

Bluegrass Family Health

2nd Quarter 2011

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Physician Referrals and DME

As part of the any Network Agreement, a Participating Provider agrees to refer only to Participating Providers, as noted in the following section of all Provider Agreements:

Referrals. In all cases, except in Emergencies, or when approved by the Medical Director, when referral of a Member to another Provider is appropriate to the Member's treatment and care, Physician agrees to only refer Members to Participating Providers, and to furnish such Providers complete information on treatment procedures and diagnostic tests performed prior to such referral.

This includes not only Physician to Physician referrals, but also to hospitals, and ancillary services including Durable Medical Equipment (DME).

If a DME company approaches your practice to stock the practice with the most common DME items you use, or provides you with easy to use equipment order forms, please ensure that they also are participating with the member's insurance carrier.

Otherwise your patient may have a greater out of pocket expense or even loss of coverage for using a non participating DME company.

We would be happy to contact any company who you recommend with a Participation Agreement if they are not currently a Network Member.

If you should have any questions or would like information on participating providers in your area, please contact your Provider Services Specialist.

Updating Your Information

Bluegrass Family Health strives to keep current information on all participating providers. Therefore, it is important that you notify us of any changes as soon as possible. This would include changing your practice location, your billing address, your tax identification number, NPI number, provider/group name, or phone number. If you have changed CEO's, CFO's, Billing Administrators or MyBluegrassinfo Administrator, we need that information as well.

If you would like the Office Manager, Billing Administrator, Director Of Managed Care, or anyone else in the office to receive a copy of the Provider Newsletter or updates, let us know and we will add them to the mailing list. Otherwise, they will be mailed to the physical location address. Please notify your Provider Services Representative directly or fax your information to 859-335-3736. A complete listing of the Provider Service Reps is located on the back page of the Provider Newsletter.

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651 Perimeter Dr.
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Updated Child Daycare and School Immunization Requirements

New requirements for Kentucky children entering child day care, Head Start programs, public and private preschool programs and public and private elementary and secondary schools were approved in February 2011, and can be found online at <http://www.lrc.ky.gov/kar/902/002/060.htm>. The effective date for these regulatory changes is July 1, 2011. Any immunization certificate presented on or after July 1, 2011, for a child entering child day care, preschool, Head Start, kindergarten or sixth grade should comply with the new requirements.

Updates include:

- Newly required vaccinations for Pneumococcal and Meningococcal conjugate vaccines and Tetanus-diphtheria-acellular pertussis vaccine (Tdap)
- Changes in varicella Immunization and documentation requirements
- Changes that allow greater flexibility in vaccine administration
- Changes in dosage for polio (IPV) and measles-mumps-rubella (MMR) vaccine

Providers should particularly focus immunization efforts through the fall of 2011 on immunizations for school age children, especially those children entering kindergarten and sixth grade, in order to meet the new school entry requirements. However, immunization records should be reviewed at every patient encounter, and age appropriate immunizations should be administered at any visit unless medically contraindicated.

Updated immunization certificates are available at the Kentucky Department for Education Website at: <http://www.education.ky.gov/KDE/Administrative+Resources/Coordinated+School+Health/Health+Services/School+Health+Forms.htm> or by contacting the Kentucky Immunization Program at 502-564-4478.

Healthcare Reform Educational Resources

Bluegrass Family Health strives to stay abreast of Healthcare Reform updates, including new rules, and new regulations provided by Health and Human Services and other federal and state regulatory agencies. As part of this endeavor, we would like to share some valuable resources with you and encourage you to visit them often. The most important thing you can do is educate yourself of the requirements of Healthcare Reform and its impact to you and your relationship with Bluegrass Family Health.

The following websites are recommended sources for reliable healthcare reform education:

- www.healthcare.gov
- <http://cciio.cms.gov/>
- https://insurance.ky.gov/Static_Info.aspx?Static_ID=111
- www.ahip.org
- www.naic.org

Feel free to contact us with any questions you may have regarding changes required by healthcare reform and its impact on your relationship with Bluegrass Family Health.

We Want to Know What You Think

This Quarterly newsletter is for you, so here at Bluegrass Family Health we want to make sure it is including the information you need. Are the articles useful and informative? Is there a particular topic you would like us to address? Do you wish the newsletter came out more often? We want to hear your comments, critiques and suggestions. Please email your feedback to provider@bgfh.com.

Pharmacy Corner

Pharmacokinetic Differences among Angiotensin Receptor Blockers (ARBs)

At the last Pharmacy and Therapeutics Committee meeting, the following information on the differences in Angiotensin Receptor Blockers (ARB's) was presented. This was well-received by the Committee, who wanted to share this information with our participating providers.

Parameter	Losartan	Valsartan	Irbesartan	Candesartan	Telmisartan	Eprosartan	Olmesartan
Prodrug	No	No	No	Yes	No	No	Yes
Active Metabolite	Yes	No	No	No	No	No	No
Time to Peak	1/3-4* hrs	2-4 hrs	1.5-2 hrs	3-4 hrs	0.5-1.0 hrs	1-2 hrs	1-2 hrs
Bioavailability	33%	25%	60%-80%	15%	42%-58%	13%	26%
Food - Peak Levels	Decreased	↓ 50%	No effect	No effect	N/A	Variable (< 25%)	N/A
Food – AUC	↓ 10%	↓ 40%	No effect	No effect	↓ 6%-20%	Variable	No effect
Elimination Half-life (hrs)	2/6-9*	6	11-15	9	24	20	13
Metabolism	Extensive by CYP2C9, CYP3A4, to metabolites	Minimally metabolized, not by CYP.	Not significant, mostly CYP2C9; negligible CYP3A4.	Minor hepatic metabolism by O-deethylation to inactive metabolites.	Minor conjugation to inactive metabolite; no CYP isoenzymes involved.	Not metabolized via CYP isoenzymes; no active metabolites.	No metabolism
Elimination	Around 35% urine and 60% fecal (biliary).	Around 13% urine (unchanged), 83% fecal (unchanged biliary).	20% urine, 80% fecal	33% urine, 67% fecal	> 97% fecal (unchanged biliary), urine (small amounts unchanged).	Around 7% urine and 90% fecal (unchanged drug).	35-50% renal, 50-65% fecal
Protein Binding	99%	95%	90%	99%	> 99.5%	98%	99%

N/A = Not available; AUC – Area-under-the concentration curve; * Losartan active metabolite.

A few pharmacologic differences distinguish some of the ARBs which are summarized in the above table. Losartan undergoes substantial first-pass metabolism by cytochrome P450 (CYP) enzymes. Losartan is the only drug with an active metabolite and the CYP2C9 and CYP3A4 enzymes are involved in the biotransformation to its metabolites. *In vitro* data suggest that oxidation of irbesartan is via CYP2C9, however, *in vivo* data do not suggest significant interactions. None of the other ARBs appear to impact CYP enzymes.

Losartan's activity is affected by its active metabolite, which has a half-life of 6-9 hours compared to 2 hours for the parent compound. Inability to form this metabolite may make another ARB more appropriate for patients with hepatic failure. Candesartan cilexetil and olmesartan medoxomil are prodrugs that are hydrolyzed to candesartan and olmesartan, respectively, during gastrointestinal absorption. Given the wide range of treatment options available in this class, pharmacokinetic data may play a factor in determining agent of choice.

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