative skin penetration via percutaneous absorption using excised human skin obtained from elective surgery. No claims or representations are made concerning the uses or advantages of these formulations in the therapeutic setting. Their uses are at the sole discretion and professional judgement of the health care practitioner.



References

1. Bandyopadhyay, D. (2009). Topical treatment of melasma. *Indian journal of dermatology*, 54(4), 303.
2. Akhavan, A., & Bershad, S. (2003). Topical acne drugs. *American journal of clinical dermatology*, 4(7), 473-492.
3. Allen, L.V., Jr. (2004). Basics of compounding for Treatment of Warts. *International Journal of Pharmaceutical Compounding*, 8(2),126
4. Fuchs, K. O., Solis, O., Tapawan, R., & Paranjpe, J. (2003). The effects of an estrogen and glycolic acid cream on the facial skin of postmenopausal women: a randomized histologic study. *CUTIS-NEW YORK-*, 71(6), 481-488.
5. Brincat, M. P., Muscat Baron, Y., & Galea, R. (2005). Estrogens and the skin. *Climacteric*, 8(2), 110-123.
6. Schmidt, J. B., Binder, M., Demschik, G., Bieglmayer, C., & Reiner, A. (1996). Treatment of skin aging with topical estrogens. *International journal of dermatology*, 35(9), 669-674.
7. Lovoi, J. (2005) Getting the Word out about effective Treatments: A Hurdle to Treating Acne. *RxTriad*
8. Monheit, G. D. (1989). The Jessner's+ TCA Peel: A Medium-Depth Chemical Peel. *The Journal of dermatologic surgery and oncology*, 15(9), 945-950.
9. Kanlayavattanakul, M., & Lourith, N. (2011). Therapeutic agents and herbs in topical application for acne treatment. *International journal of cosmetic science*, 33(4), 289-297.
10. WILKIN, J. K., & DeWITT, S. U. E. L. L. E. N. (1993). Treatment of rosacea: topical clindamycin versus oral tetracycline. *International journal of dermatology*, 32(1), 65-67.
11. Korać, R. R., & Khambholja, K. M. (2011). Potential of herbs in skin protection from ultraviolet radiation. *Pharmacognosy reviews*, 5(10), 164.
12. Lebwohl, M. (1999). The role of salicylic acid in the treatment of psoriasis. *International journal of dermatology*, 38(1), 16-24.
13. Afifi, T., de Gannes, G., Huang, C., & Zhou, Y. (2005). Topical therapies for psoriasis: evidence-based review. *Canadian family physician*, 51(4), 519-525.
14. Ashcroft, D. M., Dimmock, P., Garside, R., Stein, K., & Williams, H. C. (2005). Efficacy and tolerability of topical pimecrolimus and tacrolimus in the treatment of atopic dermatitis: meta-analysis of randomised controlled trials. *BMJ: British Medical Journal*, 330(7490), 516.
15. Sanfilippo, A., & English, J. C. (2006). An overview of medicated shampoos used in dandruff treatment. *P AND T*, 31(7), 396.
16. Sánchez-Regaña, M., Llambí-Mateos, F., Salleras-Redonnet, M., Iglesias Sancho, M., Collgros Totosaus, H., & Umbert-Millet, P. (2013). Compounding as a Current Therapeutic Option in Dermatology. *Actas Dermo-Sifiliográficas (English Edition)*, 104(9), 738-756.
17. Rogers, N. E., & Avram, M. R. (2008). Medical treatments for male and female pattern hair loss. *Journal of the American Academy of Dermatology*, 59(4), 547-566.
18. Camacho-Martínez, F. M. (2009, March). Hair loss in women. In *Seminars in cutaneous medicine and surgery* (Vol. 28, No. 1, pp. 19-32).
19. White, C. M., Gailey, R. A., & Lippe, S. (1996). Cholestyramine ointment to treat buttocks rash and anal excoriation in an infant. *The Annals of pharmacotherapy*, 30(9), 954-956.
20. White, C. M., Kalus, J. S., Caron, M. F., & Suski, K. (2003). Cholestyramine ointment used on an infant for severe buttocks rash resistant to standard therapeutic modalities. *Journal of Pharmacy Technology*, 19(1), 11-13.
21. Borkowski, S. (2004). Diaper rash care and management. *Pediatric nursing*, 30(6), 467-470.
22. Williams, K. D. (2009). All-Purpose Nipple Ointment: A Compounding Solution to Common Problems with Breastfeeding. *International journal of pharmaceutical compounding*, 14(6), 484-486.
23. Gupta, A. K., Einarson, T. R., Summerbell, R. C., & Shear, N. H. (1998). An overview of topical antifungal therapy in dermatomycoses. *Drugs*, 55(5), 645-674.
24. Del Palacio, A., Garau, M., Gonzalez-Escalada, A., & Calvo, M. T. (2000). Trends in the treatment of dermatophytosis. *Biology of dermatophytes and other keratinophilic fungi. Revista Iberoamericana de Micología, Bilbao, País Vasco, Spain*, 148-158.
25. Clayton, Y. M., & Connor, B. L. (1973). Comparison of clotrimazole cream, Whitfield's ointment and Nystatin ointment for the topical treatment of ringworm infections, pityriasis versicolor, erythrasma and candidiasis. *British Journal of Dermatology*, 89(3), 297-303.
26. Gupta, A. K., Fleckman, P., & Baran, R. (2000). Ciclopirox nail lacquer topical solution 8% in the treatment of toenail onychomycosis. *Journal of the American Academy of Dermatology*, 43(4), S70-S80.

