

# Make Mohs Measure Permanent?

Payment from page 1

said Dr. John Zitelli, a Mohs surgeon in Pittsburgh and chairman of the CPT rapid response committee for the American College of Mohs Micrographic Surgery and Cutaneous Oncology.

When Medicare began applying the multiple surgery cut in January, some dermatologists refused to do two or more Mohs procedures in 1 day. Dr. Zitelli explained that he was performing multiple procedures for patients who live far away but that he had to absorb a loss in

payment in those particular cases.

The reduction in pay disrupted care for many patients, he said. Some patients became frustrated with the need for multiple appointments and would not come back, he said.

For physicians, the application of the multiple surgery reduction meant that reimbursement for multiple Mohs procedures is less than the cost, Dr. Zitelli said.

The cuts resulted in distortions in care, multiple trips by patients, and in some cas-

es groups of physicians teaming up to perform the surgery in an effort to avoid the cut, said Dr. Brett Coldiron, a Cincinnati dermatologist and chairman of the health care finance committee for the American Academy of Dermatology.

"Mohs codes have been under attack for about 8 years by CMS," Dr. Coldiron said.

Last year, CMS refined the Mohs surgery codes by deleting CPT codes 17304-17310 and creating several new codes, which distinguish the site of surgery. The new first-stage Mohs codes include 17311 for head and neck areas and 17313 for the trunk and extremities.

Overall, dermatologists did well in the

assessment of the new codes, Dr. Coldiron said. However, any increases to the codes were offset by the application of the multiple surgery reduction cuts when physicians performed multiple surgeries.

Earlier this year, a coalition of dermatology groups, including the American Academy of Dermatology and the American Society for Dermatologic Surgery, approached CMS about the multiple surgery reduction and sought an opportunity to make their case against the change.

The main argument in favor of exempting Mohs surgery from the multiple surgery reduction is that Mohs procedures have the most intraservice time associated with them, meaning that most of the work performed is for the procedures itself, Dr. Zitelli said. There is little overlap in effort when multiple procedures are performed.

"We think the whole thing was a misunderstanding," he said. ■

## Tretinoin Cream, USP (Emollient) 0.05%

### Brief Summary of Full Prescribing Information

#### DESCRIPTION

Tretinoin is available as TRETINOIN CREAM, USP (EMOLLIENT) at a concentration of 0.05% w/w in a water in oil emulsion formulation consisting of light mineral oil, NF; sorbitol solution, USP; hydroxyoctacosanyl hydroxystearate; methoxy PEG-22/dodecyl glycol copolymer; PEG-45/dodecyl glycol copolymer; stearytrimethylsilane and stearyl alcohol; dimethicone 50 cs; methylparaben, NF; edetate disodium, USP; quaternium-15; butylated hydroxytoluene, NF; citric acid monohydrate, USP; fragrance; and purified water, USP.

#### INDICATIONS AND USAGE

TRETINOIN CREAM, USP (EMOLLIENT) 0.05% is indicated as an adjunctive agent for use in the mitigation (palliation) of fine wrinkles, mottled hyperpigmentation, and tactile roughness of facial skin in patients who do not achieve such palliation using comprehensive skin care and sun avoidance programs alone (see bullet point 3 for populations in which effectiveness has not been established). TRETINOIN CREAM, USP (EMOLLIENT) DOES NOT ELIMINATE WRINKLES, REPAIR SUN DAMAGED SKIN, REVERSE PHOTO-AGING, or RESTORE A MORE YOUTHFUL or YOUNGER DERMAL HISTOLOGIC PATTERN. TRETINOIN CREAM, USP (EMOLLIENT) should only be used under medical supervision as an adjunct to a comprehensive skin care and sun avoidance program that includes the use of effective sunscreens (minimum SPF of 15) and protective clothing when desired results on fine wrinkles, mottled hyperpigmentation, and roughness of facial skin have not been achieved with a comprehensive skin care and sun avoidance program alone. Neither the safety nor the efficacy of using TRETINOIN CREAM, USP (EMOLLIENT) daily for greater than 48 weeks has not been established, and daily use beyond 48 weeks has not been systematically and histologically investigated in adequate and well-controlled trials.

#### CONTRAINDICATIONS:

This drug is contraindicated in individuals with a history of sensitivity reactions to any of its components. It should be discontinued if hypersensitivity to any of its ingredients is noted.

#### WARNINGS

TRETINOIN CREAM, USP (EMOLLIENT) is a dermal irritant, and the results of continued irritation of the skin for greater than 48 weeks in chronic, long term use are not known. Safety and effectiveness of TRETINOIN CREAM, USP (EMOLLIENT) in individuals with moderately or heavily pigmented skin have not been established. TRETINOIN CREAM, USP (EMOLLIENT) should not be administered if the patient is also taking drugs known to be photosensitizers (e.g., thiazides, tetracyclines, fluoroquinolones, phenothiazines, sulfonamides) because of the possibility of augmented phototoxicity.

