

# PCCA XemaTop™

Patent-Pending Technology



For Use in Formulations for Patients with Eczema, Psoriasis and Xerosis

PCCA # **30-4891**

## Targeted nourishment.

**XemaTop** is a base designed for use in compounding formulations for patients with eczema, psoriasis and xerosis (dry skin).

It uses the power and synergy of natural boswellic acid, avenanthramides from oats, phosphatidylglycerol and elegant film formers to deliver and potentially improve the action of common active pharmaceutical ingredients (APIs) used in formulations for these patients.<sup>1</sup>

### BENEFITS

- Quickly replenishes the lamellar bilayers of the skin
- Nourishes the skin's structural integrity
- Improves the appearance of red and irritated skin
- Helps restore the skin's barrier to prevent water loss
- Non-comedogenic

### RELATED SPECIALTIES

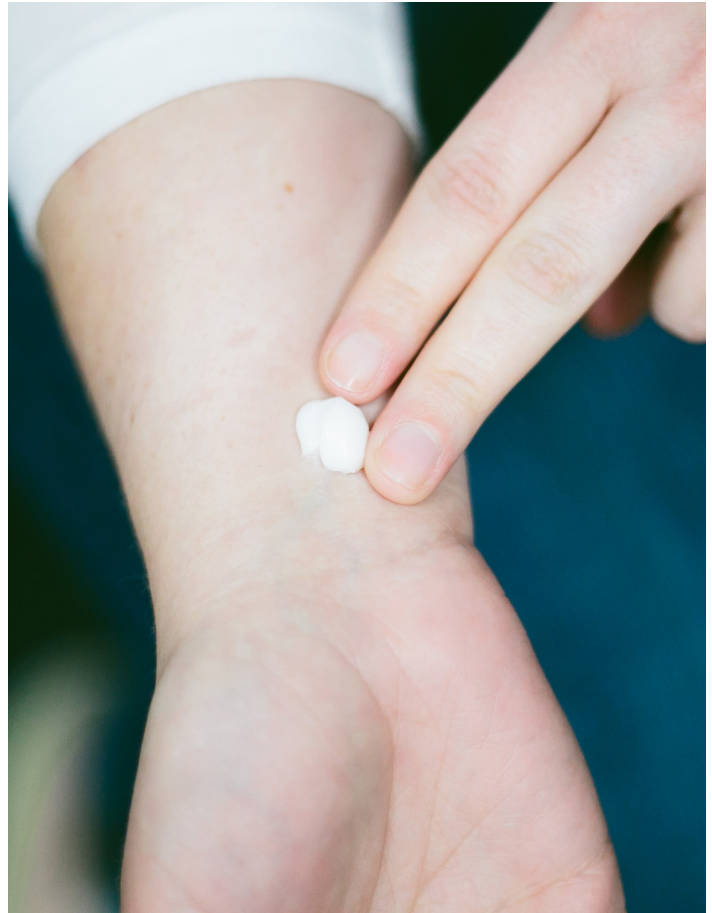
- Dermatology
- Family practice
- Anti-aging
- Pediatrics

### COMMONLY COMPOUNDED WITH

- Corticosteroids
- Cyanocobalamin
- Vitamin D and derivatives
- Zinc pyrithione
- Vitamin E and derivatives

### FORMULATED WITHOUT

- Nuts
- Soy
- Gluten
- Egg
- Dairy



### ALSO AVAILABLE

#### Clarifying™ Base

- Natural ingredients that may improve the appearance of red blotchy skin
- Works in conjunction with added APIs (such as benzoyl peroxide and antimicrobials)
- Uses the same emulsion platform the was used in the popular Rx Skin Therapy Clarifying Cream and Clarifying Facial Masque

PCCA #**30-4845**

*Continued on the next page*

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## FORMULAS WITH FORMULAPLUS™ BEYOND-USE DATE (BUD) STUDIES

- **PCCA Formula # 12374**  
Pentoxifylline 5% to 15% Topical Cream (XemaTop)  
(BUD Bracketed Study)
- **PCCA Formula # 12371**  
Cyanocobalamin 0.07% to 1% Topical Cream (XemaTop)  
(BUD Bracketed Study)
- **PCCA Formula # 11788**  
Zinc Pyrithione 0.2%/Clobetasol Propionate 0.05%/  
Cyanocobalamin 0.07% Topical Cream (XemaTop)  
(BUD Study)
- **PCCA Formula # 12495**  
Ketotifen 0.05% Topical Cream (XemaTop) (BUD Study)
- **PCCA Formula # 11934**  
Naltrexone HCl 1% Topical Cream (XemaTop) (BUD Study)

To see our full list of XemaTop formulas, visit the PCCA Members-Only Website.

## FREQUENTLY ASKED QUESTIONS

### Is XemaTop a good base for anti-aging creams?

Yes. See PCCA Formula #11890 (Hyaluronic Acid/Dexpanthenol/Plukenetia Volubilis Topical Cream (XemaTop)) and PCCA Formula #12062 (Ascorbyl Palmitate 10%/Estriol 0.05%/Retinol Molecular 1% Topical Cream (XemaTop)) on the [Member-Only Website](#) as examples.

### Can Xematop be relabeled and sold alone as a cosmetic?

Yes. Reference PCCA Document #99163, "Cosmetic Labeling Guide – Base, PCCA XemaTop," on the [Members-Only Website](#).

### What makes XemaTop different from other eczema creams in the marketplace?

It can be mixed with a variety of common APIs used in formulas for patients with eczema, psoriasis and xerosis and may also improve the action of these APIs.

## STUDIES

1. Journal Article: Management of Psoriasis with a XemaTop Topical Compounded Formula: A Case Report
2. Technical Report: Evaluation of Naltrexone HCl 1% Topical Cream Applied to Psoriasis Tissue *in Vitro*
3. Technical Report: Evaluation of Pentoxifylline 10% Topical Cream Applied to Psoriasis Tissue *in Vitro*
4. Technical Report: Evaluation of Different Formulations Applied to Psoriasis Tissue (Part 1/3)
5. Technical Report: Evaluation of Different Formulations Applied to Psoriasis Tissue (Part 2/3)
6. Technical Report: Evaluation of Different Formulations Applied to Psoriasis Tissue (Part 3/3)

To see all of our XemaTop studies in depth, visit [pccarx.com/science](http://pccarx.com/science).

## PLEASE NOTE

*The formulas and/or statements listed are provided for educational purposes only. They are compounding ideas that have commonly been requested by physicians, and have not been evaluated by the Food and Drug Administration. Formulas and/or material listed are not to be interpreted as a promise, guarantee or claim of therapeutic efficacy or safety. The information contained herein is not intended to replace or substitute for conventional medical care, or encourage its abandonment. Every patient is unique, and formulas should be adjusted to meet their individual needs.*