

Assistance with prescription medications for hormone therapy are only available with pre-approval through the Medication Assistance Program. The following medications are allowed under this pre-approval.

**Please circle the prescribed medications below; include drug strength, quantity and day supply requested.**

- Estradiol: Oral, Transdermal and Injectable
- Finasteride
- Progestin

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

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

- Be currently enrolled in Medication Assistance (MAP).
- Be a patient currently in the process of gender transition or in the maintenance stage from gender transition.

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

Provider must acknowledge the following with initials:

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

\_\_\_\_\_ Patient listed above is currently progressing through the gender transition process or is in post gender transition maintenance.

Date:	<b>To the best of my knowledge, I certify that the above is accurate and true.</b>	
Provider Name (Print)	Provider Signature	
Clinic Name:	Phone #	Fax #
Pharmacy Name	Pharmacy Phone #	Fax #
<b>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.</b>		

**Submit:** Please fax completed application to Ramsell at **800-848-4241**.

For additional information, call the Ramsell Help Desk at: 1-888-311-7685.