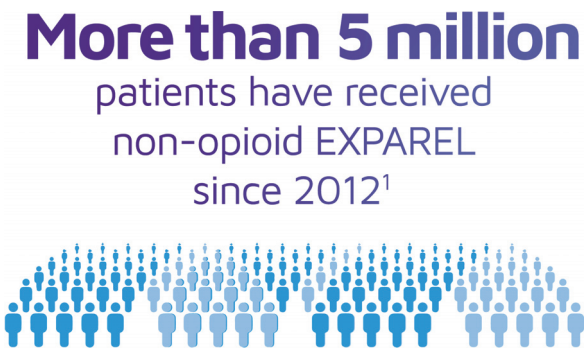
SPRING 2019

Connecticut Dental Health Partnership
PROVIDER PARTNER NEWSLETTER

The HUSKY Health Program Now Covers Exparel® for Extractions

Exparel is a long-acting, sustained-release formulation of bupivacaine HCL, a local anesthetic widely used for treating postoperative pain such as orthopedic and soft tissue surgeries and now is used with extractions. The drug encapsulated the anesthetic in liposomal particles which then release the drug over a period of time. The Exparel® provides the patient with three day pain relief which is reported to be as effective as opioid medications for third molar extractions. Exparel is specifically indicated for administration into the surgical site to produce postsurgical analgesia.

For more information regarding the use of Exparel® please visit the Pacira website: https://www.exparel.com/hcp/index



Exparel® is manufactured by Pacera Pharmaceuticals and in October 2018, was featured in DRBicuspid as a potential alternative as a promising preliminary study for use with implant surgeries. The Department of Social Services (the Department) added this code to the dental fee schedule effective January 1, 2019, in an effort to provide Members and Dentists an alternative to opioid medications.

Studies have long demonstrated that young adults under the age of 25 are most prone to becoming addicted to narcotics. Additionally, adults, especially the aged, may not be ideal candidates for the use of opioid type medications. For these reasons, the Department decided to cover Exparel® in an attempt to reduce the quantity of opioid prescriptions in young adults and adults. The CDT code being used is D9613, "Infiltration of sustained-release therapeutic drug (for single or multiple sites), will be covered at a reimbursement rate of $210.00 for third molar extractions and for the extraction of 20 or more teeth. The procedure code does not require Prior Authorization (PA) for Oral and Maxillofacial Surgeons but does for all other provider types and specialties.

CONNECTICUT DENTAL HEALTH PARTNERSHIP
the dental plan for HUSKY Health

About Us

The State of Connecticut's publicly funded dental care programs, HUSKY A, HUSKY B, HUSKY C and HUSKY D now have been combined into one dental plan: the Connecticut Dental Health Partnership - the Dental Plan for HUSKY Health (CTDHP). CTDHP oversees the dental plan for the Department of Social Services (DSS) HUSKY Health program which covers more than 800,000 residents in Connecticut.

CTDHP Website

The Connecticut Dental Health Partnership, the Dental Plan for HUSKY Health has a useful and informative website. Please go to www.ctdhp.com to access provider resources, to upload prior authorizations, verify client history, download educational materials and much more!

Coffee & Concerns

One Friday morning every month Michael Massarelli and the Provider Management Team will be available in person to share a cup of coffee and discuss your concerns. We will be available between the hours of 8 am and 10 am. Come by and visit even if it is just to say hello! We are located at 195 Scott Swamp Road in Farmington CT.

Please call Sue Wydra @ 860-507-2307 to reserve a spot as we are limited to 20 people per month.

Did You Know? Did You Know? Did You Know?

The Maternal and Child Health Bureau

(MCHB recently published a new resource for dentists, *Prescribing Opioids for Women of Reproductive Age: Information for Dentists*, which provides an overview of pain management and discusses pharmacological considerations, neonatal opioid withdrawal syndrome, guidelines for providing opioids, and more. The Connecticut Dental Health partnership's mission is to improve the oral health of our clients by quality focused collaboration with our provider, community and government partners. If you have any questions regarding this project please email Leigh-Lynn Vitukinas, RDH, MSDH – Outreach Coordinator at leigh.vitukinas@ctdhp.com.

From the National Institutes of Health written in Conjunction with the CDC:

Connecticut is among the top ten states with the highest rates of opioid-related overdose deaths. From 1999 through 2012, the death rate in Connecticut hovered near the national average. Through 2016, a more than fourfold increase was seen—from 5.7 deaths per 100,000 persons to 24.5 deaths per 100,000 persons. The national average in 2016 was 13.3 deaths per 100,000 persons.

In 2016, the number of heroin-related deaths increased to 450 deaths compared 98 deaths reported in 2012. In the same period, prescription opioid-related deaths increased from 95 to 264 and deaths related to synthetic opioids (mainly fentanyl) increased from 15 to 500 deaths (CDC WONDER).