27. Seebacher, C., Nietsch, K. H., & Ulbricht, H. M. (2001). A multicenter, open-label study of the efficacy and safety of ciclopirox nail lacquer solution 8% for the treatment of onychomycosis in patients with diabetes. *Cutis*, 68(2 Suppl), 17-22.
28. Singh, B. B., Vinjamury, S. P., Der-Martirosian, C., Gandhi, S., Khorsan, R., Nanjegowda, D., ... & Udani, J. (2005). Safety and effectiveness of an L-lysine, zinc, and herbal-based product on the treatment of facial and circumoral herpes. *Alternative medicine review*, 10(2).
29. Van Vloten, W. A., Swart, R. N., & Pot, F. (1983). Topical acyclovir therapy in patients with recurrent orofacial herpes simplex infections. *Journal of Antimicrobial Chemotherapy*, 12(suppl B), 89-93.
30. Gaby, A. R. (2006). Natural remedies for Herpes simplex. *Alternative medicine review*, 11(2).
31. Huber, M. A. (2003). Herpes simplex type-1 virus infection. *Quintessence international*, 34(6).
32. Sterling, J. C., Handfield-Jones, S., & Hudson, P. M. (2001). Guidelines for the management of cutaneous warts. *British Journal of Dermatology*, 144(1), 4-11.
33. Kwok, C. S., Holland, R., & Gibbs, S. (2011). Efficacy of topical treatments for cutaneous warts: a meta-analysis and pooled analysis of randomized controlled trials. *British Journal of Dermatology*, 165(2), 233-246.
34. Lipke, M. M. (2006). An armamentarium of wart treatments. *Clinical Medicine & Research*, 4(4), 273-293.
35. Humphreys, T. R., Werth, V., Dzubow, L., & Kligman, A. (1996). Treatment of photodamaged skin with trichloroacetic acid and topical tretinoin. *Journal of the American Academy of Dermatology*, 34(4), 638-644.
36. Fischer, T. C., Perosino, E., Poli, F., Viera, M. S., & Dreno, B. (2010). Chemical peels in aesthetic dermatology: an update 2009. *Journal of the European Academy of Dermatology and Venereology*, 24(3), 281-292.
37. Dureja, H., Kaushik, D., Gupta, M., Kumar, V., & Lather, V. (2005). Cosmeceuticals: An emerging concept. *Indian Journal of Pharmacology*, 37(3).
38. Burgess, C. M. (2005) *Cosmetic dermatology*. Springer
39. Andre, P. (2004, December). Hyaluronic acid and its use as a "rejuvenation" agent in cosmetic dermatology. In *Seminars in cutaneous medicine and surgery* (Vol. 23, No. 4, pp. 218-222).
40. Shaw, J., Hughes, C. M., Lagan, K. M., & Bell, P. M. (2007). The clinical effect of topical phenytoin on wound healing: a systematic review. *British Journal of Dermatology*, 157(5), 997-1004.
41. Griffiths, C., Russman, A. N., Majmudar, G., Singer, R. S., Hamilton, T. A., & Voorhees, J. J. (1993). Restoration of collagen formation in photodamaged human skin by tretinoin (retinoic acid). *New England Journal of Medicine*, 329(8), 530-535.
