![AcariaHealth logo]

Specialty Pharmacy

MASH (Metabolic Associated Steatohepatitis) Referral Checklist

AcariaHealth™ is committed to providing quality care to your patients in a timely manner, and your assistance is key to ensure a smooth approval process. To better serve our patient, please ensure you have provided each item on the checklist below prior to faxing the prescription.

Step One: Collect All Patient Records

Patient Demographic Sheet
- ❏ Preferred and alternate method of communication
- ❏ Preferred language
- ❏ HIPAA authorizations if applicable

Insurance Coverage Details
- ❏ Front and back copy of insurance card
- ❏ If Medicare patient, include copy of Part D card

Clinical Notes
- ❏ Most recent clinical note pertaining to the MASH (f/k/a NASH) diagnosis that presents the patient's comprehensive medical history including:
  - › Patient's current weight
  - › Current medication list including diabetes medications and thyroid agents
  - › If previously treated for MASH, when and what type of therapy
  - › Documentation of a current diet and exercise plan or weight management program
  - › History and management of metabolic risk factors such as: diabetes/pre-diabetes, obesity, hypertension, hypertriglyceridemia
- ❏ Labs drawn within past 90 days including CBC, CMP and liver function results (ALT/AST)
- ❏ Fibrosis score with relevant imaging such as: FibroScan, FibroSURE, MRE, Liver Biopsy, FIB-4, ELF Score, MAST, or MEFIB

Step Two: Select Your Preferred Submission Method

ePrescribe
- › Find AcariaHealth in your electronic medical record (EMR) system
- › List drug name, strength, and dosage
- › Include prescription date, quantity prescribed, and number of refills
- › Attach or fax all collected patient records indicated in step one for submission

Fax
- › Download and complete the appropriate referral form on our website
- › Send completed referral form and all collected patient records via fax to **877.541.1503**
  - › Manufacturer referral forms are acceptable and must
  - › be signed by a prescriber

Download our referral forms:
ahrx.co/AH-referrals

Step Three: Let Us Help You With The Rest

Prior Authorization
- › We can assist with prior authorization for most insurance plans. Once obtained, we will complete and send to you for a prescriber signature. If an order must be filled by a different contracted pharmacy, we will triage the prescription and keep you informed via fax or email. If you receive a **denial letter** from the patient's insurance, please fax it to AcariaHealth at 877.541.1503. We will review and draft an appeal letter for the provider.

Medication Delivery
- › Upon approval of prior authorization, we will notify you via fax or phone call. We will contact the patient to schedule delivery and offer copay assistance resources as needed.

Copay and Financial Assistance
- › If copay assistance is needed, we will find copay cards, foundations, and pharmaceutical programs to help obtain the lowest copay possible. There are times when it is necessary to get the patient's approval to do this on their behalf. In some instances, patients are required to submit requests themselves due to necessary income eligibility requirements and other sensitive personal information.

AcariaHealth.com

Phone: 800.511.5144 | **Fax:** 877.541.1503