Medication Assistance Program (MAP) Pre-Approval for SEROSTIM

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

**Ramsell

 $As sistance\ with\ prescriptions\ for\ \underline{Serostim}\ are\ only\ available\ with\ pre-approval\ through\ the\ Medication\ As\ sistance\ Program.$

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

- Be currently enrolled in Medication Assistance (MAP). Client should also be enrolled in Part B Case Management services if assistance is needed with auxiliary costs (i.e. office visits and injection costs).
- Have been denied medication coverage by their insurance plan (if applicable). The Program will bill the client's insurance first and Program will coordinate benefits.
- Have been diagnosed with HIV-associated wasting.

That's been anagmosed within the above	ociacea wasang.		
First Name	Middle Initial	Last Name	
Member ID	Date of Birth	RW ID (if known)	
Indicate drug name, form and strength requested		Quantity requested:	Day supply:
Name of Medical Facility Administering Injection			
Name of Provider Administering Injection			
Name of Provider Responsible for Medication Upon Shipment Arrival			
Address Where Medication Will be Shipped			
Provider must a cknowledge 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.			
Patient has been diagnosed with HIV-associated wasting.			
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	PharmacyPhone#	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) ☐ Proof of HIV-associated wasting diagnosis			

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

Revised: 11/24/2021 Page 1 of 1