

# the checkup

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A monthly publication of Texas Children's Health Plan

## MEDICAID RE-ENROLLMENT

### Take Action Now!

All providers must re-enroll in Texas Medicaid.

To avoid potential disruption in payment, a complete re-enrollment application must be received on or before June 17, 2016 in order to be re-validated by September 24, 2016.

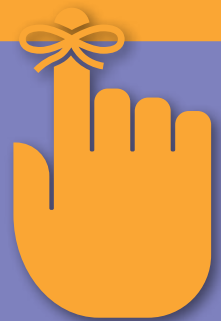
In the event that the re-enrollment process is not completed by September 24, 2016, and you are still working toward addressing

ND-0616-297

For help with enrollment, call 1-800-925-9126 or visit [www.tmhp.com/Pages/Topics/Reenrollment.aspx](http://www.tmhp.com/Pages/Topics/Reenrollment.aspx)

identified deficiencies at the time, you will continue to remain enrolled in Texas Medicaid as long as you respond to the deficiency notifications within the defined timeframe for response.

**If you have not yet started the process please do so immediately!**



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## Not too much and not too long



### Appropriate Use of Opiates for Pain Management

In March 2016, the US Centers for Disease Control and Prevention (CDC) released a guideline for prescribing opioids for chronic pain. The most important points for primary care providers treating acute pain severe enough to require opioids are to prescribe the lowest effective dose of immediate-release opioids and to prescribe a quantity no greater than what is necessary. **Three days or less** will often be sufficient; more than seven days will rarely be needed.

Opioid pain medication use presents serious risks, including overdose and opioid use disorder. From 1999 to 2014, more than 165,000 persons died from overdose related to opioid pain medication in the United States. The CDC guideline is intended to apply to patients aged ≥18 years with chronic pain outside of palliative and end-of-life care. Key points from the guideline are as follows:

#### Determining When to Initiate or Continue Opioids for Chronic Pain

Nonpharmacologic therapy and nonopioid pharmacologic therapy are preferred for chronic pain. If opioids are used, they should be combined with nonpharmacologic therapy and nonopioid pharmacologic therapy, as appropriate. Before starting opioid therapy for chronic pain, clinicians should establish treatment goals with all patients, including realistic goals for pain and function, and should consider how therapy will be discontinued if benefits do not outweigh risks.

#### Opioid Selection, Dosage, Duration, Follow-Up, and Discontinuation

When starting opioid therapy for chronic pain, clinicians should prescribe immediate-release opioids instead of extended-release/long-acting (ER/LA) opioids. When opioids are started, clinicians should prescribe the lowest effective dosage. Long-term opioid use often begins with treatment of acute pain.

When opioids are used for **acute pain**, clinicians should prescribe the **lowest effective dose** of immediate-release opioids and should prescribe no greater quantity than needed for the expected duration of pain severe enough to require opioids. **Three days or less will often be sufficient**; more than seven days will rarely be needed.

Clinicians should evaluate benefits and harms with patients within 1 to 4 weeks of starting opioid therapy for chronic pain or of dose escalation. Clinicians should evaluate benefits and harms of continued therapy with patients every 3 months or more frequently.

#### Assessing Risk and Addressing Harms of Opioid Use

Clinicians should review the patient's history of controlled substance prescriptions using state prescription drug monitoring program (PDMP) data to determine whether the patient is receiving opioid dosages or dangerous combinations that put him or her at high risk for overdose. Clinicians should review PDMP data when starting opioid therapy for chronic pain and periodically during opioid therapy for chronic pain, ranging from every prescription to every 3 months. When prescribing opioids for chronic pain, clinicians should use urine drug testing before starting opioid therapy and consider urine drug testing at least annually to assess for prescribed medications as well as other controlled prescription drugs and illicit drugs. Clinicians should avoid prescribing opioid pain medication and benzodiazepines concurrently whenever possible.

*Dowell D, Haegerich TM, Chou R. CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016. MMWR Recomm Rep 2016;65:1–49. DOI: <http://dx.doi.org/10.15585/mmwr.rr6501e1>*

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## HOW TO APPEAL A PHARMACY DENIAL



If Navitus, the Pharmacy Benefits Manager for Texas Children's Health Plan, denies a prescriber's request for prior authorization for a medication, a prescriber has 30 calendar days to request an appeal. To request an appeal for a denied prior authorization for a medication, please **fax the request to 832-825-8796**. To assist Texas Children's Health Plan in your request, please include the following information in your submission:

- The reason for your appeal.
- A copy of the Navitus denial letter.
- A copy of documentation submitted to Navitus for prior authorization.
- Clinical documentation supporting the use of the medication.

**You can also contact Texas Children's Health Plan's Utilization Management Department at 832-828-1004, option 5 for further information.**



# ADHD: Should your patient take a drug holiday?

Parents of children who take stimulant medication for ADHD often wonder whether their kids should take a "drug holiday" during the summer months.

A drug holiday, or a *structured treatment interruption*, is a deliberate, temporary suspension of medication. Child and adolescent psychiatrist Dr. Edward Walton, recommends against drug holidays unless there is a compelling reason. Current research and population data shows that children with ADHD who stick with their treatment programs year-round reap better results than those who experience treatment interruptions.

Children who are being treated for ADHD do better in more than just the classroom. Successful treatment with psychostimulants helps manage behavior in a variety of different circumstances. ADHD medication can help with participation in extracurricular activities, and can help teens pay attention while driving and possibly help teens resist engaging in cigarette smoking, substance abuse, and risky behavior. Children's social behavior and emotions are still developing in the summer months; they still have to get along with family and friends and function effectively in group activities like sports and day camp.

