



Provider Newsletter

Fall 2018



Pharmacy Corner

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Texas Drug Utilization Review Board

The Texas Drug Utilization Review Board held its quarterly meeting on July 27, 2018, to make recommendations for Texas Medicaid clinical prior authorizations and preferred drug list (PDL). A summary of the meeting is now available, including:

- A recording of this meeting’s webcast
- A report of this quarter’s clinical prior authorization and PDL recommendations
- Approved minutes from the April 27, 2018, meeting
- The PDL drug class review schedule for October
- An update to the board bylaws

Next meeting: Scheduled for Friday, October 26, 2018.

Update on Exondys

Texas HHS has received an update to the cost of Exondys 51 (J1428):

- Beginning August 1, 2018, the maximum reimbursable rate to MCOs for Exondys is \$163.20.
- The reimbursement rate is based on the Healthcare Common Procedure Coding System units administered.

Pharmacy Cash Payments

Below is the policy surrounding a pharmacy’s ability to accept cash payments for Medicaid prescriptions when requested by the recipient.

- Pharmacists always have the option to deny cash payments, if in their professional opinion, the prescription is for inappropriate use, including, but not limited to, inappropriate opioid uses.
- If the client is a known Medicaid recipient, and the recipient requests that all or part of a prescription not be filled as a Medicaid benefit, then the prescription may be paid for in cash, either in part or in whole.
- If the client is a known Medicaid recipient, and the recipient requests the pharmacy to fill only a portion of the prescription as a Medicaid benefit, then the remainder of the prescription may be paid for in cash.

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Reminder of Inclusion of Drugs in Capitation Rates

Beginning September 1, Orkambi, Symdeko, and all second generation Hepatitis C drugs will be included in the capitation rate. Health plans are required to continue to adhere to the VDP clinical criteria for the second generation Hepatitis C drugs.

Traditional Medicaid Morphine Equivalent Dose Limits to Decrease This September

Beginning September 24, Texas HHS will decrease the daily morphine equivalent dose limit for people enrolled in traditional Medicaid. The new limit will be set at 160 and will be applied to all opioid prescriptions with exceptions for those people diagnosed with cancer or those receiving palliative or hospice care. The maximum allowable limit will continue to decrease over time according to the following tentative schedule included announced in May and in the table, below. The morphine equivalent dose criteria guide (PDF) is available online. For questions, please email VDP_Formulary@hhsc.state.tx.us.

Tentative Date	MED Limit
Sep-18	160
Jan-19	90

Growth Hormones

Effective June 18, Navitus implemented a narrow pharmacy network for filling growth hormone products, Genotropin & Norditropin, for all MCO's. Please see list of preferred providers.

Texas Medicaid Preferred Pharmacies allowed to dispense Norditropin & Genotropin growth hormone products

Pharm NDPDP, NABP, Chain Code ID	Pharmacy Name
NDPDP: 4575518, 4599037, 4586523	Maxor Pharmacy (including IV Solutions)
NABP: 4534699	Premier Care
NPI: 1366551848, 1184733669 NCPDP: 3958898	CVS Pharmacies (Location #: 2751, 2859 & 2921)
NABP: 1164386	InTouch
NABP: 5904239	Cook Children's Home Health

340B Pharmacies

Pharm NABP ID	Pharmacy Name
4596459	BRYAN COLLEGE STATION CHC
5904239	COOK CHILDRENS HOME HEALTH
5909330	COOK CHILDREN'S PHARMACY #1
4514940	FIRST PHARMACY
4550857	FIRST PHARMACY PAVILION
4586410	JPS HEALTH NETWORK PHARMACY
4526058	JPS HEALTH SYSTEM OUTPATIENT PHARMACY
4502919	JPS INFUSION PHARMACY
4520169	JPS VIOLA PITTS/COMO PHRM
4589416	NORTHEAST COMM CLINIC PHY
4539067	PARKLAND HEALTH & HOSPITAL SYSTEM
4586408	PARKLAND HEALTH & HOSPITAL SYSTEM
4586840	PARKLAND HEALTH & HOSPITAL SYSTEM
4589872	PARKLAND HEALTH & HOSPITAL SYSTEM

