



HOW TO GET MEDS

Aaron Skiles, DNP, CFNP

UNM Sandoval Regional Medical Center/UNM HCV Elimination Project/Project ECHO

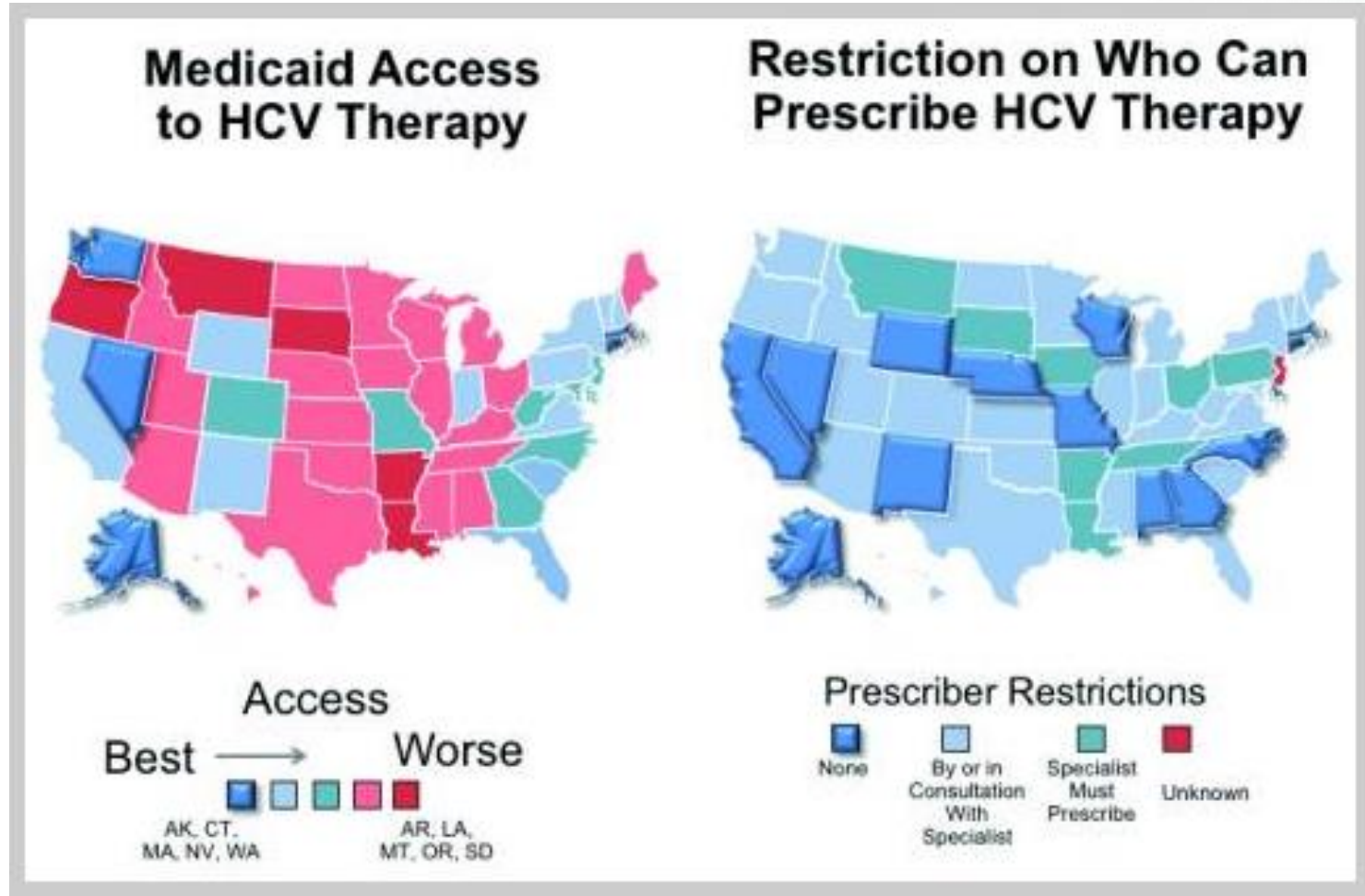
November 25, 2020

Presentation prepared by: *Aaron Skiles, DNP*
Date prepared: *6-11-2020*

Objectives

- Discuss process of acquiring meds after ECHO medication recommendations

Medication Barriers



Uniform Checklist

Uniform New Mexico HCV Checklist for Centennial Care Revision Date 12/15/2017

PATIENT NAME: _____ DOB: _____

1. **DIAGNOSIS:** Chronic Hepatitis C Infection, Genotype ____ Subtype (if applicable) ____ (attach results), HCV RNA Level within the past 6 months: Level: _____ Date: ____/____/____ (attach results)

