

Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Benefit for Children and Adolescents

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The Medicaid Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit was introduced as a part of the Social Security Act Amendments of 1967.¹ The EPSDT benefit ensures children and adolescents under 21 years of age enrolled in Medicaid receive appropriate preventative, dental, mental health, and developmental specialty services, so that health problems are averted or diagnosed and treated as early as possible.¹ The EPSDT standard requires states to cover all medically necessary and medically appropriate treatment for children and adolescents on Medicaid, including medications, regardless of what services states provide to adults.¹ As the Oregon Pharmacy and Therapeutics (P & T) Committee reviews different medication classes, prior authorization (PA) criteria will be updated to support individualized review of medications based on medically appropriate and medically necessary use for members from birth up to their 21st birthday. This newsletter will summarize recent PA updates to reflect changes to the EPSDT benefit in qualifying Oregon Medicaid recipients

EPSDT in Oregon

Oregon is the only state that had a federal waiver approved by Centers for Medicare and Medicaid Services (CMS) to use a different approach to provide EPSDT services. This waiver allowed the state to restrict coverage of treatment services identified during an EPSDT screening for individuals from 1 year up to their 21st birthday to the extent that such services were not consistent with the Prioritized List of Health Services on lines 473 to 662 as determined by the Health Evidence Review Commission (HERC). In Oregon Medicaid, the longstanding EPSDT waiver will not be renewed and the Federal EPSDT benefit requirements will go into effect on 1/1/2023. Some medical treatments that Oregon has historically categorized as not available, will be available if they are medically necessary and medically appropriate for the individual OHP member under the age of 21 years. Under EPSDT, the Prioritized List is a guidance tool for assessment of coverage. Medically appropriate and medically necessary services are defined in Oregon Administrative Rule (OAR) 410-120-000.

Medications for Non-Funded Conditions

Non-preferred medications and medications reviewed by the Oregon P & T Committee for Oregon Health Plan (OHP) non-funded conditions require PA in adults. A case-by-case review for children and adolescents covered under the EPSDT program will be implemented 1/1/23. In the absence of more specific criteria already approved by the P & T Committee, standard definitions for medically appropriate and necessary use will include:

- FDA-approved or compendia-supported (such as Micromedex[®]) indication;
- Trial and failure, contraindication, or intolerance to at least 2 preferred products (when available in the class); and The provider must submit a PA request and provide documentation that the condition for which the therapy is requested is of sufficient severity that it impacts the patient's health (e.g., quality of life, function, growth,

development, ability to participate in school, perform activities of daily living, etc).

Allergic Rhinitis

For adults, allergic rhinitis is a non-funded condition unless a comorbidity, such as asthma or sleep apnea is present. At the August 2022 meeting, the P & T committee approved a recommendation to remove PA for preferred intranasal allergy products in children and adolescents under the age of 21 years per the EPSDT Medicaid benefit. For non-preferred drugs, the provider must submit a PA request and provide documentation that the patient's allergic rhinitis is of sufficient severity that it impacts the patient's health. The PA approval is dependent on the patient's failure to achieve benefit with (or have contraindications or intolerance to) the preferred intranasal allergy inhaler, fluticasone.

Medicaid Fee-For-Service: Intranasal Allergy Inhalers

Preferred Drug: Fluticasone

Non-Preferred Drugs (Require PA): Azelastine, Azelastine/Fluticasone Beclomethasone, Ciclesonide, Flunisolide, Mometasone, Olopatadine, Triamcinolone

Topical Agents for Inflammatory Skin Conditions

Clinical PA criteria for all drugs used to manage inflammatory skin conditions were updated in 2022 to reflect 2022 HERC guidance described in Guideline Note 21.² Inflammatory skin conditions listed in Guideline Note 21 include: psoriasis, atopic dermatitis, lichen planus; Darier disease, pityriasis rubra pilaris, discoid lupus and vitiligo.² In adults, these conditions are funded when "severe," as defined by a severe score on a validated tool such as the Dermatology Quality of Quality Index (DLQI) or Children's Dermatology Life Quality Index (CDLQI).² In addition, at least 10% of body surface involvement and/or hand, foot, face, or mucous membrane involvement must be present.² At the December 2022 P & T Committee meeting, PA criteria were removed for preferred products for patients under the age of 21 years. For non-preferred agents, the provider must submit a PA request and provide documentation that the condition for which the therapy is requested is of sufficient severity that it impacts the patient's health. In addition, the patient must fail to achieve benefit with or have contraindications or intolerance to at least 2 preferred topical agents.

Medicaid Fee-For-Service: Topical Agents for Inflammatory Skin Conditions

Preferred Drugs: Pimecrolimus, Tacrolimus, Calcipotriene, Tazarotene, Corticosteroids

Non-Preferred Drugs (Require PA): Crisaborole, Ruxolitinib, Tapinarof, Roflumilast, Coal Tar

Oral and Topical Antifungals

OHP does not fund the treatment of candidiasis of the mouth, skin, nails or dermatophytosis of nail, groin, scalp, and other dermatophytosis in immune competent adults. Topical antifungal agents are solely indicated for these and other related non-funded conditions. Minor fungal infections of skin, such as dermatophytosis and candidiasis, are only funded when complicated by an immunocompromised host. Prior authorization is required for griseofulvin, itraconazole, and terbinafine due to limited usage beyond onychomycosis, which is non-funded.

