

PHARMACY POLICY STATEMENT

Marketplace

DRUG NAME	Gender Identity Hormone Therapy
BILLING CODE	Must use valid NDC or J code
BENEFIT TYPE	Medical or Pharmacy
SITE OF SERVICE ALLOWED	Home/Office
STATUS	Prior Authorization Required

Gender dysphoria is a condition of feeling one’s emotional and psychological identity as male or female to be incongruent to one’s assigned sex at birth. Gender-affirming hormone therapy can be used to allow different degrees of masculinization or feminization tailored to the patient’s needs. For example, masculinizing hormone therapy includes medications that will increase testosterone levels to cause masculinizing changes to occur. In contrast, feminizing hormone therapy includes medications that reduce testosterone levels while raising estrogen level to allow feminizing changes to occur. Patients may also identify as non-binary and

Gender-Affirming Hormones

For initial authorization:

1. Member is at least 16 years of age; AND
2. Medication must be prescribed by or in consultation with a pediatric endocrinologist or other clinician experienced in pubertal induction (or can be by a mental he-1 (AN.I4.5 Tw 6.75450MG a Body <</MCID 9 >>E

