



Prescriptions for [PROSCAR](#) 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.
- Have a confirmed diagnosis of benign prostatic hyperplasia (BPH) (Documentation required)

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

Has a confirmed diagnosis of BPH (Documentation required)
<input type="checkbox"/> YES <input type="checkbox"/> NO

Indicate drug name, form and strength requested	Quantity requested:	Day supply:

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