



Preferred Drug List

NEW DRUG REVIEW

Proprietary Name: Xolegel™

Common Name: Ketoconazole 2% Gel

PDL Category: Topical - Antifungals

<u>Comparable Products</u>	<u>Preferred Drug List/ Recommended Drug List Status</u>
Ketoconazole 2% Cream	Preferred
Nizoral® 2% Shampoo	Preferred

Summary

Indications and Usage: Seborrheic dermatitis in patients 12 years of age and older

Mechanism of Action: Inhibits synthesis of fungal cell wall membranes

Dosage Forms: Gel, 2%

Recommended Dosage: Apply once daily to affected area for 14 days

Common Adverse Drug Reactions: Application site burning

Contraindications: Any hypersensitivity to any component of the compound

Manufacturer: Barrier Therapeutics, Inc.

Analysis: Xolegel™ is the first gel formulation of ketoconazole to be introduced to the market. Although the gel formulation allows the product to be dosed once-a-day for two weeks versus twice-a-day for four weeks for other topical antifungal products, there are currently no peer reviewed literature that demonstrate Xolegel™ to be superior to ketoconazole cream or shampoo at producing positive therapeutic outcomes. Therefore, there are other products currently available on the Iowa Medicaid Preferred Drug List that are more cost effective than Xolegel™ that are therapeutically equivalent.

IME Recommendation:

<input type="checkbox"/> Preferred Drug	<input type="checkbox"/> Recommended Drug
<input checked="" type="checkbox"/> Non-Preferred Drug	<input type="checkbox"/> Non-Recommended Drug
<input type="checkbox"/> Preferred Drug with Conditions	