Hormone Therapy for Gender Dysphoria

Member and Medication Information * indicates required field	
*Member ID:	*Member Name:
*DOB:	*Weight:
*Medication Name/Strength:	❑ Do Not Substitute. Authorizations will be processed for the preferred Generic/Brand equivalent unless specified.
*Directions for use:	
Provider Information * indicates required field	
*Requesting Provider Name:	*NPI:
*Address:	
*Contact Person:	*Phone #:
*Fax #:	Email:
Medically Billed Information * indicates required field for all medically billed products	
*Diagnosis Code:	*HCPCS Code:
*Dosing Frequency:	*HCPCS Units per dose:
Servicing Provider Name:	NPI:
Servicing Provider Address:	
Facility/Clinic Name:	NPI:
Facility/Clinic Address:	
Fax form and relevant documentation including: laboratory results, chart notes and/or updated provider letter to Pharmacy PA at **855-828-4992**, to prevent processing delays.	

Criteria for Approval in Adults: (See below for PA in Minors)

- ❑ Patient is 18 years of age or older

Gender Dysphoria Diagnosis [1,2]

- ❑ Persistent, well documented gender dysphoria/gender incongruence including a marked incongruence between one's experienced/expressed gender and natal gender of at least 6 months in duration. Must meet two of the following**:**
  - Marked incongruence between one's experienced/expressed gender and primary and/or secondary sex characteristics
  - Strong desire to rid of one's primary and/or secondary sex characteristics
  - Strong desire for the primary and/or secondary sex characteristics of other gender
  - Strong desire to be or be treated as the other gender
  - Strong conviction that one has the typical feelings and reactions of the other gender

Additional Criteria [1,2] Must meet all of the following:

- ❑ Capacity to make a fully informed decision and provide consent for treatment ***(minimum of 18 years of age)***
- ❑ If significant medical or mental health concerns are present, they must be managed accordingly.
- ❑ Discussion of risks/benefits and expectations of hormone therapy *(virilization, feminization or development of adverse reactions)*
- ❑ Documented monitoring plan
  - Male to Female

        - Testosterone level for suppression: below upper limit of normal female range (<50 ng/dL)
        - Estradiol levels within premenopausal female range but below supraphysiologic levels (100-200 pg/dL)
    - Female to Male
        - Testosterone level: maintain levels within normal male range and avoid supraphysiological levels

❑ Other applicable preventative screenings: cancer, osteoporosis *(baseline bone-mineral density test)*, etc.

Criteria for Approval in Minors:

Provider attests to the following:

❑ The treating provider has completed at least 40 hours of education related to transgender health care for minors from an approved organization and received the "Transgender Treatment Certification" issued by the Division of Professional Licensing

Additional approval criteria (**ALL** must be met)

❑ Patient is less than 18 years of age

❑ Hormonal treatment is prescribed by or in consultation with an endocrinologist(s) or physician(s) who is experienced in hormonal therapy treatments in pediatric and adolescent patients.

❑ **The patient was diagnosed with gender dysphoria prior to January 28, 2023**. Documentation demonstrates the date of diagnosis: _____

❑ Documentation demonstrates that the **provider has been treating the patient for gender dysphoria for at least 6 months.**

❑ Documentation demonstrates assessing and treating any physical or mental health if needed.

❑ Documentation that the provider has discussed alternative treatments or behavioral interventions for gender dysphoria.

❑ The patient has reached Tanner stage 2 of puberty (*if requesting gonadotropin releasing hormone as puberty blocker*).

❑ Documentation of health evaluation by a mental health professional that:

- Different from the provider providing the hormonal transgender treatment.
- Have a transgender treatment certification
- Have documentation of history of at least 3 therapy sessions with the patient.
- Have documentation of all mental health diagnoses and any significant life events that may be contributing to the diagnoses of the patient.
- Have documentation that the patient has persistent, well documented gender dysphoria/gender incongruence including a marked incongruence between one's experienced/expressed gender and natal gender of at least 6 months in duration. **Must meet two of the following:**
    - Marked incongruence between one's experienced/expressed gender and primary and/or secondary sex characteristics
    - Strong desire to rid of one's primary and/or secondary sex characteristics
    - Strong desire for the primary and/or secondary sex characteristics of other gender
    - Strong desire to be or be treated as the other gender
    - Strong conviction that one has the typical feelings and reactions of the other gender

❑ Submit laboratory values at baseline before hormonal transgender initiation: *(select applicable option)*

- Estradiol levels in females; **OR**
- Testosterone levels in males

❑ Documented monitoring plan, *if applicable*

- Male to Female
  - Testosterone level
  - Estradiol levels
- Female to Male
  - Testosterone level
  - Hematocrit level

❑ Documentation that the provider has discussed with patient and parent/guardian all the following: reproductive health counseling, risks/benefit and expectations of hormone therapy and monitoring plan and other applicable preventive screenings.

❑ Documentation of written consent from:
- The patient, and
- The patient's parent or guardian, unless the patient is emancipated.

Re-authorization Criteria:

❑ Updated chart notes demonstrating positive clinical response to hormones

❑ Reassessment of appropriate management of patient's mental health status

❑ Submit laboratory hormone levels and any other relevant monitoring values
- Male to Female: testosterone and estradiol
- Female to Male: testosterone and hematocrit

Initial Authorization: Up to six (6) months
Re-authorization: Up to one (1) year

References:

1) Wylie C Hembree, Peggy T Cohen-Kettenis, Louis Gooren, Sabine E Hannema, Walter J Meyer, M Hassan Murad, Stephen M Rosenthal, Joshua D Safer, Vin Tangpricha, Guy G T'Sjoen, Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline, The Journal of Clinical Endocrinology & Metabolism, Volume 102, Issue 11, 1 November 2017, Pages 3869–3903, https://doi.org/10.1210/jc.2017-01658

2) World Professional Association for Transgender Health.Standards of Care for the Health of Transgender and Gender Diverse People, Version 8. 2022. Available at: **https://www.tandfonline.com/doi/pdf/10.1080/26895269.2022.2100644**

3) American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition. 2022

PROVIDER CERTIFICATION

I hereby certify this treatment is indicated, necessary and meets the guidelines for use.

_____ _____

Prescriber's Signature Date

Hormone Therapy Regimens for Gender Dysphoria in Adults[1]

Transgender females	
Estrogen Therapy	
Oral estradiol	2.0-6.0 mg/day
Transdermal estradiol path (new patch placed every 3-5 days)	0.025-0.2 mg/day
Parenteral estradiol valerate or cypionate	• 5-30 mg IM every 2 weeks • 2-10 mg IM every week
Anti-androgens	
Spironolactone	100-300 mg/day
Transgender males	
Testosterone Therapy	
Parenteral testosterone enanthate or cypionate	100–200 mg sequentially IM every 2 weeks or SC 50% per week
Parenteral undecanoate (non-preferred product)	1,000 mg initially, followed by an injection at 6 weeks then at 12-week intervals
Transdermal testosterone gel 1.6%	50-100 mg/day
Transdermal testosterone patch	2.5-7.5 mg/day

Abbreviations: IM, intramuscularly; SC, subcutaneously.

References

1) Wylie C Hembree, Peggy T Cohen-Kettenis, Louis Gooren, Sabine E Hannema, Walter J Meyer, M Hassan Murad, Stephen M Rosenthal, Joshua D Safer, Vin Tangpricha, Guy G T'Sjoen, Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline, The Journal of Clinical Endocrinology & Metabolism, Volume 102, Issue 11, 1 November 2017, Pages 3869–3903, https://doi.org/10.1210/jc.2017-01658