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Texas Medicaid Preferred Pharmacies allowed to dispense Norditropin & Genotropin growth hormone products	
Pharm NDPDP, NABP, Chain Code ID	Pharmacy Name
4591079	PARKLAND HEALTH & HOSPITAL SYSTEM
4596512	PARKLAND HEALTH & HOSPITAL SYSTEM
4596613	PARKLAND HEALTH & HOSPITAL SYSTEM
4532568	SCOTT & WHITE MEDICAL CENTER- TEMPLE
4599506	SCOTT AND WHITE PEDIATRIC PHARMACY
5901120	SEYMOUR PHARMACY
4594570	TCHD ARKANSAS LANE PHARMACY
4592095	TCHD DIAMOND HILL COMMUNITY CLINIC PHARMACY
4549284	TCHD GERTRUDE TARPLEY COMM CLINIC PHARMACY
4596841	TCHD STOP SIX COMM CLINIC PHY
4585759	TEXAS CHILDREN'S HOSPITAL PHARMACY
4590104	UNIVERSITY FAMILY HEALTH CENTER SOUTHEAST
4587501	UNIVERSITY FAMILY HEALTH CENTER SOUTHWEST
4538229	UNIVERSITY HEALTH CENTER DOWNTOWN
5904556	UNIVERSITY HEALTH SYSTEM-PAVILION PHARMACY
4509557	UNIVERSITY HEALTH SYSTEM-TEXAS DIABETES INSTITUTE
4537796	UNIVERSITY HOSPITAL OUTPATIENT PHARMACY
5907615	UNIVERSITY MEDICAL CENTER EAST PHARMACY
5908491	UNIVERSITY MEDICAL CENTER FABENS PHARMACY
4508620	UNIVERSITY MEDICAL CENTER NORTHEAST PHARMACY
4534497	UNIVERSITY MEDICAL CENTER OF EL PASO PHARMACY
4548650	UNIVERSITY MEDICAL CENTER PHARMACY
5920295	UNIVERSITY MEDICAL CENTER PHARMACY 6
5920283	UNIVERSITY MEDICAL CENTER PHARMACY 7
4508911	UNIVERSITY MEDICAL CENTER YSLETA PHARMACY

Can menthol-containing cough drops worsen a cough?

Key point

Results of an observational study published in the Journal of the American Board of Family Medicine showed that use of cough drops was associated with a longer duration of cough and worsening of cough-related symptoms compared with nonuse.

Finer points

Adolescent and adult patients presenting with a cough at one of five Wisconsin primary care clinics were asked to participate in an anonymous 10-item survey on cough duration and severity and OTC cough drop use. A total of 548 patient surveys were included in the analysis, of which 363 (66.2%) patients were cough drop users. For the total population, the majority were female (65.4%), had a mean age of 49.5 years, and never smoked (57.8%).

Cough drop users had a significantly longer cough duration compared with nonusers (mean 12.5 d vs. 9.8 d, $P < 0.0001$). Sufficient information on the type of cough drops used was provided by 300 patients, of which the majority (90%) used cough drops that contained menthol. The analysis showed significant correlations between cough severity and the number of cough drops used per day, the average menthol dose per cough drop, and the total menthol dose per day. These associations remained significant even after controlling for age, sex, smoking, season, and the participating clinic site.

What you need to know

Study researchers suggested that menthol may have adverse effects on cough in some patients. They noted that one potential mechanism is that repeated exposure to menthol may result in a rebound cough. However, they emphasized that additional data are needed to help determine the cause.

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A persistent cough can be due to a variety of causes, such as an infection, asthma exacerbations, untreated acid reflux, postnasal drip, or select medications (e.g., ACE inhibitor). The current data suggest that prolonged use of cough drops can also contribute to this problem. The authors wrote, "We recommend including a history of OTC cough drop use in the clinical evaluation of severe and/or persistent unexplained cough. A trial of cessation of use may be warranted in cases of excessive or prolonged menthol-containing cough drop consumption before referral for an evaluation of unexplained chronic cough."