2. **ADDITIONAL REQUIRED LABS (within 3 months of request- please attach results)**

AST, ALT, Bilirubin, Albumin, INR, Platelet count, Hemoglobin, Creatinine.
Also document HBsAg, anti-HBs, anti-HBc

3. **LIVER ASSESSMENT:** There are seven stages of liver changes in chronic HCV infection – no liver fibrosis (F0), increasing levels of fibrotic change (F1, F2 and F3), cirrhosis (F4), decompensated cirrhosis and hepatocellular carcinoma.

a. **FIBROSIS/CIRRHOSIS ASSESSMENT** (provide information using at least one of the following methods)
<https://www.hsd.state.nm.us/providers/uniform-new-mexico-hcv-checklist-for-centennial-care-revision-date-12-15-2017.pdf>

Indirect markers:

$$\text{APRI} = \frac{\text{AST (U/L)}}{\text{Platelet Count (10}^3\text{/L)}} \times 100$$
$$\text{FIB-4} = \frac{\text{Age (years)} \times \text{AST (U/L)}}{\text{Platelet Count (10}^3\text{/L)} \times \sqrt{\text{ALT (U/L)}}}$$

Imaging Study: Method Used: _____ Attach results

b. Does the patient have history, physical exam, laboratory, or radiographic imaging consistent with **decompensated cirrhosis** (i.e. ascites, encephalopathy, bleeding varices, etc.)?

No Yes (attach relevant results and notes)

Child-Pugh Score (circle one): Class A (CTP 5-6) B (CTP 7-9) C (CTP 10-15) *See table on page 2 for calculation method*
If patient has decompensated liver disease (Child-Pugh B or C), it is recommended that treatment be co-managed with a gastroenterologist, infectious disease specialist or hepatologist, and that referral for transplant be strongly considered.

4. **LIVER TRANSPLANT** No Yes (If yes, check one): Transplant date _____ Being considered for transplant

5. Is patient **TREATMENT EXPERIENCED?** No If no, go to 6. Yes If yes, complete a – c below. If treatment experienced with Direct Acting Antivirals (DAA), also complete question d.

a. List regimen(s) patient has received in past including year and duration of therapy:

Uniform Checklist

b. Did patient complete treatment regimen(s)? Unknown Yes No If "No," reason for discontinuation: _____

c. What was patient's response to therapy? Unknown Relapse (post treatment SVR, then elevated HCV RNA level some time later) Non-response (HCV RNA remained detectable after complete treatment course)

d. Have you reviewed the case with Project ECHO? Yes No If no, health plan may require Project ECHO consultation.

6. **RESISTANCE TESTING** (please attach results, if applicable)

Does patient have genotype 1a and Zepatier will be prescribed? No Yes If yes, order NS5A

7. **REQUESTED MEDICATION(S)**

Drug: _____ Dose: _____ Duration: _____ weeks

Drug: _____ Dose: _____ Duration: _____ weeks

I am agreeable to approval and use of alternative drug(s), dose(s) and/or duration(s) based on current AASLD/IDSA guidance. Please have health plan contact me with recommendations.

Comments: _____

NOTE: If you are submitting a request for treatment that is not recommended in the AASLD/IDSA guidance, please submit supporting medical literature.

8. **ADHERENCE POTENTIAL** I attest my belief that this patient is capable of full adherence to the above treatment

SEE ADDITIONAL RECOMMENDATIONS ON PAGE 2

CoverMyMeds (prior-authorization)

Welcome back!

Log into your CoverMyMeds account to create new, manage existing and access pharmacy-initiated prior authorization requests for all medications and plans.

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apskiles



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●●●●●●●●

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Name of Medication

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[Sofosbuvir-Velpatasvir](#)



[Mavyret](#)

[Testosterone](#)

CoverMyMeds provides forms to users of this service regardless of drug, brand, plan or other relationship (business questions, please contact us).

