



Summit Diagnostics, LLC

800-377-6481

The Summit Star

News to help physicians limit liability and reduce patient drug diversion



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Keeping it Light

Drug Safety is such an important (and serious) topic. We appreciate your interest and your patronage. Sometimes the best medicine is a good dose of laughter. We hope that these gems will make you smile!



A Des Moines, Iowa doctor has discovered a sure cure for nervousness in women. He tells them it's a sign of old age.

At the scene of an accident, a woman stepped in to help a victim. She was pushed away by a man who said, "I have First Aid training and CPR. Step back so I can help."

The woman replied, "When you get to the part about calling for a doctor, I'm already here."

New Drug Choices—Are They Really Abuse-Proof?

CBS news reported on February 20, 2008 that "more than 33 million Americans have abused prescription pain killers."



Here's the story on two new pain killers that were designed to prevent abuse.

Remoxy, a product of the Durect Corporation and Pain Therapeutics, Inc., is one new drug that is being testing. It is a form of OxyContin, and Phase III trials were completed in December 2007.

Pain Therapeutics report on their website, "Rexmoxy re-

sists injection or snorting. Published data also shows that freezing, crushing, or submerging in high-proof alcohol for hours at a time releases just a fraction of oxycodone at time points when abusers presumably expect to get high. These properties of Remoxy may deter recreational abuse or accidental patient misuse of long-acting oxycodone."

Pain Therapeutics report that they will file an NDA for Remoxy in 2Q2008.



Another new drug, Embeda, is a pill version of morphine. Em-

beda is made by Alpharma, Inc.

On Alpharma's website, they describe Embeda, "We believe that Embeda, if approved by the FDA, would be the first opioid medicine to incorporate an abuse deterrent feature while effectively treating patients with chronic pain." Embeda is a version of morphine, in pill form. If the Embeda pill is altered (injected, snorted, chewed, or crushed), then a chemical is released that blocks the narcotic effects of the drug.

Everyone will be watching as these drugs get closer to the marketplace—and hopefully to reducing drug abuse.

Diversions Penalty info for your Patients	Drug/Schedule	Quantity	Penalties
<p>Summit's Drug Safety Program is designed to help physicians to limit liability by decreasing potential drug diversion by patients.</p> <p>We thought it might be interesting for you to know—and possibly to pass along to your patients—what a few of the federal penalties are for drug diversion.</p> <p>Most people are surprised at how severe the penalties really are.</p>	Other Schedule I and II drugs (and any drug product containing Gamma Hydrobutyric Acid)	Any amount	<p>First offense: Not more than 20 years. If death or serious injury, not less than 20 years or more than Life. Plus fines.</p> <p>Second offense: Not more than 30 years. If death or serious injury, not less than 20 years or more than Life. Plus fines.</p>
	Other Schedule III Drugs	Any amount	<p>First offense: Not more than 5 years. Fine not more than \$250,000 if an individual</p> <p>Second offense: Not more than 10 years. Fine not more than \$500,000 if an individual</p>

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Limit Physician Liability and
Decrease Patient Rx Diversion

Did you know that Summit reps:

- Live in the communities that they service. There's always someone local.
- Have a variety of cross reference tools to help you decipher test results.
- Have passed HIPAA training requirements.
- Can help you design a testing program that meets your needs.

Summit Diagnostics, LLC provides drug safety programs for physicians that prescribe controlled substances. We help the physician to limit liability and decrease Rx diversion by their patients .

We provide tools to help physicians to uncover diversion among their patients. We offer: rapid drug testing for illicit as well as common prescription drugs, analysis and GC/LC MS testing validation through some of the best laboratories in the US, random test cards, patient and staff educational information, and hands-on support from local representatives.

Overdoses from Abuse On the Rise

Most deaths from overdose involve more than one drug—40's age most at risk

You probably know that the drugs that are killing the most people right now are prescription drugs.

Liabilities for physicians continue to mount, as patient diversion and deadly drug combinations are no the rise.



In a recent Florida based story, it was reported that in Florida alone, prescription rug overdoses caused 1720 deaths in 2006, up about 40% from just 3 years earlier. In 2007, the state was on a pace of about 2000 deaths.

The St. Petersburg Times analyzed the 2005-2006 autopsy records of patients who died from accidental drug overdoses. Here is what they found:

- People in their 40s were the most likely to die from prescription drugs, followed by those in their 20s and 30s. Teens were the fastest-growing group.
- Most died from overdoses of opioid painkillers, natural or synthetic...methadone and oxycodone topped the list.
- A large number also died from overdoses of anti-anxiety drugs such as Xanax and Valium.
- Nearly 70% died from an overdose of more than one drug.



For physicians, now more than ever, it's vital to know:

1. Is the patient taking the drug(s) that were prescribed?
2. Is the patient taking any illicit drug ?
3. Is the patient taking any other prescribed drug not reported?

Regular drug testing of patients helps to answer these questions and to keep patient and physician safe.