Because of heightened burning susceptibility, exposure to sunlight (including sunlamps) should be avoided or minimized during use of TRETINOIN CREAM, USP (EMOLLIENT). Patients must be warned to use sunscreens (minimum of SPF of 15) and protective clothing when using TRETINOIN CREAM, USP (EMOLLIENT). Patients with sunburn should be advised not to use until fully recovered. Patients who may have considerable sun exposure due to their occupation and those patients with inherent sensitivity to sunlight should exercise particular caution when using and assure that the precautions outlined in the Patient Package Insert are observed. TRETINOIN CREAM, USP (EMOLLIENT) should be kept out of the eyes, mouth, angles of the nose, and mucous membranes. Topical use may cause severe local erythema, pruritus, burning, stinging, and peeling at the site of application. If the degree of local irritation warrants, patients should be directed to use less medication, decrease the frequency of application, discontinue use temporarily or discontinue use altogether.

Tretinoin has been reported to cause severe irritation on eczematous skin and should be used only with utmost caution in patients with this condition.

#### PRECAUTIONS

General: If a drug sensitivity, chemical irritation, or a systemic adverse reaction develops, use should be discontinued.

**Drug Interactions:** Concomitant topical medication, medicated or abrasive soaps, shampoos, cleansers, cosmetics with a strong drying effect, products with high concentration of alcohol, astringents, spices or lime, permanent wave solutions, electrolysis, hair depilatories or waxes, and products that may irritate the skin should be used with caution in patients being treated because they may increase irritation with use. Tretinoin Cream USP (Emollient) should not be administered if the patient is also taking drugs known to be photosensitizers (e.g., thiazides, tetracyclines, fluoroquinolones, phenothiazines, sulfonamides) because of the possibility of augmented phototoxicity.

#### Carcinogenesis, Mutagenesis, Impairment of Fertility

There was no evidence of carcinogenic potential when tretinoin was administered topically at a dose 5 times the average recommended human topical clinical dose. The mutagenic potential of tretinoin was evaluated in the Ames assay and in the in vivo mouse micronucleus assay, both of which were negative.

#### Pregnancy: Pregnancy Category C.

There are no adequate and well-controlled studies in pregnant women. TRETINOIN CREAM, USP (EMOLLIENT) **should not be used during pregnancy.**

**Nursing Mothers:** It is not known whether this drug is excreted in human milk. Because many drugs are excreted in human milk, **caution should be exercised when administered to a nursing women.**

**Pediatric Use:** Safety and effectiveness in patients less than 18 years of age have not been established.

**Geriatric Use:** Safety and effectiveness in individuals older than 50 years of age have not been established.

#### ADVERSE REACTIONS

(See WARNINGS and PRECAUTIONS sections.)

Local reactions such as peeling, dry skin, burning, stinging, erythema, and pruritus were reported by almost all subjects during therapy. These signs and symptoms were usually of mild to moderate severity and generally occurred early in therapy.

#### OVERDOSAGE:

Application of larger amounts of medication than recommended has not been shown to lead to more rapid or better results, and marked redness, peeling, or discomfort may occur. Oral ingestion of the drug may lead to the same side effects as those associated with excessive oral intake of Vitamin A.

#### DOSAGE AND ADMINISTRATION

TRETINOIN CREAM, USP (EMOLLIENT) should be applied to the face **once a day** before retiring using only enough to cover the entire affected area lightly. Patients should gently wash their face with a mild soap, pat the skin dry, and wait 20 to 30 minutes before applying. The **patient should apply a pea-sized amount of cream** to cover the entire face lightly. Special caution should be taken when applying the cream to avoid the eyes, ears, nostrils, and mouth.

With discontinuation of therapy, a majority of patients will lose most mitigating effects on fine wrinkles, mottled hyperpigmentation, and tactile roughness of facial skin; **however, the safety and effectiveness of using TRETINOIN CREAM, USP (EMOLLIENT) daily for greater than 48 weeks have not been established.**

#### HOW SUPPLIED

TRETINOIN CREAM, USP (EMOLLIENT) is available in these sizes:

NDC 66530-24740 gram tube  
NDC 66530-24760 gram tube

**Storage:** Store at 20-25° (68-77°F) [see USP Controlled Room Temperature]. DO NOT FREEZE.

Manufactured by DPT Laboratories, San Antonio, TX 78215  
Distributed by Spear Dermatology Products, Randolph, NJ 07869

**SPEAR**  
DERMATOLOGY PRODUCTS

## Simple Label Machine Subs For EMR System

If you're not ready to invest thousands of dollars in an electronic medical records system, a desktop label writer may be just what the doctor ordered.

"This is a very cost-effective alternative for anyone who doesn't have an EMR system," said Dr. Stephanie Lucas, who equipped her two-physician Detroit practice with several Dymo Twin Turbo label makers at a cost of about \$150 apiece.

"I have all my prescriptions on the attached software, so all I have to do to print a label is go to the list on my computer, click on the prescription, and it comes out of the machine," said Dr. Lucas, who puts one label into the patient's chart and gives a signed copy to the patient for the phar-



**Pharmacists like being able to read the prescriptions without having to call and ask me what I wrote.**

**DR. LUCAS**

macy. "Or I stick the label or labels on a sheet of paper and fax it to the pharmacy."

The internist and endocrinologist take an extra step to ensure that patients know what their medications are for. For example, in addition to printing "Statin 20 mg #90," the label also says "cholesterol med."

"Patients love it, and pharmacists appreciate being able to read the prescriptions without ever having to call and ask me what I wrote," said Dr. Lucas, whose bad handwriting in grammar school drew a few knuckle raps from a ruler-wielding teacher.

The labeling system also integrates with software programs like Outlook and QuickBooks to make individual labels. "It's nice because it has an optional mailing bar code to facilitate mailing," she added.

—Bruce K. Dixon