



# Provider Newsletter

Summer 2011 – Volume 8

7350 NW 7<sup>th</sup> Street, Ste 204, Miami, FL 33126

Tel (305) 269-2000 Toll Free (877) 827-0711

[www.floridahealthsolution.com](http://www.floridahealthsolution.com)

FHS.PHC.PROVNEWS SUMMER 06/11



## From the desk of...

Florida Health Solution recognizes and appreciates the value of its network of providers. We are very proud of our ever growing network of providers, which expands from Miami to Tampa. In 2011, one of Florida Health Solutions goals is to maintain and improve member retention. Having quality providers who demonstrate respect, compassion and integrity is an integral part of this equation. Another Florida Health Solution goal is to continue to provide affordable quality healthcare to our members. We appreciate the business relationship we have with each and every one of you!

Florida Health Solution recognizes that medicine is constantly evolving with new information, shedding the light on old diagnosis and treatments. In this provider newsletter we have incorporated new guidelines established to help direct our treatment protocols with new information from the FDA regarding Box Warnings. We urge you to take some time to read these recommendations, and incorporate them into your treatment modalities.

Sincerely,  
Maria V. Fernandez, M.D.  
Medical Director



## Important Referral and Online Services Changes

We are happy to announce that since December 2010, there have been several changes in our Online Authorization System, which will be beneficial for your practice. You will no longer need to refer FHS members to contact us to schedule an appointment for X-rays and/or Ultrasounds procedures. You can either refer the member directly to one of our participating Diagnostic Centers or if you perform the above mentioned procedures at your location you may do so, using the authorization process.

Visit our website for an updated list of our Diagnostic Centers in your area or you may contact us for the nearest location. For authorization you will have to complete the authorization by pressing the "Complete" button and choose if the member is being referred to a specialist and type in the ICD9 code, hit Save and follow the prompts and the system will navigate you. In case of a member being referred, our Referral Department will contact the member within 72 business hours with the appointment information. For additional information, please contact the Authorizations Department at (305) 269-2000 or toll free at (877) 827-0711.

## **Important Drug Warning**

The FDA has recently added a “BOXED” Warning for Fluoroquinolones, including AVELOX/CIPRO, associated with an increased risk of tendinitis and tendon rupture in all ages. The risk is further increased in older patients usually over 60 years of age, in patients taking corticosteroid drugs, and in patients with kidney, heart or lung transplants. In addition the FDA requested revisions to the prescribing information as they became aware of fluoroquinolone associated myasthenia gravis exacerbation, which is a potentially life-threatening event and may require ventilatory support. This was based on review of post-marketing Adverse Event Reporting System (AERS) and published case reports in the scientific literature. The “BOXED” warning states Fluoroquinolones, including AVELOX/CIPRO, may exacerbate muscle weakness in persons with myasthenia gravis. Avoid AVELOX/CIPRO in patients with known history of myasthenia gravis.



## **Benzocaine Warning!**

The FDA has issued a “use with caution” advisory regarding the safety associated with Benzocaine products both as a spray, used during medical procedures or gels and liquids sold over the counter to relieve pain for a variety of conditions such as teething, canker sores, and irritation of the gums. Methemoglobinemia a rare but serious condition where the amount of oxygen carried in the blood stream is greatly reduced has associated to develop after benzocaine use. Patient’s may experience signs and symptoms such as pale, gray or blue colored skin, lips and nails beds; headache; lightheadedness, shortness of breath, fatigue and tachycardia. These symptoms occurred in most cases after a single use and were unrelated to the amount applied. Benzocaine products should not be used on children less than two years of age except under the care of a healthcare professional. The FDA is continuing to evaluate the safety of the Benzocaine products and will notify the

public and healthcare professionals as soon as additional information becomes available. Physicians are encouraged to report any adverse events to MedWatch Safety Information and Adverse Event Reporting Program or online at [www.fda.gov/MedWatch/report.htm](http://www.fda.gov/MedWatch/report.htm)

## **Peanut Patch**



Researchers at National Jewish Health and four other institutions are investigating in the Consortium of Food Allergy Research, the safety of a “peanut patch”. Peanuts can give a severe allergic reaction from mild urticaria and hives to life threatening allergic reactions. Peanuts are found in many foods and are sometimes mixed and undetectable unless you read the entire ingredient’s on food products, hence making it one of the most dangerous of food allergies. The peanut patch would work by desensitizing through increasing amounts of peanut protein. The protein would be delivered through the skin from a patch similar to those who are trying to stop smoking with the nicotine patch. Food allergies are currently being treated with oral immunotherapy, sublingual immunotherapy or drops under the tongue. It is felt if a peanut patch works, it could be done at home decreasing the number of office visits. At present, the peanut patch is undergoing a rigorous safety trial. If the safety trial is successful, researchers are hoping to begin clinical trials to determine if desensitization works for patient’s allergic to peanuts.

## To Remove or Not Remove



The American Academy of Otolaryngology-Head and Neck Surgery recently issued clinical Practice Guidelines: Tonsillectomy in children. The new guidelines offers evidence based recommendations on identifying children who are the best candidates for tonsillectomy, operative care and management. The recommendations support watchful waiting for recurrent throat infections if there have been fewer than 7 episodes in the previous 12 months or fewer than 5 episodes per year in the previous 2 year or fewer than 3 episodes per year in the three years. The information comes from research done by Jack Paradise in the late 1970's. His research used strict criteria that described what were termed "counting episodes" if they had a sore throat and 1 of the following 4 criteria's:

- A fever  $> 38.3$  Celsius
- Cervical adenopathy, which was defined as a lymph node in the neck that measured  $>1$  cm and was tender
- Tonsillar exudates or
- A positive test for Group A streptococci

Other important things to document are about absences from school, quality of life and growth should also be monitored. The guidelines emphasize the role of the practitioner to document each infection properly. The guidelines however, does recommend tonsillectomy for sleep disorder breathing, which is characterized by recurrent partial or complete upper airway obstruction during sleep that results in disruption of the normal breathing and sleep pattern. The diagnosis is usually based on history and physical exam, though sometimes a sleep study is preformed. Associated comorbid conditions which are poor school performance, behavioral problems related to poor sleep as well as aggression, hyperactivity and or depression. This condition has also been associated with nocturnal enuresis or bedwetting. There are potential side effects

to tonsillectomies such as anesthesia complications and post op hemorrhages, therefore patients should be individualized and a benefit versus risk question should be asked.

## Radiation Exposure: Fact vs. Fiction

In view of the recent catastrophic Nuclear Emergency which occurred in Japan after the devastating Tsunami; much information has been reported about Radiation risks including exposure in our everyday living conditions. The Nuclear Regulatory Commission and State Bureaus of Radiological Health assume all radiation exposure carries some risk. Regulations exist to protect the public from nuclear plants and operators of X-Rays machines, transporters of radioactive material for the allowable amounts an individual may receive. The risk of Cancer increases as the exposure increases with larger doses of radiation of over (100,000 millirem) dependent on seconds, minutes and hours. Studies have not found an increase in cancer for doses less than 100,000 mrem, especially if delivered over a lifetime. The body can repair radiation induced damaged when the radiation exposure is over long periods of time. This is one of the reasons why higher than average rate of cancer and genetic defects are not found in populations living in areas where excessive high background exposure exists. Our Universe and Solar System has always been radioactive, with background radiation existing all the time on an average about 300-350 mrem each year. For example, an airplane flight gives 4 mrem per trip and a chest x-ray about 10 mrem per film.



