



Prescriptions for **non-tablet** formulations of [NORVIR](#) are only available with pre-approval through the Medication Assistance Program.

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)

Requesting TABLETS	Indicate drug form requested		
<input type="checkbox"/> YES <input type="checkbox"/> NO			
Indicate strength requested	Quantity requested:	Day supply:	
Reason for requesting non-tablet formulation:			

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.			
<input type="checkbox"/> Denied medication coverage by insurance plan (if applicable)			

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