CoverMyMeds

covermymeds®

New Request	Current	Sent to Plan	Search
	78 requests	36 requests	
Enter Key			
View Recent Activity		Sofosbuvir-Velpatasvir 400-100MG tablets	
Request EHR Integration		Status: PA Response - Approved	
		Created: May 19th, 2020	
		Sent: May 19th, 2020	
		Open Archive	

Approval Letter



P.O. Box 27489, Albuquerque, NM 87125-7489
www.phs.org

05/05/2020

Aaron Skiles
3001 BROADMOOR BLVD NE FL 3
RIO RANCHO NM 87144

Subject: Prescription Drug Request

Patient: [REDACTED]
Member Number: [REDACTED]
Group Number: [REDACTED]
Date of Birth: [REDACTED]
Authorization #: [REDACTED]

Dear [REDACTED]

This letter is to let you know that we have approved the drug that you or your provider requested:
MAVYRET 100-40 MG TABLET.

The approval is for date(s) of service: 05/05/2020 through 06/30/2020.

Mavyret 100-40 MG Tablets, 168 tablets for 56 days.

A condition of this approval is that you must fill your prescription for this drug at Presbyterian Specialty Pharmacy. You may contact the pharmacy by phone at 505-823-8800 or 1-855-775-7737 or by fax at 866-248-0801.

Formulary coverage of this medication can change. Refer to your Presbyterian Centennial Care Member Handbook for more information on prescription drug coverage. You must be eligible for coverage at the time you receive these services.

Ad Hoc Charting - Test, Ancillary

- Menu - All
- Provider View
- Results Review
- PowerOrders + Add
- Documentation + Add
- Urgent Clinical Documents
- Advanced Growth Chart
- All Results Flowsheet
- Allergies + Add
- Ambulatory Summary
- Appointments
- Combo Rounds Summary
- Care Coordination
- Chart Search
- Chart Views
- Clinic Review
- Clinical Notes + Add
- Consult Flowsheet
- Core Measure Data
- Custom Pt Views
- Daily Rounds Summary
- Form Browser

Order

- Outpatient Forms
- PCMH Care Plan Forms
- Outpatient Consult Forms
- Provider Outpatient Consult Forms
- Diagnostic Consult Requests
- Education Consult/Referral Requests
- Medicine Specialty Consult Requests
- Pediatric Specialty Consult Requests
- Psychiatry Consult Requests
- Surgical Specialty Consult Requests
- Rehabilitation Services Consult Reques
- Womens Service Consult Requests
- Inpatient Provider Forms
- Provider Operative Forms
- Pharmacy Root
- Inpatient Forms
- RT Folder
- Rehab Folder
- Prior Auth Forms
- Behavioral Health Forms
- Active Clinics
- Active SRMC Clinics
- Inactive Clinics+Ancillary
- Ancillary Dept Charge Forms
- Pulmonary Diagnostics Forms
- Care Management
- Child Life Forms
- Nutrition Forms
- Radiology Forms
- Regulatory Compliance
- Provider Root

