

PHARMACY POLICY STATEMENT

North Carolina 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 require flexible interventions. As a result, hormone therapy must be individualized based on a patient’s goals, the risk/benefit ratio of medications, the presence of other medical conditions, re98oaelssexexal 9 (us)-1.7 (ed to .8

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 health provider in adults); AND
3. Member has a diagnosis of persistent gender dysphoria present for at least 6 months duration and associated with clinically significant distress or functional impairment; AND
4. If medication requires a step therapy, must have a trial and failure of, or contraindication to the preferred step therapy product; AND
5. Provider attests the member has sufficient mental capacity to make a fully informed decision and to consent to treatment; AND
6. If significant medical or mental health concerns are present, they must be reasonably well controlled before starting gender-affirming therapy.
7. Dosage allowed/Quantity limit: See Table 1 for dosing suggestions.

If all the above requirements are met, the medication will be approved for 6 months.

For reauthorization :

1. Chart notes must show the member is experiencing clinical benefit from the use of gender-affirming therapy.

If all the above requirements are met, the medication will be approved for an additional 12 months.

CareSource considers gender identity hormones not medically necessary for the treatment of conditions that are not listed in this document. For any other indication, please refer to the Off-Label policy.

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