

Medication Parameters and Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)

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Disclosure

I have no actual or potential conflict of interest in relation to any product or service mentioned in this program or presentation.





Learning Objectives

1 Discuss medication parameters

2 Define what EPSDT is

3 Discuss how EPSDT is relative to pharmacy

4 Describe pharmacy EPSDT examples

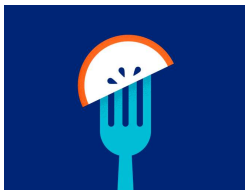




Medication Parameters

Food and Drug Interactions & Drug Chronotherapy

Common Food-Medication Interactions Everyone Should Know About



Certain foods and drinks can interact with the medications you may be taking.



Food-medication interactions may lower the effectiveness of medications or, in some cases, cause mild to serious side effects.



Common Food-Medication Interactions Everyone Should Know About

- Medications work and interact with your body in many ways. Several possible factors, including the foods and drinks you consume, can influence how your body responds to certain medications.
- Foods can change your body's ability to break down medications or they can allow medications to work properly. While some interactions are mild, others can be serious and lead to a variety of possible complications. It's important to be aware of common food-medication interactions.



Caffeine

- Several medications may interact with coffee or other products that contain caffeine, such as tea, soda, even some migraine medications and certain dietary supplements. Caffeine can temporarily raise a person's heart rate and blood pressure. Coffee can also change the acidity of a person's stomach, which can alter the way medications are absorbed or broken down.
- Combining caffeine with stimulants, such as Sudafed (pseudoephedrine) or theophylline, can make you feel jittery and raise your blood pressure. Birth control pills can make the effects of caffeine last longer.
- Caffeine may worsen the health condition you're treating. This includes anxiety, high blood pressure, and diabetes. If you're taking medications to treat these conditions, it's good to limit your intake of caffeine.



10 Medications that Interact with Caffeine

Drug	Adverse Effect	Recommendation
High blood pressure medications (i.e. diuretics – Lasix or furosemide; Beta-blockers (i.e. Metoprolol))	May affect heart rate and raise your blood pressure, which can increase risk of heart-related issues such as stroke or heart attack	Close monitoring as dosage adjustments may be required Best to limit caffeine intake – switch to decaf
Stimulant medications (i.e. Adderall, phentermine)	May raise heart rate and blood pressure and cause insomnia; Higher risks of side effects when combined	Talk to healthcare provider – they may adjust the dose or suggest limiting caffeine consumed
Sudafed (pseudoephedrine) – OTC	Raises risk of heart-related side effects, interferes with sleep	Best to avoid caffeine or spacing out intake of caffeine and medication
Theophylline	Similar effects can make you feel jittery and have trouble sleeping; may cause elevated theophylline levels	Best to avoid caffeine – theophylline dose may need to be adjusted
Antipsychotics (i.e. Olanzapine)	May increase levels of some antipsychotics, which can raise the risk of side effects	Prescribers will want to monitor and adjust dosing based on response to the medication



10 Medications that Interact with Caffeine (continued)

Drug	Adverse Effect	Recommendation
Tricyclic antidepressants (TCA) (i.e.. Amitriptyline)	May increase the levels of some TCAs, such as amitriptyline and imipramine, thus raising risk of side effects, including sleepiness, dizziness and constipation.	Consider lowering daily intake of caffeine
Antacids (i.e. Maalox)	May reduce the absorption of levothyroxine	Take antacid at least 4 hours before or after taking levothyroxine
Oral contraceptive pills (OCP)	OCPs can slow down how your body breaks down caffeine, making the effects of caffeine last twice as long	Best to avoid caffeine so not to feel jittery or have trouble sleeping
Diabetes medications (i.e. Insulin)	Caffeine can reduce your body's sensitivity to insulin. It can also increase blood glucose levels after meals, especially in those with Type 2 diabetes making it difficult to manage	Best to avoid or decrease caffeine intake
Thyroid hormone medications (i.e. Levothyroxine)	May interact with caffeine	Separate these medications by 4 hours from levothyroxine



Balancing Food and Medication

- Some foods, even healthy ones, can make your medications less effective.
- Healthy eating is critical for people with heart disease. In fact, it can help reverse a condition or reduce the need for medication. However, even healthy foods, including fruits and vegetables can cause unintended and possibly dangerous interactions with certain medications.
- One of the best-known examples is grapefruit, which can alter the way certain cholesterol medications work. These medications include the “statins,” such as Atorvastatin, Lovastatin, Pravastatin, which work in the liver to prevent cholesterol from forming. Statins are most effective in lowering LDL (bad) cholesterol, raising HDL (good) cholesterol and lowering triglycerides (blood fats).
- Foods, such as grapefruit and coffee, may impact levothyroxine absorption. Take levothyroxine on an empty stomach, ideally 30 to 60 minutes before breakfast.



