Print Form

ILLINOIS Department of Public Health

Ryan White Part B Program

Medication Assistance Program (MAP)

Pre-Approval for Hepatitis C Medication

TELEPHONE: 888-311-7685 FAX: 800-848-4241 Ramsell

The following medications are now available with pre-approval through the Medication Assistance Program. You can click on the name of the medication to be taken directly to the specific prescribing guidelines.

Harvoni Viekira Pak Ribavirin Sovaldi Zepatier Technivie Daklinza Epclusa Vosevi Mavyret

To be eligible for assistance with these medications, a client must:

- Be currently enrolled in MAP and eligible for MAP assistance for the full duration of treatment.
- Be a patient who has Fibrosis Stage 0 (F0) and above

First Name	Middle Initial	Last Name
Member ID:	**Date of Birth**	**RW ID (if known)**

List ALL current medications (Rx and over the counter): _____

_____

Baseline HCV RNA *(documentation req.)*	HCV Genotype *(documentation req.)*	Hepatitis C Treatment History
		☐ Treatment Naïve ☐ Treatment Experienced
Fibrosis Staging *(documentation required)*		**Physician Name**
Clinic Name	**Phone Number**	**Clinic Fax Number**
Pharmacy Name	**Phone Number**	**Pharmacy Fax Number**

Medication (mark all that apply)			Number of Weeks
☐ Viekira Pak	☐ Ribavirin	☐ Sovaldi	☐ 12 weeks ☐ 16 weeks ☐ 24 weeks
☐ Epclusa	☐ Daklinza	☐ Vosevi	
☐ Zepatier	☐ Mavyret ☐ Harvoni	☐ Technivie	

Drug name, form and strength requested:	Quantity requested:	Day supply:

Provider must acknowledge the following with initials:

_____ I have reviewed the prescribing guidelines for possible interactions and issues of the medication regimen.

_____ HCV RNA should be monitored before therapy, at week 4, end of therapy and 12 weeks post treatment completion.

_____ Patient has been counseled on the high cost of treatment and is willing to be 100% adherent to treatment regimen.

Provider Signature Date

REQUIRED DOCUMENTATION - Please check off and submit ALL required clinical notes/ lab reports in reference to this request. Failure to provide documentation will delay decision process.

☐ Hepatitis C Genotype ☐ Hepatitis C RNA viral load ☐ CD4 count (within the last 6 months) ☐ HIV viral load (within the last 6 months) ☐ As Needed - Fibrosis staging results

Submit: Please fax completed application to Ramsell at **800-848-4241**.
For additional information, call the Ramsell Help Desk at: 1-888-311-7685.