42. Preetha, J. P., & Karthika, K. (2009). COSMECEUTICALS--AN EVOLUTION. *International Journal of ChemTech Research*, 1(4).
43. Ganceviciene, R., Liakou, A. I., Theodoridis, A., Makrantonaki, E., & Zouboulis, C. C. (2012). Skin anti-aging strategies. *Dermato-endocrinology*, 4(3), 308-319.
44. Puizina-Ivić, N., Mirić, L., Čarija, A., Karlica, D., & Marasović, D. (2010). Modern approach to topical treatment of aging skin. *Collegium antropologicum*, 34(3), 1145-1153.
45. Murphy, G., & Reich, K. (2011). In touch with psoriasis: topical treatments and current guidelines. *Journal of the European Academy of Dermatology and Venereology*, 25(s4), 3-8.
46. Mitsuishi, T., Shimoda, T., Mitsui, Y., Kuriyama, Y., & Kawana, S. (2004). The effects of topical application of phytonadione, retinol and vitamins C and E on infraorbital dark circles and wrinkles of the lower eyelids. *Journal of cosmetic dermatology*, 3(2), 73-75.
47. Shah, N. S., Lazarus, M. C., Bugdodel, R., Hsia, S. L., He, J., Duncan, R., & Baumann, L. (2002). The effects of topical vitamin K on bruising after laser treatment. *Journal of the American Academy of Dermatology*, 47(2), 241-244.
48. Ensaieh, S., Jooya, A., Iraj, F., Asilian, A., Khorvash, F., Asadi, M., ... & Mehrpour, K. (2008). The efficacy of topical cream composed of vitamins K, C, E and CoQ10 in the treatment of infraorbital melanosis and wrinkling: An open label, self-controlled study. *Journal of Cell and Tissue Research* Vol, 8(3), 1645-1648.
49. Truong, J. T., & Booth, S. L. (2011). Emerging issues in vitamin K research. *Journal of Evidence-Based Complementary & Alternative Medicine*, 16(1), 73-79.
50. Grossman, R. (2005). The role of dimethylaminoethanol in cosmetic dermatology. *American journal of clinical dermatology*, 6(1), 39-47.
51. Bissett, D. L., & Johnson, M. B. (2010). Cosmetic Anti-Aging Ingredients. In *Textbook of Aging Skin* (pp. 1069-1078). Springer Berlin Heidelberg.
52. Perricone, N. V. (2000). Topical 5% alpha lipoic acid cream in the treatment of cutaneous rhytids. *Aesthetic Surgery Journal*, 20(3), 218-222.



YOUR TRUSTED PARTNER IN COMPOUNDING

WWW.MEDISCA.COM

MONTREAL

6090 HENRI-BOURASSA WEST
ST-LAURENT, QC
H4R 3A6
CANADA

TEL. 1.800.665.6334

FAX. 1.514.338.1693

SALES@MEDISCA.COM

PLATTSBURGH

661 ROUTE 3, UNIT C
PLATTSBURGH, NY
12901
USA

LAS VEGAS

3955 W. MESA VISTA AVE., SUITE 10
LAS VEGAS, NV
89118
USA

DALLAS

6641 NORTH BELT LINE ROAD, UNIT 130
IRVING, TX
75063
USA

VANCOUVER

21300 GORDON WAY, UNIT 153/253
RICHMOND, BC
V6W 1M2
CANADA

SYDNEY

UNIT 7, 5-9 RICKETTY STREET
MASCOT, NSW
2020
AUSTRALIA