Other Common Food-Drug Interactions

Food	Drug	Potential Interaction
Green leafy vegetables, broccoli, cauliflower and canola oil, which are rich in vitamin K - essential for blood clotting	Anticoagulant medications, such as warfarin (Coumadin®)	May decrease the effectiveness of the anticoagulant medication
Potassium-rich foods (i.e. Bananas, orange juice, baked potato, avocado, milk)	ACE inhibitors (i.e. Captopril, enalapril, lisinopril) ARBs (i.e. Losartan, valsartan) Potassium-sparing diuretics (i.e. Spironolactone, amiloride)	May cause high potassium levels in the blood (hyperkalemia) raising the risk of cardiac arrhythmia
Tyramine-rich foods (i.e. Smoked meats, aged cheeses, beer, sauerkraut, soy sauce)	MAO inhibitors (antidepressants) (i.e. Selegiline, rasagiline)	May cause increases in amino acid, tyramine, causing headaches, dizziness and spikes in blood pressure
Dairy products (i.e. Milk, yogurt, cheese)	Antibiotics	May decrease the absorption of antibiotics
Alcohol	Insulin or oral diabetic pills	Prolongs the effects of the drugs which leads to low blood sugar
Alcohol	Acetaminophen	Leads to higher chance of causing severe liver damage



To Eat or Not to Eat

- Some medications work better when taken on an empty stomach.
 - Thyroid medications (i.e. Levothyroxine)
 - Biphosphonates (i.e. Fosamax, Boniva, Reclast) – used to treat osteoporosis
 - Sucralfate (i.e. Carafate) – used to treat and prevent duodenal ulcers
- General rule of thumb is to take your medication either 1 hour before or 2 hours after a meal. This could differ depending on the medication.
- Some medications are better taken with food to prevent side effects or to help them work better.
 - Corticosteroids
 - NSAIDs (i.e. Ibuprofen, naproxen)
 - Some antibiotics



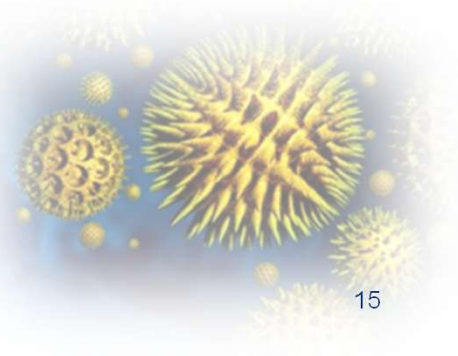
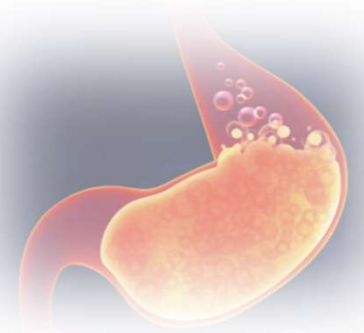
Perfect Timing

- The body doesn't respond to medications in the same way at different times of the day.
- Drugs labeled "take once a day" often work better when taken at night.
- Taking medications at the right time to get the greatest benefit with the lowest risk of unpleasant side effects is called "drug chronotherapy."
 - Fluorouracil, used to treat colorectal cancer, is now given at night when cancer cells are more vulnerable and normal cells are resting and least sensitive.
 - Cholesterol production in the liver is highest after midnight and lowest during the morning and early afternoon, so statins are most effective when taken before bedtime
 - Blood pressure shows a 24-hour rhythm, higher during the day and lower during nighttime sleep. However, after age 55, many people with high blood pressure don't exhibit this nighttime dip, known as "non-dipping." Taking at least one blood pressure-lowering medication at bedtime is optimal. ACE inhibitors and ARBs are most effective when taken at bedtime where they work to normalize the daily blood pressure rhythm.



Timing is Everything

- Heartburn is caused by a backup of stomach contents into the esophagus, where gastric acids produce a burning sensation and discomfort. The stomach produces two to three times more acid between 10pm and 2am than any other time of day. Taking an acid-reducing H-2 medication 30 minutes before your evening meal will control the secretion of stomach acid after the meal and during the night when secretions are at their peak.
- Asthma attacks occur more frequently between 4 and 6am than during the day. For oral medications to treat asthma, the best time to take this is midafternoon. If it's an inhaled steroid, the optimal time is late afternoon. This gives the medication time to work in reducing inflammation and relaxing the airways when asthma attacks are likely to occur.
- Hay fever or seasonal allergies can worsen at night and be most severe in the morning when histamine levels are highest. Once-daily antihistamines peak 12 hours after taking them, so taking them in the evening produces better control of morning symptoms.



