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## Specialty Spotlight

### Specialty Benchmark Data

There are several national references that publish information about the state of specialty medications in the United States. While not an exhaustive list, the following can offer information for the interested professional and non-professional alike:

[AMCP Specialty Pharmacy Resource Guide](#)

[AON Hewitt Health Care Survey 2014](#)

[EMD Serono Health Care Survey](#)

[PBMI Specialty Drug Benefit Report 2014](#)

#### **Commentary:**

The specialty medication area is relatively immature such that comprehensive financial, utilization and clinical information is in its infancy. The EMD Serono Health Care Survey is perhaps the most comprehensive survey at this time. The Aon Hewitt Health Care Survey is higher level benefit review with comments on specialty as it impacts trend. IMS has prescription level data, but this requires large expenditures. Finally, the AMCP Specialty Pharmacy Resource Guide is a general “white paper” identifying available options for information. Unfortunately, the level of financial information common to the economic and financial industries is still not generally available.

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## The Rhythm of Your Heart

It is essential to monitor patients for signs and symptoms of abnormal heart rhythm when starting them on multiple therapies that increase risk of QTc prolongation, which is an abnormal heart rhythm that can lead to Torsades de Pointes and sudden death if not treated promptly. Patients who experience palpitations, dyspnea, chest pain, syncope, or any indications of electrolyte imbalances may require ECG monitoring. Although continuous monitoring would be ideal, it is not an achievable approach for outpatient therapies. Therefore, ECG monitoring should be done at least during initiation of therapy, new onset of bradyarrhythmias, severe hypokalemia, and severe hypomagnesaemia.

### **Commentary:**

Drug induced QTc prolongation is a major concern with a variety of medications (i.e. antiarrhythmics, macrolides, tricyclic antidepressants, antipsychotics, antiemetics, etc) due to the increased risk of Torsade de Pointes. This form of ventricular tachycardia can lead to ventricular fibrillation and sudden cardiac death. Benefits of therapies must outweigh the risks when approaching any case especially where treatment with QTc prolonging medications is necessary. Options to optimize a patient's therapy will involve consideration of alternative therapies, placing them on low QTc risk medications, and avoiding concomitant use of additional QTc- prolonging drugs.

*Source: Gupta, A et al. Current concepts in the mechanisms and management of drug-induced QT prolongation and torsades de pointes. American Heart Journal 2007; 153: 891-899 Drew BJ, Califf RM, Funk M, et al. Practice standards for*

## Can you really take Acetaminophen with Isoniazid?

Patients currently on isoniazid for tuberculosis (TB) should limit their intake of acetaminophen. According to case reports in the Official Publication of the American College of Chest Physicians, patients experienced liver damage after receiving a single dose of acetaminophen from 3.35 up to 11.5g, or daily doses as low as 2 to 6g. Isoniazid is a potentially hepatotoxic medication that is usually used to treat Tuberculosis infections. Tuberculosis patients, however, tend to be on several medications in addition to isoniazid, such as rifampin, pyrazinamide, and ethambutol. Isoniazid and rifampin are both capable of inducing CYP450 isozymes and leading to a possible toxic accumulation of acetaminophen's metabolite, NAPQI. In addition, the danger of hepatotoxicity is increased when combined with additional hepatotoxic drugs within the TB treatment combination, such as pyrazinamide, isoniazid, and rifampin.

### **Commentary:**

Although acetaminophen is many times the first-line treatment of management for mild persistent pain, when used with other hepatotoxic agents the use of acetaminophen should be limited to no more than 2g/day for most patients. There are also alternatives to acetaminophen such as capsaicin, menthol, camphor, and trolamine if the patient is experiencing localized, mild to moderate nociceptive pain (pain due to physical injuries). If the pain requires systemic treatment, oral NSAIDs, such as ibuprofen and aspirin, may also be an option in addition to lower doses of acetaminophen. But caution

*electrocardiographic monitoring in hospital settings:  
an American Heart Association scientific statement  
from the Councils on Cardiovascular Nursing,  
Clinical Cardiology, and Cardiovascular Disease in  
the Young. Circulation. 2004;110(17):2721-2746.*

should be used if high doses of NSAIDs  
are used for long periods of time.

*Sources: Nolan CM, Sandblom RE, Thummel KE, et  
al, "Hepatotoxicity Associated With Acetaminophen  
Usage in Patients Receiving Multiple Drug Therapy  
For Tuberculosis," Chest, 1994, 105(2):408-11*



## JCode Calculator <sup>™</sup>

Pro Pharma has just released the 2014 4th quarter, nationally acclaimed JCode Calculator<sup>™</sup> to our clients. The 1st quarter 2015 will be released shortly. How much time and money are you spending on injectable billing? Are your revenue margins decreasing? Do you want to increase revenue during this challenging economic time?

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