

February 4, 2019

Re: Changes to Coverage for Hepatitis C Treatment Effective March 1, 2019

Dear Advanced Health Provider:

Effective March 1, 2019 the drug use criteria for DAA (direct acting antivirals) for treatment of chronic hepatitis C will be expanding to include coverage for all fibrosis stages, HIV testing will no longer be required (but is still highly recommended prior to treatment as positive result may impact treatment plan), and primary care providers may prescribe DAAs for their non-cirrhotic hepatitis C patients. Evaluation of drug and alcohol use is no longer required for coverage of hepatitis C treatment, but continues to be a covered benefit for all Advanced Health members.

We have been informed that some out of area gastroenterology and hepatology providers will continue to only accept referrals for patients with fibrosis staging F3-F4, or clinical complications of cirrhosis; therefore, asymptomatic non-cirrhotic patients with fibrosis staging F0-F2 may be treated locally by their PCP. If you have medically complex patients that you feel require specialist evaluation and treatment, please submit a referral and include documentation supporting clinical rationale for coverage.

As a GI/hepatology referral will no longer be required for evaluation and treatment of asymptomatic hepatitis C patients due to coverage of treatment prescribed by local providers, the 'readiness to refer checklist' has been retired and replaced with a new 'readiness to treat' checklist that summarizes the Fee for Service Hepatitis C Direct Acting Antivirals Drug Use Criteria that will be effective March 1, 2019 and is located on the Oregon Medicaid FFS Drug Class List at [http://www.orpdl.org/durm/PA\\_Docs/HepatitisC\\_DAAs.pdf](http://www.orpdl.org/durm/PA_Docs/HepatitisC_DAAs.pdf). All requested drug treatment regimens must be supported by the FFS 'Recommended Treatment Regimens for Chronic Hepatitis C' table.

Please ensure all components of the drug use criteria are submitted with the medication prior authorization request including pre-treatment lab testing and clinical chart notes. Please ensure all Advanced Health members seeking hepatitis C treatment are connected with our Advanced Health Hepatitis C Care Coordinator, Kristien. Kristien can be contacted at 541-266-6504 or emailed at [kristien.vanelsberg@advancedhealth.com](mailto:kristien.vanelsberg@advancedhealth.com). Prescriptions for DAAs must be dispensed by our specialty pharmacy, US BioServices.

If you have any questions regarding this change, please contact Dr. Kent Sharman at [kent.sharman@advancedhealth.com](mailto:kent.sharman@advancedhealth.com), Caryn Mickelson at [caryn.mickelson@advancedhealth.com](mailto:caryn.mickelson@advancedhealth.com) or (541) 269-4558, or Kristien Van Elsberg at (541) 266-6504 or [kristien.vanelsberg@advancedhealth.com](mailto:kristien.vanelsberg@advancedhealth.com).

Thank you for your time and commitment serving our Advanced Health members!

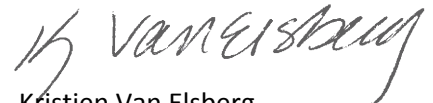
Sincerely,



Caryn Mickelson, PharmD  
Director of Pharmacy Services



Kent Sharman, MD  
Medical Director



Kristien Van Elsberg  
Hep C Care Navigator

## **Hepatitis C Ready for Treatment Tool**

**\*\*Both sides of form must be completed\*\***

The Hepatitis C Ready for Treatment Tool should be used for **asymptomatic** adult patients considering treatment of chronic Hepatitis C Virus (HCV). This completed tool should be submitted with treatment and/or referral requests for out of area gastroenterology or hepatology services. **This tool does not apply to symptomatic patients.** Example symptoms include: jaundice, ascites, hepatic encephalopathy, etc. If patient is symptomatic, please submit referral for out of area GI / Hepatology with chart notes supporting symptoms and need for referral.

Please develop a treatment plan to begin assisting the patient with receiving necessary evaluation, labs, and imaging.

The patient may be referred to the appropriate community resources listed below as needed.

- |                            |                |                          |                |
|----------------------------|----------------|--------------------------|----------------|
| •ADAPT:                    | (541) 751-0357 | •Advantage Dental:       | (866) 268-9631 |
| •Coos Health and Wellness: | (541) 266-6700 | •Curry Community Health: | (541) 373-8001 |
| •Advanced Health:          | (541) 269-7400 | •Bay Cities Brokerage:   | (541) 266-4323 |

For out of area GI/Hepatology referrals, please submit a copy of this completed form with your prior authorization referral request for consideration. Asymptomatic patients with no evidence of cirrhosis may be treated locally. If you have questions, please contact our Advanced Health Hepatitis C Care Navigator at (541) 266-6504.

Please note: A separate prior authorization request for medications to treat HCV is required and patient must meet Oregon Medicaid Fee For Service drug use criteria for coverage available at:

[http://www.orpdl.org/durm/PA\\_Docs/HepatitisC\\_DAAs.pdf](http://www.orpdl.org/durm/PA_Docs/HepatitisC_DAAs.pdf)



Phone: 541-269-7400 Fax: 541-269-7147

Member Name: \_\_\_\_\_

OHP ID#: \_\_\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_

**Before considering treatment please screen asymptomatic HCV patients to ensure the following:**

1. **Immunizations:** (Attach documentation)

Hep A Date: \_\_\_\_\_ Hep B Date: \_\_\_\_\_,

2. **Required Labs:** (Attach documentation)

- CBC: \_\_\_\_\_  HBsAg: \_\_\_\_\_  HBcAb: \_\_\_\_\_  HBsAB: \_\_\_\_\_
- CMP: \_\_\_\_\_
- Hep A & Hep B Immunity Date: \_\_\_\_\_
- HIV \_\_\_\_\_
- Viral load: HCV PCR RNA Date: \_\_\_\_\_ (within 6 months)
- Genotype Date: \_\_\_\_\_ (within 3 years)
- Pregnancy Test for women of childbearing age: \_\_\_\_\_ (within 30 days)

3. Does the patient have clinical, radiologic, or laboratory evidence of complications of cirrhosis such as ascites, portal hypertension, hepatic encephalopathy, hepatocellular carcinoma, esophageal varices? Evidence of cirrhosis requires GI/hepatology/Infectious Disease referral or consultation for prescribing.

YES: \_\_\_\_\_ NO: \_\_\_\_\_ Testing performed: \_\_\_\_\_

**Asymptomatic patients with no evidence of cirrhosis may be treated by local PCP.**

4. Does the patient have a history of previous Hepatitis C treatment? Please list treatment regimen, dates of treatment, and outcome.

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5. Has the patient engaged with Advanced Health Hepatitis C Care Navigator?

Please submit Hepatitis C Care Navigator Referral form or call Kristien at (541) 266-6504.

**I attest to the above information being accurate to the best of my medical knowledge and expertise.**

**I understand that additional documentation to support the above items may be requested.**

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_