Questions

1. Does it matter ***when*** you take your medications?
2. Does it matter if you take your medications ***with or without food***?
3. Does it matter what ***types of foods*** you are eating with your medications?





What is EPSDT

What is EPSDT?



The Medicaid program's benefit for children and adolescents is known as Early and Periodic Screening, Diagnostic and Treatment services, or EPSDT. As a federally mandated service, EPSDT provides a comprehensive array of prevention, diagnostic, and treatment services for low-income infants, children and adolescents under age 21, as specified in Section 1905(r) of the Social Security Act (the Act).

EPSDT's goal is to assure that individual children get the health care they need when they need it – the right care to the right child at the right time in the right setting.

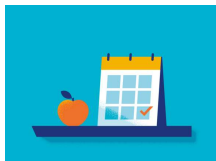
Children's health problems should be addressed before they become advanced and treatment is more difficult and costly.



What We Need to Know About EPSDT



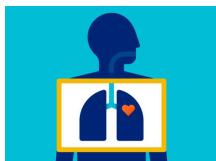
EARLY: Assessing and identifying problems early



PERIODIC: Checking children's health at age-appropriate intervals



SCREENING: Providing physical, mental, developmental, dental, hearing, vision and other screening tests to detect potential problems



DIAGNOSTIC: Performing diagnostic tests to follow up when a health risk is identified



TREATMENT: Correct, reduce or control health problems found





Pharmacy EPSDT Review

Pharmacy EPSDT Review

- The Texas Vendor Drug Program (VDP) provides statewide access to covered outpatient drugs for people enrolled in Medicaid and CHIP. The VDP manages the state Medicaid and CHIP formularies and the state's preferred drug list (PDL).
- For EPSDT, we must adhere to the VDP formulary and the PDL.
- If the requested drug is not on the VDP formulary, we must deny the claim.



Pharmacy EPSDT Review (continued)

- However, if the member is under the age of 21, the prior authorization team must determine if the requested drug is the only medically necessary and available recourse for treatment for this member.
- If this is the case, we can use the VDP non-formulary review process described in the Uniform Managed Care Manual (UMCM) to get a decision from the VDP on coverage.
- VDP follows the EPSDT law when reviewing these requests.
- The MCO does not make these determinations.



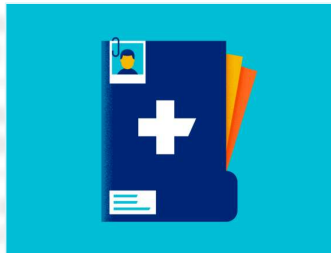
UMCM 2.2 – Uniform Managed Care Pharmacy Claims Manual

Medically Necessary Non-Formulary Drug

In the event in which a non-formulary drug has been identified as the only medically necessary and available recourse, the Plan Pharmacy Director (PPD) may submit a request to the VDP Pharmacy Policy team for non-emergent situations.

The request must include the following information:

- Member's Name and Date of Birth
- Medicaid ID
- Drug Name
- Diagnosis
- Pharmacy
- Prescriber
- Detailed description of the circumstance
- Confirmation that the case was reviewed by clinical staff



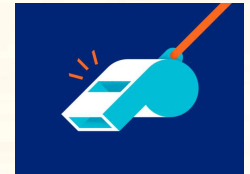
For Medicaid members under the age of 21, the VDP will apply the EPSDT law while reviewing this request.

Turn-around-time

- Requests received Monday – Friday by 4 p.m. CST will be process by close of business on the day received
- Requests received after 4 p.m. CST, on weekends, or holidays will be processed the next business day



How is the PPD Notified of EPSDT Cases?



Prior Authorization Team

Upon initial review, the Prior Authorization (PA) team will review for formulary status, PDL status, and clinical criteria.

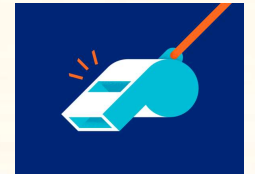
If the member is under the age of 21 and the drug is non-formulary, meaning it is not covered by Texas Medicaid, the PA team will determine if the requested drug is the only medically necessary and available recourse of treatment for this member.

If so, they will deny the initial request for prior authorization with additional EPSDT verbiage:

- Your request has been submitted to the state for additional review.
- The PA team will email the PPD with all necessary clinical information.
- The PPD will submit the request to the Texas Vendor Drug Program for EPSDT review and non-formulary exception.



How is the PPD Notified of EPSDT Cases?



