Prism Foundation **HRT Assistance Program** **True Self Initiative**

Patient Enrollment Form

Legal Name and DOB:

Preferred Name:

Pronouns:

Address:

Phone Number:

Email:

Name of HRT Physician:

The following is an agreement to cover the out-of-pocket cost of transition related medication for those under the transgender umbrella. You are not required to consent to this program to obtain your hormone replacement therapy medication from your providing pharmacy. This program is funded by the Prism Foundation located in Little Rock, AR and the contact information for the foundation is located at the bottom of this form. You may withdraw yourself from the program at any time. To withdraw, contact your pharmacy representative or the Prism Foundation directly.

The program agrees to cover the following:

1. The program agrees to cover the cost or copayment of your prescription.
2. Prescriptions may only be filled in 28-, 30-, or 90-day increments.
3. If you have insurance and your copay is lower than the at-cost amount, the program will pick up the copayment instead.
4. Pharmacy agrees to provide free injection supplies that consist of the following: Draw Needle, Syringe, Injection Needle, Cotton Swabs, Band-Aids, and Alcohol Prep Pads. Injection supplies will be provided for 28-day periods at a time.
5. The program agrees to only cover certain medications. Please refer to the Covered Medication List provided by your pharmacy.

Your pharmacy has agreed to participate in this program and provide a safe and affirming space. If you feel you are not being treated adequately or fairly, we encourage you to reach out to us.

The Prism Foundation, 904 Autumn Rd., Suite 275, Little Rock AR, 72211
Phone: (501) 224-3499, Fax: (501) 224-1140

The Prism Foundation holds the right to alter or suspend the program at any time. Furthermore, the Foundation can suspend and/or terminate the involvement of any pharmacy or patient for any reason at any time.

Patient Printed Name: **Patient Signature:**

Date:

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Covered Medications List

Medication	Strength	Month Supply	Pricing/Max	Wholesaler
1. Testosterone	200mg	2 x 1mL Vials	$26.00	Capital Drug
2. Androgel	1.62%	150gm	$25.00	Capital Drug
3. Anastrozole	1mg	30 Tablets	$4.00	McKesson
4. Raloxifene	60mg	30 Tablets	$12.00	McKesson
5. Tamoxifen	20mg	30 Tablets	$21.00	McKesson
6. Bicalutamide	50mg	30 Tablets	$9.00	McKesson
7. Spironolactone	50mg	60 Tablets	$8.00	McKesson
8. Spironolactone	100mg	60 Tablets	$11.00	McKesson
9. Estradiol Tablets	0.5mg	180 Tablets	$21.00	McKesson
10. Estradiol Tablets	1mg	180 Tablets	$22.00	McKesson
11. Estradiol Tablets	2mg	180 Tablets	$13.00	Capital Drug
12. *****Estradiol Valerate	100mg/mL	5mL Vial	$133.39	McKesson
13. *****Estradiol Valerate	200mg/mL	5mL Vial	$221.30	McKesson
14. Dotti Patch	0.025mg	8 Patches	$35.00	Capital Drug
15. Dotti Patch	0.0375mg	8 Patches	$35.00	Capital Drug
16. Dotti Patch	0.05mg	8 Patches	$35.00	Capital Drug
17. Dotti Patch	0.075mg	8 Patches	$35.00	Capital Drug
18. Dotti Patch	0.1mg	8 Patches	$35.00	Capital Drug
19. Finasteride	1mg	90 Tablets	$3.00	Capital Drug
20. Finasteride	5mg	30 Tablets	$2.00	Capital Drug
21. Progesterone	100mg	30 Capsules	$3.00	Capital Drug
22. Progesterone	200mg	30 Capsules	$5.00	Capital Drug
23. Medroxyprogesterone	150mg/mL	1mL	$43.00	McKesson

*****Patient must have primary insurance coverage. If the patient's insurance does not cover or they have no insurance this product does not apply as a covered product for the program.

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