

A publication for **AvMed** Members

EMBRACE

Summer/Fall 2022

**Caring for Kids
with ADHD**

**Keep your child
cavity-free**

**Flu Myths
Busted**





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EMBRACE

James M. Repp

President and COO

Ana M. Eberhard

Vice President, Member Experience

Felicia Lopez-Walker

Managing Editor

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Dear Valued Member:



Summer is flying by! Remember to create your back-to-school checklist. You can start with your annual wellness visit. During the last couple of years, we saw a lot of children and adults delayed on routine vaccinations. Make sure you and your family are up to date.

For kids with ADHD the relaxing break, long days and new activities may have turned excitement into challenges. We've outlined a team approach to reclaim a good routine when it's time to go back to school.

You'll also find essential steps to keep your child cavity-free. It's important to continue to take your kids to the dentist for a checkup every year.

This issue of Embrace, like every issue is full of information you can use while focusing on what really matters – living. Send me an email with your comments. I look forward to hearing from you.

Be well.

James M. Repp

President and COO, AvMed

EMBRACE@AvMed.org

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Caring for Kids with ADHD: It's a Team Effort

If you have a child with attention deficit hyperactivity disorder (ADHD) you may already know that management of this condition may require a team approach to achieve the best outcomes. In fact, in addition to working closely with your child's school, your child may need medications and behavioral health therapy, along with training for you, as the caregiver. To find the best options, it is recommended that parents work closely with others involved in their child's life—healthcare providers, therapists, teachers, coaches, and other family members.

Parents often have concerns about which treatment is right for their child. ADHD can be managed with the right treatment. There are many treatment options, and what works best can depend on the individual child and family.

The Centers for Disease Control and Prevention (CDC) has excellent resources to help parents and caregivers of children with ADHD. Here are just a few CDC recommendations to keep in mind as you care for your child:

Types of treatment for ADHD include:

- Behavior therapy, including training for parents; and
- Medications

Behavior Therapy, Including Training for Parents

ADHD affects not only a child's ability to pay attention or sit still at school, but it also affects relationships with family and other children. Children with ADHD often show behaviors that can be very disruptive to others. Behavior therapy is a treatment option that can help reduce these behaviors; it is often helpful to start behavior therapy as soon as a diagnosis is made.

The goals of **behavior therapy** are to learn or strengthen positive behaviors and eliminate unwanted or problem behaviors. Behavior therapy for ADHD can include:

- Parent training in behavior therapy
www.cdc.gov/ncbddd/adhd/behavior-therapy.html
- Behavior therapy with children
www.cdc.gov/childrensmentalhealth/parent-behavior.html

Behavioral interventions in the classroom

These approaches can also be used together. For children who attend early childhood programs, it is usually most effective if parents and educators work together to help the child.



Medications

Medication can help children manage their ADHD symptoms in their everyday life and can help them control the behaviors that cause difficulties with family, friends, and at school.

Several different types of medications are FDA-approved to treat ADHD in children as young as six years of age:

- **Stimulants** are the best-known and most widely used ADHD medications. Between 70-80% of children with ADHD have fewer ADHD symptoms when taking these fast-acting medications.
- **Nonstimulants** were approved for the treatment of ADHD in 2003. They do not work as quickly as stimulants, but their effect can last up to 24 hours.

Medications can affect children differently and can have side effects such as decreased appetite or sleep problems. One child may respond well to one medication, but not to another.

The American Academy of Pediatrics recommends that healthcare providers observe and adjust the dose of medication to find the right balance between benefits and side effects. It is important for parents to work with their child's healthcare providers to find the medication that works best for their child.

For this reason, it is very important for your child to see the prescribing doctor frequently, especially within the first 30 days after a new medication is prescribed. Equally important, is for your child to continue to see the prescribing doctor at least two or more times within 9 months after starting a medication.



For more information, visit the following **ADHD Resources for Parents:**

Centers for Disease Control and Prevention: www.cdc.gov/ncbddd/adhd/treatment.html.

ADHD Resource Center: www.aacap.org/aacap/Families_and_Youth/Resource_Centers/ADHD_Resource_Centers/ADHD_Resource_Center/Home.aspx.

Parenting a Child with ADHD: Children and Adults with Attention Deficit/Hyperactivity Disorder (CHADD): www.chadd.org/for-parents/overview/.

American Academy of Pediatrics: Understanding ADHD — Information for Parents: www.aap.org.



Preventive Corner



Essential Steps to Keep Your Child Cavity-Free

You fell in love with your baby's toothless grin. Here's how to make sure that smile stays bright throughout childhood (and beyond).