The HUSKY Health Dental Program Update

Exciting news! The CTDHP recently made a presentation to the Council on Medical Assistance Program Oversight, referred to as the Medical Assistance Program Oversight Council (MAPOC). The MAPOC is charged with monitoring and advising the Department of Social Services on matters including, but not limited to, program planning and implementation of the delivery system under Administrative Service Organizations, eligibility standards, benefits, health care access and quality measures. The Council consists of legislators, consumers, advocates, health care providers, administrative service organization representatives and state agency/commission personnel. An updated membership list can be found here:

https://www.cga.ct.gov/med/about-members.asp.

The CTDHP presentation on February 8, 2019 was an opportunity to present updated information about the performance of the Connecticut Dental Health Partnership. Much of the success we have achieved has been with the assistance of YOU, our partners. Thank you!

Please click this link:

https://www.ctdhp.com/documents/MAPOC-Benecare-020819.pdf

to see the presentation materials or you can watch the Connecticut Network video feed of the actual MAPOC meeting here:

http://ctn.com/ctnplayer.asp?odID=16007&jump=1:19:49

Prescribing Opioids for Women of Reproductive Age: Information for Dentists

Background

Pain management is necessary for some dental procedures. Most often, short-term prescriptions are needed for acute or episodic situations. In many cases, non-opioid over-the-counter (OTC) medication combinations can be as effective as opioid combinations, with fewer side effects.[1] In some other cases, small amounts of opioids, followed by acetaminophen or ibuprofen, may need to be prescribed.[2] Common prescription opioids include codeine, fentanyl, hydrocodone, morphine, oxycodone, and oxymorphone.[3]

Pharmacological Considerations for Pregnant Women[4]

The pharmaceutical agents listed below are to be used only for indicated medical conditions and with appropriate supervision.

Pharmaceutical Agent	Indications, Contraindications, and Special Considerations
Acetaminophen	May be used during pregnancy.[a] Oral pain can often be managed with non-opioid medication. If opioids are used, prescribe the lowest dose for the shortest duration (usually less than 3 days), and avoid prescribing refills to reduce risk for dependency.
Acetaminophen with codeine, hydrocodone, or oxycodone	
Codeine	
Meperidine	
Morphine	
Aspirin	May be used in short duration (48 to 72 hours) during pregnancy. Avoid in 1st and 3rd trimesters.
Ibuprofen	
Naproxen	

[a]Ensure that women understand that maximum dose of acetaminophen is 4,000 mg per 24-hour period and that many OTC medications contain acetaminophen.

Neonatal Opioid Withdrawal Syndrome

If a pregnant woman uses opioids for a prolonged period, her infant may develop neonatal opioid withdrawal syndrome (NOWS), a condition also referred to as neonatal abstinence syndrome, after birth. This condition can occur when the infant is no longer receiving opioids from the mother's bloodstream. Not all infants born to women who use opioids for a prolonged period will develop NOWS. Withdrawal symptoms may include shaking and tremors, poor sucking or feeding, crying, fever, diarrhea, vomiting, and sleep problems.[5,6] The Food and Drug Administration has issued a warning that appears on all prescription opioids that NOWS is a risk of prolonged use of opioids during pregnancy.

NOWS usually lasts days or weeks. Medications and other measures, such as swaddling, skin-to-skin contact, and breastfeeding, can help relieve withdrawal symptoms. NOWS causes no known lasting physical or intellectual problems in the infant.[7]

Guidelines for Prescribing Opioids[8–10]

- Be aware of and understand federal and state laws, regulatory guidelines, and policy statements that govern prescribing legal opioids.
- Consider using local anesthesia techniques, including local infiltration of anesthetics and regional nerve blocks, whenever possible to assist in pain management and reduce the need for opioids.
- Assess women in the dental office or clinic (rather than over the phone) to determine if opioids need to be prescribed. As part of the assessment, include the following:
  - Ask all women of reproductive age if they are or plan to become pregnant before prescribing any opioid or refilling an opioid prescription.
  - Learn what medications, including OTC medications, the woman is taking. Consult a pharmacist if you are concerned about interactions between medications.
  - Ensure that the health questionnaire has questions about current medications, including OTC medications, and about substance-use disorder.
  - If your state has a Prescription Drug Monitoring Program (PDMP), check it to determine whether the woman may have a substance-use disorder. (See "Prescription Drug Monitoring Programs" below for more information.)
  - If you suspect that a woman may have a substance-use disorder, contact her primary care health professional, and encourage her to seek evaluation and possible treatment through her primary care health professional, local substance-use-disorder treatment programs, or other appropriate referral sources.
  - For a woman taking opioids on a regular basis, who has a history of a substance-use disorder, or who is at high risk for aberrant drug-related behavior, coordinate pain therapy with her primary care health professional before the procedure, whenever possible.
  - For a pregnant woman without an opioid-use disorder who needs pharmacologic management for acute pain (e.g., dental pain, surgical pain, pain due to injury), manage pain with a multi-modal approach, minimizing the use of opioids.
  - Before prescribing opioids to a pregnant woman, discuss the benefits and risks of opioids, and review treatment goals with her.[11]
- If an opioid is prescribed, it should be for a short duration and for conditions associated with acute pain.
  - When opioids are indicated, choose the lowest-potency opioid necessary to relieve pain.
  - Do not use long-acting or extended-release opioids to treat acute pain.
- For any woman reporting unexpectedly prolonged pain, evaluate whether there is an underlying cause, and consider whether continued use of opioids is appropriate.
- Unless you have training and experience in the use of opioids for the treatment of chronic facial pain, do not prescribe long-acting or extended-release opioids.