<input type="checkbox"/>	Addition Services (ASAP) Consult Adult	<input type="checkbox"/>	Early Psychosis Consult Request	<input type="checkbox"/>	Metabolic Genetic Consult Peds
<input type="checkbox"/>	Addition Services (ASAP) STAR Consult Peds	<input type="checkbox"/>	Endocrinology Consult Adult	<input type="checkbox"/>	Nephrology Amb. Blood Pressure M
<input type="checkbox"/>	Allergy Consult Adult	<input type="checkbox"/>	Endocrinology Consult Peds	<input type="checkbox"/>	Nephrology Consult Adult
<input type="checkbox"/>	Allergy Consult Peds	<input type="checkbox"/>	ENT Consult Adult	<input type="checkbox"/>	Nephrology Consult Peds
<input type="checkbox"/>	Antithrombosis Consult Adult/Peds	<input type="checkbox"/>	ENT Consult Peds	<input type="checkbox"/>	Neurodiagnostics Lab Consult Adult
<input type="checkbox"/>	Audiology Consult Adult/Peds	<input type="checkbox"/>	Fetal Testing Consult Adult	<input type="checkbox"/>	Neurology Consult Request Adult
<input type="checkbox"/>	Bariatric Surgery Consult Adult/Peds	<input type="checkbox"/>	Fine Needle Aspiration Consult Request	<input type="checkbox"/>	Neurology Consult Peds
<input type="checkbox"/>	Body Bone Density Consult Adult	<input type="checkbox"/>	Foot Care Form	<input type="checkbox"/>	Neuropsychology Consult Adult/Pec
<input type="checkbox"/>	Bone Density Request Peds	<input type="checkbox"/>	General Surgery Consult Adult	<input type="checkbox"/>	Neurology Consult Adult
<input type="checkbox"/>	Bone Health/Fracture Consult Adult/Peds	<input type="checkbox"/>	General Surgery Consult Peds	<input type="checkbox"/>	Neurosurgery Consult Peds
<input type="checkbox"/>	Breast Disease Consult Adult	<input type="checkbox"/>	Genetic Dysmorphology Consult Peds	<input type="checkbox"/>	Neurosurgery Procedure Request A
<input type="checkbox"/>	Cancer Center Consult Adult	<input type="checkbox"/>	GI Consult Adult	<input type="checkbox"/>	Nutrition Consult Peds
<input type="checkbox"/>	Cardiac Rehabilitation Consult Adult/Peds	<input type="checkbox"/>	GI Consult Peds	<input type="checkbox"/>	OB Complex Delivery Consult Reque
<input type="checkbox"/>	Cardiology Consult Adult	<input type="checkbox"/>	GI Endoscopy Procedure Request Adult/Peds	<input type="checkbox"/>	Obesity Consult Peds
<input type="checkbox"/>	Cardiology Consult Peds	<input type="checkbox"/>	GI Special Procedures Request	<input type="checkbox"/>	Obstetrics + Gynecology Consult Ad
<input type="checkbox"/>	Cardiothoracic Surgery Consult Adult/Peds	<input type="checkbox"/>	Gynecology Consult Peds/Adolescent	<input type="checkbox"/>	Obstetrics Pre-Anesthesia Consult A
<input type="checkbox"/>	Center for Development + Disability Consult Adult/Peds	<input type="checkbox"/>	Gynecology Womens Ultrasound Consult Adult/Peds	<input type="checkbox"/>	Obstetrics Womens Ultrasound Con
<input type="checkbox"/>	Center for Life Consult Adult/Peds	<input type="checkbox"/>	Heart Station Consult Adult/Peds	<input type="checkbox"/>	Ophthalmology Consult Adult/Peds
<input type="checkbox"/>	Center for Reproductive Health Consult Adult/Peds	<input type="checkbox"/>	Hematology Oncology Consult Peds	<input type="checkbox"/>	Orthopedic CHILE Consult Adult
<input type="checkbox"/>	Clinical Neurosciences Center Rehab Consult Adult/Peds	<input checked="" type="checkbox"/>	Hepatitis Treatment Consult Request	<input type="checkbox"/>	Orthopedic Consult Adult/Peds
<input type="checkbox"/>	Comprehensive Community Support Services Consult Adult/Peds	<input type="checkbox"/>	Hospice Consult Request Peds	<input type="checkbox"/>	Pain Consult Adult/Peds
<input type="checkbox"/>	Concussion Consult Peds	<input type="checkbox"/>	Immunology Consult Peds	<input type="checkbox"/>	Palliative Care Consult Adult
<input type="checkbox"/>	Cosmetic Consult Adult	<input type="checkbox"/>	Infectious Disease Consult Adult	<input type="checkbox"/>	Perinatal Psychiatry Consult Adult/P
<input type="checkbox"/>	CTH Lodging Request Peds	<input type="checkbox"/>	Infusion Consult Adult - SRMC	<input type="checkbox"/>	Plastic Surgery Consult Adult/Peds
<input type="checkbox"/>	CTH Rehab Consult Peds	<input type="checkbox"/>	Integrated Behavioral Health Consult Adult/Peds - SRMC	<input type="checkbox"/>	Pre-Anesthesia Consult Adult/Peds
<input type="checkbox"/>	Dental Consult Adult/Peds	<input type="checkbox"/>	Integrative Medicine Consult Adult/Peds	<input type="checkbox"/>	Psychiatry Cinaron Consult Peds
<input type="checkbox"/>	Dermatology Consult Adult	<input type="checkbox"/>	Interventional Pulmonary Consult Adult	<input type="checkbox"/>	Psychiatry Consult Adult
<input type="checkbox"/>	Dermatology Consult Peds	<input type="checkbox"/>	Lipid Consult Request Adult	<input type="checkbox"/>	Psychological Testing (PFCA) Conss
<input type="checkbox"/>	Diabetes Medical Management Consult Adult	<input type="checkbox"/>	Manual Medicine Consult Peds	<input type="checkbox"/>	Psychology + Behavioral Medicine C
<input type="checkbox"/>	Diabetes + Nutrition Edu Referral Adult	<input type="checkbox"/>	Maternal Child Reproductive Health Consult Adult/Peds	<input type="checkbox"/>	Psychosocial Rehabilitation Consult

