ILLINOIS Department of Public Health

Ryan White Part B Program

Medication Assistance Program (MAP)
Pre-Approval for MEPRON (atovaquone)

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

Prescriptions for MEPRON that exceed 21 days are only 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.

To be eligible for this pre-approval, a client must meet all of the following:

- Be currently enrolled in MAP and eligible for MAP assistance
- Have been denied medication coverage by their insurance plan (if applicable). Documentation of denial must be provided.

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

Reason for Request:

PCP Prophylaxis	
☐ Patient cannot tolerate TMP-SMX	Explain: ______
☐ Patient cannot tolerate dapsone	Explain: ______
☐ Nebulized pentamidine cannot be used for PCP prophylaxis	Explain: ______
☐ Other: ______	
Toxoplasmosis	
☐ Mepron is needed for treatment	Explain: ______
☐ Mepron is needed for prophylaxis	Explain: ______
☐ Other: ______	

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

Duration being requested: ____________ ☐ Days ☐ Weeks ☐ Months

Provider must acknowledge the following with initials:

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

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

Date:	**To the best of my knowledge, I certify that the above is accurate and true.**	
Provider Name (Print)	Provider Signature	
Clinic Name:	Phone #	Fax #
Pharmacy Name	Pharmacy Phone #	Fax #
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.		
☐ Denied medication coverage by insurance plan (if applicable) ☐ Copy of Mepron prescription		

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