Prescription Drug Monitoring Programs

PDMPs are state-controlled electronic databases that collect data on controlled substances dispensed in the state. PDMPs make available data about individuals' controlled-substance prescription histories to those authorized under state law to receive the information for purposes of their profession. PDMPs can be used to improve individuals' safety by providing context for prescribing, dispensing, and treatment decisions.[12,13]

Learn about PDMPs
https://www.deadiversion.usdoj.gov/faq/rx_monitor.htm#4

Learn about requirements for enrolling in your state's PDMP
http://www.namsdl.org/library/03809318-0000-67D5-4FE157678A176DF0

Register for your state's PDMP
https://searchandrescueusa.org/monitoryourpatients/?utm_source=google&utm_medium=ppc&utm_campaign=2018_PFDK_Nonbrand_PDMP&utm_term=prescription%20drug%20monitoring%20program

Managing Acute Dental Pain

Assess each woman individually to determine how best to manage pain, working in collaboration with her primary care and prenatal care health professionals and substance-use-disorder professionals, as appropriate. Refer to professional, evidence-based resources for guidance, including *ACOG Committee Opinion: Postpartum Pain Management*[14] and *The ADA Practical Guide to Substance Use Disorders and Safe Prescribing.*[15]

Guidelines for Discharging Women with Prescriptions[16]

- Discuss expectations about recovery and pain-management goals with the woman.
- Educate the woman about safe use of opioids (including safe storage of and disposal of medications), potential side effects, overdose risks, and developing dependence or addiction.
- Emphasize not using opioids in conjunction with alcohol or sedative medications (e.g., benzodiazepines).
- Educate the woman about tapering the use of opioids as oral pain resolves.

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Connecticut Dental Health Partnership

Children's Oral Health Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Periodicity Schedule

Connecticut's Dental EPSDT Schedule

Based on the American Academy of Pediatric Dentistry (AAPD) guidelines, the chart represents the CTDHP Early, Periodic, Screening, Diagnosis and Treatment schedule for children in the HUSKY Health (Medicaid/CHIP) dental program operated by the Connecticut Dental Health Partnership (CTDHP).

The Connecticut Department of Social Services HUSKY Health dental program, known as the Connecticut Dental Health Partnership, follows the American Academy of Pediatric Dentistry's guidelines[i] for periodicity of examination and preventive dental services, anticipatory guidance and treatment for infants, children, teenagers and young adults up to the age of twenty-one. Continuity of care is based upon each child's needs and should be performed at an established dental home. Anticipatory guidance and counseling are considered to be an integral part of each visit.

	6 - 12 Months	12 - 24 Months	2 - 6 Years	6 - 12 Years	12 - <21 Years
Comprehensive Evaluation [ii]	•	•	•	•	•
Oral Hygiene Counseling [iii]	•	•	•	•	•
Prophylaxis and Topical Fluoride [iv]	•	•	•	•	•
Assessment and prescription of fluoride supplements	•	•	•	•	•
Assess appropriateness of feeding practices	•	•			
Dietary Counseling	•	•	•	•	•
Injury Risk Assessment	•	•	•	•	•
Assess and counsel for negative oral habits	•	•	•	•	•
Caries Risk Assessment	•	•	•	•	•
Anticipatory Guidance	•	•	•	•	•
Consult with Pediatrician as indicated	•	•	•	•	•
Provide or refer for further treatment of disease	•	•	•	•	•
Pit and Fissure Sealants			•	•	•
Bitewing Radiographs[v]	FDA standards	FDA standards	FDA standards	FDA standards	FDA standards
Assess speech and language development		•	•	•	•
Assess for developmental abnormalities or malocclusion	•	•	•	•	•
Provide substance abuse counseling				•	•
Provide counseling on intraoral piercings				•	•
Assess development and position of third molars					•

[i] http://www.aapd.org/media/policies_guidelines/g_periodicity.pdf

[ii] First examination at the eruption of the first tooth and no later than 12 months. Comprehensive examination every three years, periodic examination other years.

[iii] Initially, responsibility of parent; as child matures, jointly with parent; then, when indicated, only child.

[iv] May be performed concurrently with fluoride varnish application by a medical professional (ABC Program).

[v] https://www.fda.gov/radiation-emittingproducts/radiationemittingproductsandprocedures/medicalimaging/medical•-rays/ucm116503.htm