What your patients need to know

Ask patients presenting to the pharmacy with a cough about their use of OTC products, including cough drops. Tell them that results of a new analysis suggest that use of cough drops may prolong a cough and that menthol containing cough drops may increase cough severity. If patients have been using cough drops for an extended period, encourage them to stop to see if the cough symptoms improve. If they do not improve, refer patients to their provider to determine the cause and recommended alternative treatments.

Source

Johnson D, et al. Menthol cough drops: Cause for concern? J Am Board Fam Med. 2018;31(2):183-91. OTC Medicines Corner

EpiPen

The U.S. Food and Drug Administration has not published an update to their Drug Shortages website regarding an intermittent shortage of brand EpiPen, brand EpiPen Jr, and their authorized generics. Supply levels may continue to vary across wholesalers and pharmacies due to manufacturing delays.

As a reminder, to address this HHSC changed the preferred status of the brand products on May 23 to make product available without a non-preferred prior authorization. The brand products were non-preferred and changed to have no preferred status. Changes were reflected in the daily formulary file after Friday, May 18.

Brand NDC	Drug Name / Description	Previous Status	New Status
49502050002	EPIPEN 2-PAK 0.3 MG AUTO-INJCT	Non-Preferred	No PDL
49502050102	EPIPEN JR 2-PAK 0.15 MG INJCTR	Non-Preferred	No PDL

Generics will have no change in preferred status.

Brand NDC	Drug Name / Description	Previous Status
49502050002	EPIPEN 2-PAK 0.3 MG AUTO-INJCT	Non-Preferred
49502050102	EPIPEN JR 2-PAK 0.15 MG INJCTR	Non-Preferred

Makena

Supply levels of Makena vials and Makena auto-injectors may vary across wholesalers and pharmacies as a result of a manufacturing issue. HHSC has added two approved generics to the Medicaid formulary to address the shortage. Branded products are currently preferred and the generics are listed as non-preferred.

No additional clinical prior authorization is required because the Makena clinical prior authorization criteria currently covers the brand and generic products with the use of drug groupings such as Generic Code Number or Generic Product Identifier.

Type	NDC	Drug Name / Description	PDL Status
Brand	64011024702	Makena 250 mg/ml Vial	Preferred
Generic (as of Aug. 13)	00517176701	Hydroxyprogesterone 250 mg/ml vial	Non-Preferred
Generic (as of Aug. 15)	66993003883	Hydroxyprogesterone 250 mg/ml vial	Non-Preferred

