

NYRx Drug Class Coverage Overview: Hormone Replacement and Pubertal Suppressant Therapy for Treatment of Gender Dysphoria

NYRx Drug Utilization Review Requirements

Drugs in the Hormone Replacement Therapy for Treatment of Gender Dysphoria and Pubertal Suppressants drug classes are subject to prior authorization (PA) requirements of the [NYRx Drug Utilization Review \(DUR\) Program](#):

Drug / Class Name	Step Therapy (ST) Parameters	Frequency / Quantity / Duration (F/Q/D) Parameters	Additional / Alternate Parameter(s)
Hormone Replacement Therapy for Treatment of Gender Dysphoria <ul style="list-style-type: none"> conjugated estrogens estradiol testosterone cypionate testosterone enanthate (Xyosted™) testosterone gel 1.62% (AndroGel®)* testosterone patch (Androderm)* 			<ul style="list-style-type: none"> Confirm diagnosis of FDA-approved or compendia-supported indication For diagnosis of gender dysphoria please refer to October 2023 edition of the Medicaid Update: https://www.health.ny.gov/health_care/medicaid/program/update/2023/no15_2023-10.htm#hormones *Subject to Anabolic Steroids – Topical PDL class criteria
Pubertal Suppressants <ul style="list-style-type: none"> leuprolide acetate (Lupron Depot-PED®, Fensolvi®) nafarelin acetate (Synarel®) triptorelin (Triptodur®) 			<ul style="list-style-type: none"> Confirm diagnosis of FDA-approved or compendia-supported indication Refer to https://www.health.ny.gov/health_care/medicaid/program/update/2017/2017-01.htm#transgender for Transgender Related Care and Services Update

NYRx covers medically necessary hormone and pubertal suppressant therapies that are FDA-approved or compendia-supported for the treatment of gender dysphoria consistent with the guidance provided in the [January 2017](#) and [July 2020](#) Medicaid Updates. The official compendia sources include American Hospital Formulary Service and Micromedex DrugDex.

Hormone Replacement Therapy Coverage Criteria

Drugs listed within the Hormone Replacement Therapy for Treatment of Gender Dysphoria drug class are subject to the following clinical criteria:

- Confirm diagnosis of FDA-approved or compendia-supported indication.
- Topical testosterone agents are on the [NYRx Preferred Drug List \(PDL\)](#) in the Anabolic Steroids – Topical drug class. When prescribed for the treatment of gender dysphoria non-preferred agents will require PA.

Hormone replacement therapy for the treatment of gender dysphoria for patients 16 years of age or older is based on a medical necessity made by a qualified medical professional. Patients who are under 18 years of age must meet the following criteria:

- Diagnosis of gender dysphoria.
- Has experienced puberty to at least Tanner stage 2, and pubertal changes have resulted in an increase in gender dysphoria.
- Does not suffer from psychiatric comorbidity that interferes with the diagnostic work-up or treatment.
- Has adequate psychological and social support during treatment.
- Demonstrates knowledge and understanding of the expected outcomes of treatment with cross-sex hormones, as well as the medical and social risks and benefits of sex reassignment.

Coverage for a patient who is under 16 years of age and who otherwise meets the above requirements will be made in specific cases if medical necessity is demonstrated by a qualified medical professional and prior approval is received.

Pubertal Suppressant Coverage Criteria

Drugs listed within the Pubertal Suppressants drug class are subject to the following clinical criteria:

- Confirm diagnosis of FDA-approved or compendia-supported indication.

Pubertal suppressant therapy for the treatment of gender dysphoria is based upon a determination by a qualified medical professional that an individual is eligible and ready for such treatment and meets the following criteria:

- Diagnosis of gender dysphoria.
- Has experienced puberty to at least Tanner stage 2, and pubertal changes have resulted in an increase in gender dysphoria.
- Does not suffer from psychiatric comorbidity that interferes with the diagnostic work-up or treatment.
- Has adequate psychological and social support during treatment.

- Demonstrates knowledge and understanding of the expected outcomes of treatment with pubertal suppressants as well as the medical and social risks and benefits of sex reassignment.

What Pharmacy Providers Need to Do

Pharmacy providers should become familiar with the Hormone Replacement Therapy for Treatment of Gender Dysphoria and Pubertal Suppressants coverage criteria and the [DUR Program](#) section of the PDL and incorporate this information when discussing the need for PA with prescribers.

What Prescribers Need to Do

Prescribers should become familiar with the Hormone Replacement Therapy for Treatment of Gender Dysphoria and Pubertal Suppressants coverage criteria in the [DUR Program](#) section of the PDL and the transgender-related care guidance provided in the [January 2017](#) and [July 2020](#) Medicaid Updates and incorporate this information when prescribing for Medicaid members.

Resources

- [NYRx Education & Outreach Website](#)
- [NYRx Preferred Drug List](#)
- [NYRx Prior Authorization Submission Guide](#)
- [NYRx the Medicaid Pharmacy Program Pubertal Suppressants \(GnRH Agonists\) / Hormone Replacement Therapy for Treatment of Gender Dysphoria Prior Authorization Worksheet](#)
- [New York State Medicaid Update - January 2017 Volume 33 - Number 1](#)
- [New York State Medicaid Update - October 2023 Volume 39 - Number 15](#)

Contact Information

The NYRx Education & Outreach Call Center is available by phone at 1-833-967-7310 or by email at NYRxEO@primetherapeutics.com from 8:00 AM to 5:00 PM ET, Monday through Friday, excluding holidays.

The NYRx Education & Outreach team hosts virtual office hours every week for stakeholders to ask questions related to NYRx and care coordination. Visit the [NYRx Education & Outreach website](#) for more information.