At the December 2022 P & T Committee meeting, PA criteria were revised for antifungals in children and adolescents to accommodate an individual review up to their 21st birthday. A case-by-case review for members covered under the EPSDT program will be implemented 1/1/23 for requests to treat non-funded fungal conditions. The provider must submit a PA request and provide documentation that the condition for which the therapy is requested is of sufficient severity that it impacts the patient's health. In addition, the patient must fail to achieve benefit with or have contraindications or intolerance to at least 2 preferred agents.

Medicaid Fee-For-Service: Oral and Topical Antifungals

Preferred Oral Drugs: Clotrimazole, Fluconazole, Nystatin

Nonpreferred Oral Drugs (Require PA): Flucytosine, Griseofulvin Ibrexafungerp, Isavuconazonium, Itraconazole, Ketoconazole, Otseconazole, Posaconazole, Terbinafine, Voriconazole

Preferred Topical Drugs: Miconazole, Nystatin

Non-Preferred Topical Drugs (Require PA): Butenafine, Ciclopirox, Clotrimazole, Econazole, Ketoconazole, Miconazole, Naftifine, Nystatin, Oxiconazole, Tavaborole, Terbinafine, Tolnafate

Acne

Acne conglobata, acne fulminans, and severe cystic acne are covered conditions under the OHP. Treatment for acne may include a variety of agents such as topical medications (i.e., retinoids, benzoyl peroxide, topical antibiotics, salicylic acid, azelaic acid, sulfacetamide), systemic or topical antibiotics (i.e., doxycycline, minocycline, erythromycin, azithromycin, clindamycin, trimethoprim, dapson), hormonal agents (i.e. oral contraceptives, spironolactone, antiandrogens), and oral isotretinoin.³ There is a quantity limit of two, 14-day supplies within a 3-month time period for oral tetracyclines to restrict their use to OHP-funded diagnoses in adults and children. However, providers now have an explicit pathway to approval for acne indications under the EPSDT benefit.

At the December 2022 P & T Committee meeting, PA criteria were revised for acne in children and adolescents to accommodate the individual review for children and adolescents up to their 21st birthday. A PA is still required for preferred products. A case-by-case review for members covered under the EPSDT program will be implemented 1/1/23 for requests to exceed the tetracycline quantity

limit. The provider must submit a PA request and provide documentation that the condition for which the therapy is requested is of sufficient severity that it impacts the patient's health. In addition, the patient must fail to achieve benefit with or have contraindications or intolerance to at least 2 preferred agents.

Medicaid Fee-For-Service Patients: Acne Treatments

Preferred Topical Drugs (Require PA): Adapalene, Azelaic Acid, Benzoyl Peroxide, Clindamycin, Dapsone, Erythromycin, Sulfacetamide, Tretinoin

Non-Preferred Topical Drugs (Require PA): Clascoterone, Tazarotene, Trifarotene

Preferred Oral Drugs: Isotretinoin

Preferred Oral Tetracyclines (Quantity Limit):

Doxycycline,
Tetracycline

Non-Preferred Oral Tetracyclines (Require PA):

Minocycline, Omadacycline

Conclusion

As the EPSDT benefit requirements go into effect on 1/1/2023, children and adolescents will be eligible for coverage of medications deemed medically necessary and medically appropriate on a case-by-case basis up to their 21st birthday. Prior authorization criteria that impact unfunded conditions such as allergic rhinitis, mild-to-moderate inflammatory conditions, mild-to-moderate acne, and dermatophytosis have been updated by the P and T Committee to reflect the EPSDT benefit in appropriate OHP fee-for-service members. As additional medication classes are reviewed, the P and T Committee will continue to modify PA criteria to accommodate individual review under the EPSDT benefit. In the interim, a provider may request an EPSDT review for an individual member for drug classes that have not been updated. Additional EPSDT resources and links to internet resources are listed below. Additional questions can be emailed directly to: EPSDT.Info@odhsoha.oregon.gov

Oregon Health Authority EPSDT Program: [Early and Periodic Screening, Diagnostic and Treatment Program](#)

Oregon Administrative Rule 410-130-0245: [OHA Early and Periodic Screening, Diagnostic and Treatment Program](#)

Medicaid.gov: [Early and Periodic Screening, Diagnostic, and Treatment](#)

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References:

1. Medicaid Early Periodic Screening, Diagnostic, and Treatment www.medicaid.gov/medicaid/benefits/early-and-periodic-screening-diagnostic-and-treatment/index.html. Accessed August 18, 2022.
2. Oregon Health Evidence Review Commission. Coverage Guidance and Reports. <http://www.oregon.gov/oha/hpa/csi-herc/pages/index.aspx>. Accessed March 1, 2022.
3. Zaenglein AL, Pathy AL, Schlosser BJ, et al. Guidelines of care for the management of acne vulgaris. *J Am Acad Dermatol*. 2016;74(5):945-973 e933.