Tooth and gum trouble is linked to heart disease, rheumatoid arthritis, and diabetes — just to name a few. For little kids, poor dental health can lead to speech problems, difficulty sleeping, and even poor school performance.

Tooth decay is one of the most common chronic illnesses in children in the United States — some 20% of kids between five and 11 have at least one untreated decayed tooth. By age eight, over half of children have had a cavity in one of their baby teeth. That makes preventive dental care one of the most important things you can do for your children.

Although you may not be able to see a baby's tiny teeth, they're already there — about 20 of them are fully developed in your baby's jaw at birth. So, start caring for them right away — and throughout their childhood — to prevent cavities from forming in the first place. Here's how.

Start taking care of your baby's teeth early

Even before teeth come in, the Centers for Disease Control and Prevention (CDC) recommends that parents wipe their baby's gums with a soft cloth in the morning and before bed to wipe away bacteria and sugars.

Know when to see the dentist

Your baby's first visit to the dentist should happen by their first birthday, or within 6 months of their first tooth coming in.

Teach kids how to brush and floss properly

Good oral hygiene starts at home, and that means brushing and flossing regularly. Young children should be supervised while brushing until they're at least six.

Get sealants when their first molars come in

Sealants are a thin coating that's painted onto chewing surfaces of molars to prevent tooth decay. Molars are the most common site of cavities, and sealants help prevent them. Research from the CDC shows that kids ages six to 11 without sealants have almost three times as many cavities as children with sealants.

Limit sugary drinks

Sugary foods and drinks are a leading cause of cavities in children. The high acidity levels in these drinks erode tooth enamel, the glossy outer layer of the tooth.

Continue to take your child to the dentist for an annual checkup every year from age two to 20 years. Not only will your dentist check your child's teeth for any problems before they become worse, but you will be teaching your child the importance of good dental care for life.



For more tips, visit www.MyChildrensTeeth.org.

Immunizations - Not Just for Kids

Routine vaccinations are an essential preventive care service for children, adolescents, and adults (including pregnant women). That means it's time to make sure your vaccination records are up to date.

Due to pandemic-related reductions in people accessing vaccination services, it's important to assess vaccination status to avoid missed opportunities and ensure timely vaccine catch-up. All vaccines due or overdue should be administered according to the recommended Center for Disease Control and Prevention (CDC) immunization schedules.

Vaccinations prevent illnesses that lead to unnecessary medical visits and hospitalization. Back to school physical visits and annual wellness visits are ideal times to review vaccination histories with your doctor.



Check out the CDC immunization recommendations for children, adolescents, adults and special populations below:

Vaccines for Your Children: www.cdc.gov/vaccines/parents/index.html

Adult Vaccination: www.cdc.gov/vaccines/adults/index.html

Pregnancy and Vaccination: www.cdc.gov/vaccines/pregnancy/index.html

Destinations Travelers' Health: www.cdc.gov/travel/destinations/list

7 Flu Shot Myths — Busted

Flu season is coming. Don't miss out on the best protection.

If you're still wondering whether you need a flu shot, consider this: Only 5% of people wash their hands well enough to kill germs, according to a study in the *Journal of Environmental Health*. On top of that, 10% of people skip washing their hands altogether.

It's no wonder that flu can spread so easily and why getting vaccinated is so important. But only a little more than half of Americans get their shot during any given year. That's way below the 70% needed for maximum community protection.

One of the most important reasons to get the flu shot: to protect people who have chronic conditions. Those who have asthma, heart disease, diabetes, and many other conditions have a higher risk of developing serious complications, which can land them in the hospital or even lead to death. In fact, during recent flu seasons, nine out of 10 people who were hospitalized with the flu had at least one underlying health condition.

Don't think you need a flu shot or worried that the vaccination will make you sick? Keep reading to clear up any flu shot confusion.

Myth 1: Only babies and older adults need a flu shot

Actually, everyone 6 months and older should get a flu shot, according to the Centers for Disease Control and Prevention (CDC). It's especially important for adults 65 and older, pregnant women, and, of course, those with chronic conditions. Those groups are all at high risk of becoming seriously ill from the flu, and they're more likely to be hospitalized. And kids younger than five — especially those under two — are at especially high risk of developing serious flu-related illness.

According to the CDC, some 26,000 children under the age of five were hospitalized for the flu during the 2019-20 season. Even if you're not worried about yourself, get your shot to protect the little ones.

Myth 2: You can get the flu from a flu shot

The flu shot uses dead viruses that can't make you sick. That doesn't mean the flu-like symptoms some people feel after getting their shot are imagined. Your body has to respond to the vaccine. So, you might have some side effects that mimic the flu, such as runny nose, fever, and aches. These minor side effects usually last one to two days. If you're concerned about side effects, contact your doctor.



