

Assistance with prescriptions for [Serostim](#) 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 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.

<b>First Name</b>	<b>Middle Initial</b>	<b>Last Name</b>
<b>Social Security Number (if applicable)</b>		<b>Date of Birth</b>

<b>Name of Medical Facility Administering Injection</b>
<b>Name of Provider Administering Injection</b>
<b>Name of Provider Responsible for Medication Upon Shipment Arrival</b>
<b>Address Where Medication Will be Shipped</b>

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.

\_\_\_\_\_ Patient has been diagnosed with HIV-associated wasting.

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Provider Name (please print) Phone #

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Provider Signature Date

Submit to: Illinois Department of Public Health, 525 W. Jefferson St  
1st Floor, Springfield, IL 62761,  
Fax: 217-785-8013

<b>IDPH USE ONLY:</b>	Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No	Authorization Number: _____
Effective Date: _____		Expiration Date: _____