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Medical Director Corner

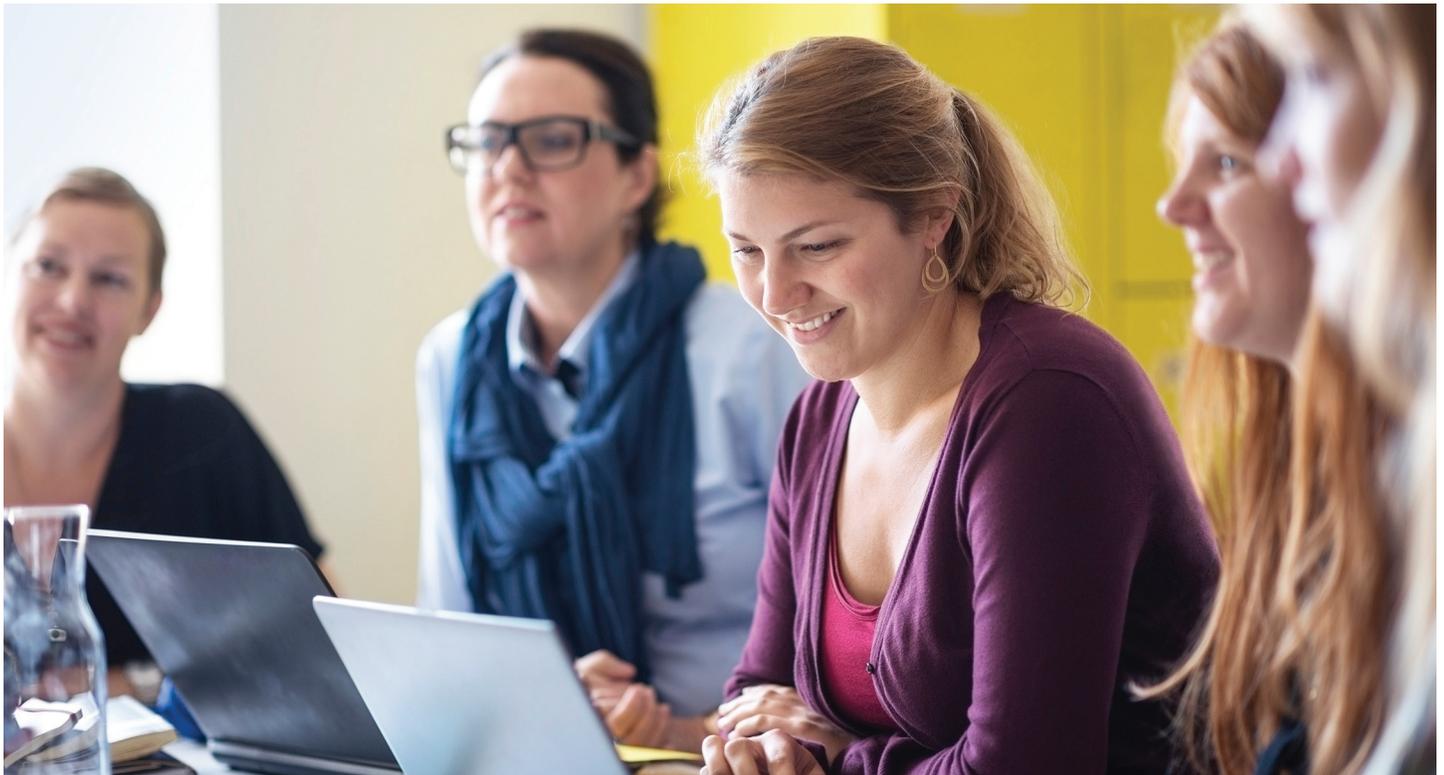
Dr. Barry Lachman, MD, MPH

The Times They Are Changing

Parkland Community Health Plan (PCHP) is undergoing a change in leadership. Our Executive Director retired on August 31, 2018. We have an Interim and Parkland is doing a national search for the new CEO of PCHP. So, why does this lead to a Medical Director column instead of some clinical issue? Answer: because change comes with transition. I am going to share some of the thinking about the changes.

- 1) **Value Based Payment** - the Health and Human Services Commission (HHSC) that administers the Medicaid program in Texas has embraced the concept of VBP and inserted requirements into the contract with all MCO's. PCHP and others are struggling to meet the requirements. So, what is a VBP? It is a payment where the MCO pays a provider to achieve a positive outcome in quality and/or cost with the payment tied in some way to the desired outcome. Pay for Performance is just one type of VBP. One of the challenges for MCO's has been lack of clarity from HHSC about what is (and is not) a VBP. HHSC has recently clarified the definition of VBP. PCHP has been slow to embrace VBP for a variety of reasons. However, we are now aggressively looking at VBP proposals and partnerships. We welcome your suggestions and comments in this area and are willing to meet or talk with any provider with an idea around a VBP. Look for a new model of VBP and Pay for Performance from us soon.
- 2) **Expanding into Collaboration** - old type of conflict between providers and payors are being replaced by collaboration. PCHP has done some collaboration over the years with our best success being our asthma program. We remodeled a traditional Disease Management model with our vendor Envolve (formerly Nurtur and AirLogix) to a model that brings in the provider. We hope to do similar initiatives in Behavioral Health, ADHD, birth outcomes, preterm birth and ER use. We are working very hard to bring you better data on your patients who are our members through our collaboration with the Parkland Center for Clinical Innovation and Vital Data Technology.
- 3) **Social Determinants of Health** - Those of us who care for underserved populations have long recognized the role of social determinants of health in the poor outcomes and health disparities experienced by many of those we serve. Our new partnership with the Accountable Health Communities program of PCCI will allow us to improve the social determinant needs of our population. We are working with the Community Council of Greater Dallas, SkillQuest Dallas/Collin and Parkland Hospital to develop a Community Health Worker capability for your patients.