Chart Close

Orders for Signature

	\$				Order Name	Status	Start	Details
▲ UH Eubank Clinic Fin#:900014101 Admit: 11/06/2020 09:47 MST								
▲ Medications								
<input type="checkbox"/>		glecaprevir-pibrentasvir Prescribe (Mavyret 100 mg-40 ...)			11/24/2020 15:33 MST	3 tab, By Mouth, once a day, with food, # 84 tab, 0 Refill(s), Pharmacy: UH Pharm - 1209, Genotype 1a, Viral Level: 1,205,000, Treatment Naive		

▼ Details for glecaprevir-pibrentasvir (Mavyret 100 mg-40 mg oral tablet)

Send To: UH Pharm - 1209 (1209 University Blvd NE) ...

- Details
- Order Comments
- Diagnoses

Order details



- Requested Refill Date
- Indication
- Start Date/Time [11/24/2020 15:33 MST]**
- Type Of Therapy [Maintenance]
- Stop Date/Time
- DAW [No]
- Print DEA Number [No]
- eRX Notes to Pharmacy [Genotype 1a, Vi...]**
- eRx Product Type

Detail values

Genotype 1a, Viral Level: 1,205,000, Treatment Naive



*Performed on: 10/27/2020 1044 MDT

Hepatitis Treatme

Hepatitis Treatment Consult Request Adult

Attending/APP

Referring Clinic

<input type="radio"/> 1209 University Clinic	<input type="radio"/> MHC ICOPE Clinic	<input type="radio"/> SRMC Primary Care Clinics
<input type="radio"/> 2450 Primary Care (ASAP)	<input type="radio"/> North Valley Center	<input type="radio"/> Truman Offsite
<input type="radio"/> Atisco Heritage Clinic	<input type="radio"/> Northeast Heights Clinic	<input type="radio"/> Westside Clinic
<input type="radio"/> CTH Peds Continuity Clinic	<input type="radio"/> Pediatrics Clinic	<input type="radio"/> Other:
<input type="radio"/> Eubank Peds Primary Care	<input type="radio"/> Senior Health Center	
<input type="radio"/> Family Medicine Clinic	<input type="radio"/> Southeast Heights Clinic	
<input type="radio"/> LoboCare Clinic	<input type="radio"/> Southwest Mesa Clinic	

Preferred Provider (Consultant)

Primary Care Provider

Location Requested

 UH

Priority

Next Available
 Urgent: (Only used if a call has been placed to PALS 272-2000 & referred to provider has agreed to schedule patient)
 As Soon As Possible (schedule within 1-2 weeks pending availability)

Patient phone number

Segoe UI 9
 Home (000)-000-0000
 Business (000)-000-0000

Consult Reason

Hepatitis B
 Hepatitis C

Hepatitis Handout

Hepatitis Handout-Right Click for Reference Text

Preferred workup: If patient is Hepatitis C Antibody Positive, please confirm active viremia with Hep C PCR Quantitative lab and refer if positive.

No referral needed if negative.

Additional workup labs may be ordered for the consult in Power Orders by ordering Hep C Panel (if labs not already completed).

This is preferred but not a requirement prior to referral

If you are interested in treating your own patients in their current clinical setting, you are encouraged to attend a Hepatitis C provider training hosted monthly with UNM Project ECHO

To register and get more information click and follow the link:

Or email hcvECHO@salud.unm.edu

Questions?

Resources:

<https://www.covermyeds.com>

<https://www.hsd.state.nm.us/providers/uniform-new-mexico-hcv-checklist-for-centennial-care-revision-date-12-15-2017.pdf>