Parents and providers may consider a drug holiday because of concerns regarding side effects of stimulant medications. One of the concerns parents may voice

is worry over stimulant medications affecting a child's physical development. Recent well designed long-term studies conducted at Massachusetts General and Harvard Medical School concluded that in children followed for 10 years, into adulthood, there were no differences in height or weight between those who had taken stimulant medications and those who hadn't.

Discuss with caregivers and consider how a drug holiday would affect the child's well-being. ADHD is not limited to school activities, it affects all social interactions. These symptoms may be exacerbated if the child is subjected to life changes over the summer such as a transition to a new town or school, and changes in the family. ADHD is often accompanied by comorbid conditions which become difficult to evaluate and treat if the core symptoms of ADHD are not controlled. The conservative treatment approach is to maintain prescribed psychostimulant therapy on a daily basis to encourage behavioral health stability and manage ADHD core symptoms on a continuous basis. **For information about treating ADHD, visit [TheCheckup.org](http://TheCheckup.org).**

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## Do you know how to access the Texas Children's Health Plan formulary?

Texas Children's Health Plan follows the State of Texas Medicaid and CHIP formulary that is managed by the Texas Medicaid/CHIP Vendor Drug Program.

Prescribers and their staff can easily access the formulary online at: <http://www.txvendordrug.com/formulary/index.asp>.

By visiting this website, you can search for either a drug or product by either NDC, brand name, generic name, or class.

Continued  
on page 4.



# Facilities

## Do you know how to access the Texas Children's Health Plan formulary?



(continued from page 3)

The results will show:

- Drug Program Type (Drugs covered by Medicaid(STAR) will display a V, Drugs covered by CHIP will display a P)
- Drug Name
- Generic Name
- NDC number that is covered in the Texas Medicaid Formulary
- Package Size
- Authorization requirements
  - PDL (Preferred Drug List) PA requirements—Drugs that do not require a PDL PA are on the Medicaid formulary and are a preferred product
  - Clinical PA requirements—Drugs that require a clinical prior authorization will need supporting documentation submitted for prior authorization. Forms for prior authorization can be found on [www.navitus.com/texas-medicaid-star-chip/prior-authorization-forms.aspx](http://www.navitus.com/texas-medicaid-star-chip/prior-authorization-forms.aspx).

This lookup is updated weekly. Please contact VDP if data is unavailable or if you require assistance.

Program Codes: Medicaid, P-CHIP, C-CHIP, K-CHIP, W-Texas Women's Health Program

Search Results for: "adderall"

Drug Program Type	Drug Name	Generic Name	NDC#	Package Size	PDL PA Required	Clinical PA Required	90% Utilization	Family Planning	Women's Health Program
VPC	ADDERALL 10 MG TABLET	DEXTROAMPHETAMINE/AMPHETAMINE	57844011001	100 300 UME EA	No	Yes	75%	No	
VPC	ADDERALL 12.5 MG TABLET	DEXTROAMPHETAMINE/AMPHETAMINE	57844011201	100 300 UME EA	No	Yes	75%	No	
VPC	ADDERALL 18 MG TABLET	DEXTROAMPHETAMINE/AMPHETAMINE	57844011501	100 300 UME EA	No	Yes	75%	No	
VPC	ADDERALL 20 MG TABLET	DEXTROAMPHETAMINE/AMPHETAMINE	57844012001	100 300 UME EA	No	Yes	75%	No	
VPC	ADDERALL 30 MG TABLET	DEXTROAMPHETAMINE/AMPHETAMINE	57844013001	100 300 UME EA	No	Yes	75%	No	
VPC	ADDERALL 5 MG TABLET	DEXTROAMPHETAMINE/AMPHETAMINE	57844015001	100 300 UME EA	No	Yes	75%	No	
VPC	ADDERALL 7.5 MG TABLET	DEXTROAMPHETAMINE/AMPHETAMINE	57844017001	100 300 UME EA	No	Yes	75%	No	

In addition, prescribers can also access the Texas Medicaid and CHIP formularies through ePocrates. ePocrates provides clinical drug reference information to practitioners. If you are interested in using ePocrates to access the formularies, complete the following steps:

1. Register on the ePocrates website: [www.epocrates.com](http://www.epocrates.com).
2. Select the ePocrates software you would like to download—ePocrates Rx®, ePocrates Rx Pro™, ePocrates Essentials™, or ePocrates Essentials Deluxe™. You can also access the ePocrates online system directly through your internet browser by clicking on "ePocrates Online" in the upper right hand corner of the home page.
3. Click on the link, "Edit Formularies."
4. Select *Texas Medicaid* and *Texas CHIP Formulary* from the list of formularies and click on the button, "Add."

Using the preferred products on the VDP formulary will ensure prescriptions will be filled without the need for follow up or delay.

If you would like additional information about accessing the Texas Children's Health Plan formulary call our Provider Relations Department at 832-828-1008 or toll-free at 1-800-731-8527.



## Claims status made easy

You can utilize the Texas Children's Health Plan Provider Portal for instant, easy, and real-time claim status updates. The Provider Portal allows providers the flexibility of checking claim statuses 24 hours a day, seven days a week!

Access to our user-friendly portal can be found at [www.tchp.us/for-providers](http://www.tchp.us/for-providers). Simply enter the Texas Children's Health Plan claim number or minimal patient identifying information to obtain:

- Claims status
- Check number
- Payment date
- Allowed amount

If you have not registered and would like to learn more, call the **Provider Relations Department** at **832-828-1008** or toll-free at **1-800-731-8527**.

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