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Specialty Spotlight

Ouch! New Pain Guidelines

The Medical Board of California has issued new guidelines for prescribing controlled substances to treat pain. These were issued with the intent of helping prescribers improve patients' treatment outcomes and decrease incidents of abuse, adverse events, and toxicity. Visit the Medical Board of California (<http://click.icptrack.com/icp/relay.php?r=51273209&msgid=348607&act=911X&c=1196768&destination=http%3A%2F%2Fwww.mbc.ca.gov%2F>) for the latest guidelines.

Commentary:

Opioids have no therapeutic value in treating chronic, non-malignant pain. Opioids should be considered for a short-term treatment after patients have tried and failed alternative analgesic therapies, such as NSAIDs and acetaminophen, and should be discontinued after the short-term therapy. If treating with opioids, the use of long-acting opioids is preferred but not necessarily mandatory. Around-the-clock dosing is preferred for continuous or frequently-occurring pain and may be combined with short-acting opioids for breakthrough pain. Opioid therapy should always be used complementary to other analgesics or rehabilitative approaches. Although opioids may be effective at providing relief for moderate-to-severe pain for the short-term, they do have potential adverse effects if inappropriately used, including but not limited to overdose, misuse, addiction, dependence, tolerance, and death.

Sources: Cantrill, S., Brown, M., Carlisle, R., Delaney, K., Hays, D., Nelson, L., & O'Connor, R. (2014, November 1). Guidelines for Prescribing Controlled Substances For Pain. Retrieved December 1, 2014, from <http://www.mbc.ca.gov/Licensees/Prescribing/Pa>

[Find out more](#)

FYI: Correct Coding for Supportive Therapy

International Statistical Classification of Diseases and Related Health Problems (ICD, commonly ICD-9, soon to be ICD-10) is a standardized diagnostic tool managed by the World Health Organization (WHO) that provides a systematic and universal diagnostic code for classifying disease states. ICD coding is very useful in minimizing confusion and communicating patient disease states effectively in health care, statistics, reimbursement systems, and other automated systems.

One of the main problems commonly encountered in reimbursement settings applies to the coding of supportive therapy. Supportive therapy is an array of pharmacologic treatments that are used to prevent or treat certain predictable side effects of serious medical regimen, such as chemotherapy.

Most common supportive therapies that are mistakenly coded are:

- Dexamethasone (e.g. DexPak, DoubleDex)
- Diphenhydramine (e.g. Benadryl)
- Ondansetron (e.g. Zofran)

Commentary:

Mistakes are made in coding for these supportive therapies under the ICD code of the main underlying disease state in treatment, such as "cancer." But supportive therapies such as dexamethasone should be coded for the specific indication such as "nausea and vomiting," rather than for the disease condition that causes nausea and vomiting. And the same goes for diphenhydramine and ondansetron. Not only can incorrect ICD coding lead to the delay or refusal of reimbursements in a healthcare reimbursement setting, but it can also lead to incorrect data keeping and confusions down the road. Especially in a field of healthcare, in which patient's health and well-being are being affected day to day, it is important that healthcare professionals maintain adequate knowledge and appropriate info regarding correct use of the appropriate ICD codes.

Source: <http://formularyjournal.modernmedicine.com/formulary-journal/news/aspirin-when-should-it-be-used-prevention-cardiovascular-events>

How France Fights Back Sovaldi Prices

Sovaldi is a first of its class, as a novel therapy approved for treatment of Hepatitis C. Currently, there are no vaccines available for Hepatitis C, and non-pharmacological preventive measures and pharmacologic treatment after infection are the only options. The good news is that Sovaldi has achieved sustained virological response (SVR) rates in excess of 90 percent, which is considered a cure. The bad news is that the prices of Solvadi have aroused fierce pricing debates due to its high burden on health care cost per patient it treats. Gilead introduced the drug into the market last January with a price that comes down to about \$84,000 per 12-week treatment, or about \$1000 per tablet. Because of the possible negative impact on its healthcare budget, France has taken measures to put pressure on pharmaceutical companies like Gilead by selectively taxing them when the total cost exceeds a certain amount each year. For instance, in 2014, any revenue the company makes in excess of 450 million euros (\$567 million) will be taxed, and the details of the new tax will be put on a vote by the end of this year.

Commentary:

Although it is predictable that Gilead would price the drug on the high-end until its competitors arrive on the market, the current price they're charging is placing a heavy burden on our healthcare costs across the board. Approximately 150 million people are estimated to be infected with Hepatitis C, most of them in low and middle-income countries, which brings up a concern on the financial impact Sovaldi prices will have on their healthcare budget. The prices of the novel Hepatitis C drug is estimated to decline after competitors, such as Rivals Merck & Co. as well as AbbVie, enter the market with treatments that can cure more people in a shorter period of time.

Source: <http://www.reuters.com/article/2014/09/30/france-deficit-gilead-idUSL6N0RV27X20140930>

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