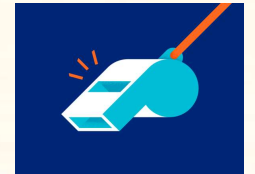
Member Escalation

The C&S Pharmacy team is notified via Demand Management ticket for member escalations.

If the case is determined to require EPSDT review, *the PPD will submit the request to the Texas Vendor Drug Program for EPSDT review and non-formulary exception.*



How is the PPD Notified of EPSDT Cases?



Appeals

The PA team will email the PPD with all necessary clinical information.

The PPD will submit the request to the Texas Vendor Drug Program for EPSDT review and non-formulary exception.





Pharmacy EPSDT Examples

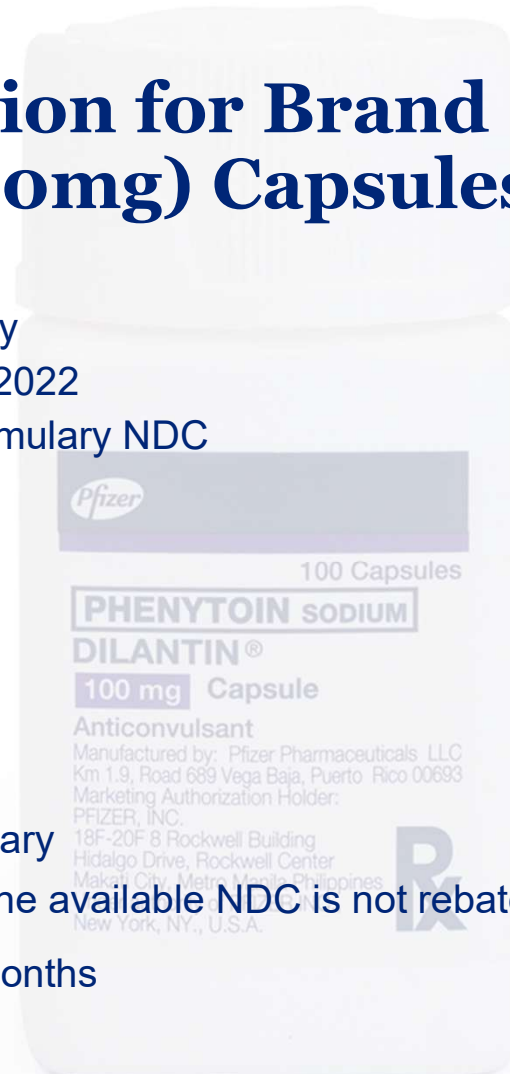
Example 1 – Member Escalation for Brand Dilantin Extended-release (30mg) Capsules



- Member is an 18-year-old male with diagnosis of epilepsy
- Member has been stable on Dilantin ER capsules since 2022
- Member is having difficulty finding pharmacy with the formulary NDC
- Research shows formulary NDC is off the market

Phenytoin Sodium Oral capsule, extended release
Dilantin 30mg Extended-Release Capsule (00071-0365) (Pfizer Inc.) (off market)
Dilantin 30mg Extended-Release Capsule (00071-3740) (Pfizer Inc.) (off market)
Dilantin 30mg Extended-Release Capsule (58151-0118) (Viatris Specialty LLC)

- Only NDC available is not on the Texas Medicaid Formulary
 - Per the CMS website, Medicaid Drug Rebate Program, the available NDC is not rebateable
- After EPSDT review, the VDP approved this drug for 6 months



Example 2 – Member Escalation for Multiple Compounded Drugs for Member with Severe Allergy to Additives



- Member is a 14-year-old male with complex medical history, including allergy to additives in the formulary-covered drugs
- Compounded drugs are typically not covered by Medicaid
- The only recourse for this member is to receive pharmacy-compounded medications that do not include additives
- This member has twelve medicines that require compounding
- After EPSDT review, the VDP approves these compounded drugs for 6 months



Example 3 – Member Escalation for Pulmicort Flexhaler 180mcg

- Member is an 18-year-old female with asthma
- The only formulary product for Pulmicort Flexhaler 180mcg is by Astra Zeneca and unavailable in the community
- The only product available in the market is Pulmicort Flexhaler 180mcg by H2 Pharma
- Per CMS, this product has a rebate agreement with CMS
- After EPSDT review, the VDP approved this drug for 6 months



Questions

1. Where can you find information about drugs that are covered by Texas Medicaid (ie. VDP Formulary)?

[Formulary Search | Vendor Drug Program](#)

2. Where can you find the Preferred Drug List (PDL)?

[Preferred Drugs | Vendor Drug Program](#)

3. Who performs the EPSDT review for our member?





Q&A



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