Myth 3: You shouldn't get a flu shot too early

It takes two weeks for the vaccine to be effective. You'll get the most benefit if you get a flu shot as soon as they're available, since flu cases can pop up as early as October.

Myth 4: It's too late to get a flu shot in January

Flu season peaks in January and February, but flu cases can occur as late as March or April. Though it's best to get a flu shot sooner rather than later, you may still benefit from getting one in late January or early February.

Myth 5: A flu shot only protects you from certain strains, so there's no point

Research shows that even if the strains included in a particular year's flu vaccine aren't a perfect match, a flu shot can still provide some protection against the circulating virus.

Myth 6: Children with egg allergies shouldn't get a flu shot

All children over the age of six months should get a flu shot. The CDC recommends that children with egg allergies get their flu shot from their Primary Care Physician (PCP) or allergist so they can be monitored for any allergic reactions after getting the shot.

Myth 7: The flu vaccine is always given as a shot

The flu vaccine is also available as a nasal spray. Usually, it's an alternative to the shot for people between the ages of two and 49 who are not pregnant and who don't have a health condition. Talk to your doctor about what's best for you.



For more information, visit [flu.gov](https://www.flu.gov) or call 1-800-CDC-INFO.

YOUR PHARMACY



FORMULARY UPDATE

See the latest List of Covered Drugs on our website for copay levels and other pertinent pharmacy benefits. Your formulary may be different depending on your plan type.

NEW DRUGS

Brand Name	Generic Name	Use	Formulary Availability
Aptiom	eslicarbazepine	Seizure Disorders	Small and Large Group
Auryxia	ferric citrate	Chronic Kidney Disease	Small and Large Group
Azstarys	serdexmethylphenidate-dexmethylphenidate	Attention Deficit Hyperactivity Disorder (ADHD)	Small and Large Group
Caplyta	lumateperone	Schizophrenia and Depression associated with Bipolar Disorder	Small and Large Group
Enstilar	calcipotriene-betamethasone dipropionate foam	Psoriasis	Small and Large Group
Jornay PM	methylphenidate extended-release	Attention Deficit Hyperactivity Disorder (ADHD)	Small and Large Group
Nuvaring	ethinyl estradiol-etonogestrel	Contraception	Small and Large Group
Talicia	amoxicillin-rifabutin-omeprazole delayed release	Gastrointestinal Ulcer	Small and Large Group
Zegalogue	dasiglucagon	Glucose Elevation	Small and Large Group

NEW GENERICS

Brand Name	Generic Name	Use	Formulary Availability
Antara	fenofibrate micronized	lower triglycerides	Small and Large Group
Bidil	isosorbide dinitrate-hydralazine	Heart Failure	Small and Large Group
Carbaglu	carglumic acid	high ammonia levels	Individual, Small and Large Group
Combigan	brimonidine tartrate-timolol maleate	Glaucoma	Individual, Small and Large Group
Cuvposa	glycopyrrolate	Chronic drooling	Individual, Small and Large Group
Cystadane Powder	betaine	Homocystinuria	Individual, Small and Large Group
Dexilant	dexlansoprazole	Gastrointestinal Ulcer	Individual
Esbriet	pirfenidone	Pulmonary Fibrosis	Individual, Small and Large Group
Narcan Spray	naloxone	Opioid Overdose	Individual, Small and Large Group
Pentasa 500mg	mesalamine extended release	Inflammatory Bowel Disease	Small and Large Group
Selzentry	maraviroc	HIV/AIDS	Individual, Small and Large Group
Targretin Gel 1%	bexarotene	Lymphoma of the Skin	Individual, Small and Large Group
Vimpat	lacosamide	Seizure Disorders	Individual, Small and Large Group

The List of Covered Drugs includes specific coverage information on copayment levels, medications that require prior authorization or have quantity limits, and therapeutic alternatives.

The most recent listing can be viewed online at AvMed's website, <https://AvMed.org/Prescriptions/>.


Medications are added to AvMed's List of Covered Drugs (formulary) after careful review by a committee of practicing doctors and pharmacists called the Pharmacy and Therapeutics Committee.

The committee meets quarterly and decides which medications provide quality treatment at the best value. The medications on this page have been added to the formulary.

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- AvMed Nurse On Call: **1-888-866-5432** (TTY 711) 24 hours a day, 7 days a week
- Fraud and Abuse Hotline: **1-877-286-3889**
- AvMed website: **AvMed.org**
- AvMed Facebook  **www.Facebook.com/AvMedHealth**



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