

Assistance with prescriptions for [Trogarzo](#) are only available with pre-approval through the Medication Assistance Program. Trogarzo™ requires pre-approval from Ramsell as well as the Manufacturer’s Enrollment Form that can be accessed here: https://theratechnologies.s3.amazonaws.com/prod/media/TROGARZO_Enrollment_Form.pdf. Submit a copy of the Manufacturer’s Enrollment Form along with this form to Ramsell

To be eligible for this pre-approval from Ramsell, 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 infusion 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 a history of multi-drug resistant HIV infection and must provide documentation of resistance in at least two drug classes.

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:

Medical Facility to Conduct Infusion
Name of Provider Administering Medication
Name of Provider Responsible for Medication Upon Shipment Arrival
Address Where Medication Will be Shipped

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.		
<input type="checkbox"/> Denied medication coverage by insurance plan (if applicable) <input type="checkbox"/> Resistance Test history		
<input type="checkbox"/> Manufacturer’s Enrollment form has been completed and submitted to manufacturer (*Submit a copy along with this form to Ramsell)		

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