As always we value your input and thoughts about improving your experience with PCHP. We appreciate your service to our members who are your patients and your personal commitment to those we all serve. Please feel to contact me at **214-266-2104** or by email at barry.lachman@phhs.org.





Availability and Accessibility Requirements

Help us ensure your patients have timely and appropriate access to care. We want to remind providers of the required availability and accessibility standards, and ask that you review the standards listed below.

The following can be found in the primary care physician (PCP) contract: “PCPs provide covered services in their offices during normal business hours and are available and accessible to members, including telephone access, 24 hours a day, 7 days per week, to advise members requiring urgent or emergency services. If the PCP is unavailable after hours or due to vacation, illness, or leave of absence, appropriate coverage with other participating physicians must be arranged.”

After hours access

The following are acceptable and unacceptable phone arrangements for contacting PCPs after normal business hours.

Acceptable:

- Office phone is answered after hours by an answering service, which meet the languages need of the major population groups served, that can contact the PCP

or another designated medical practitioner. All calls answered by an answering service must be returned by a provider within 30 minutes.

- Office phone is answered after normal business hours by a recording in which meet the languages need of the major population groups served, directing the patient to call another number to reach the PCP or another designated provider. Someone must be available to answer the designated provider’s phone. Another recording is not acceptable.
- Office phone is transferred after office hours to another location, where someone will answer the phone and be able to contact the PCP or another designated medical practitioner, who can return the call within 30 minutes.

Unacceptable:

- Office phone is only answered during office hours.
- Office phone is answered after hours by a recording, which tells the patients to leave a message.
- Office phone is answered after hours by a recording, which directs patients to go to an emergency room for any services needed.
- Returning after hour calls outside of 30 minutes.

Access to Cmare Guidelines

OB-GYN/Prenatal Care - STAR Program Thresholds

Level/Type of Care	Time to Treatment (Calendar Days)	Threshold
Low-Risk Pregnancies	Within 14 calendar days	85%
High-Risk Pregnancies	Within 5 calendar days	51%
New Members in the Third Trimester	Within 5 calendar days	51%

Vision Care Thresholds

Level/Type of Care	Standard	Threshold
Specialist Physician Access: Ophthalmology, Therapeutic Optometry	Members must be allowed to have access without a PCP referral to eye Health Care Services from a Network specialist who is an ophthalmologist or therapeutic optometrist for non-surgical services.	99.0%

Primary Care Provider Thresholds

Standard	STAR Child	STAR Adult	CHIP
Preventive health services - within ninety (90) calendar days	99.0%	99.0%	99.0%
Routine primary care - within fourteen (14) calendar days	99.0%	95.8%	90.7%
Urgent care - within twenty-four (24) hours	99.0%	99.0%	99.0%

Behavioral Health Thresholds

Standard	STAR Child	STAR Adult	CHIP
Initial outpatient behavioral health visit (child and adult within fourteen (14) calendar days)	75%	79%	83%





Parkland Community Health Plan, Inc.
P.O. Box 569005
Dallas, TX 7536-9005

Important Phone Numbers

Provider Relations and Member Services Lines:

Healthfirst **1-888-672-2277**
Kidsfirst **1-888-814-2352**

Extensions Numbers

Member Service 5428
Member Service (Spanish) 5432
Pre-Certification 4021
Provider Relations 5430
Claims 5191
Nurse 4120

Superior Vision **1-800-879-6901**

LogistiCare-Medical Transportation

(For Medicaid Members Only)
1-877-633-8747 (24/7)
1-855-687-3255 (M-F 8-5)

Nurse Line

1-888-667-7890 (Healthfirst)
1-800-357-6162 (Kidsfirst)

Report Fraud, Waste or Abuse

1-800-436-6184

Behavioral Health Benefits

Healthfirst **1-888-800-6799**
Kidsfirst **1-800-945-4644**

Fax Numbers

Prior Authorization Fax#
1-800-240-0410

Dental

MCNA Dental
1-855-691-6262

Denta Quest

1-800-516-0165 (Medicaid)
1-800-508-6775 (CHIP)

Navitus (Pharmacy)

1-877-908-6023
BIN# 610591
PCN: ADV
GROUP# RX8801

Prior Auth Fax

920-735-5312