

# Medical Policy

## Transgender Dysphoria Medication

**Policy Number:** 1100

### Policy History

Approve Date:	05/09/2019	Effective Date:	05/09/2019
Reviewed/Revised Date:	03/31/2020, 04/14/2021		

### Preauthorization

All Plans	Benefit plans vary in coverage and some plans may not provide coverage for certain service(s) listed in this policy. Decisions for authorization are subject to all terms and conditions of the applicable benefit plan, including specific exclusions and limitations as well as applicable state and/or federal laws. Please review the benefit plan descriptions for details.
-----------	--

### Policy

#### Indications of Coverage

- I. Health Tradition considers leuprolide (Lupron, Viadur, Eligard) medically necessary for the following indications:
  - A. The adolescent has demonstrated a long-lasting and intense pattern of gender non-conformity or gender dysphoria (whether suppressed or expressed) AND
  - B. Gender dysphoria emerged or worsened with the onset of puberty AND
  - C. Any co-existing psychological, medical, or social problems that could interfere with treatment (e.g., that may compromise treatment adherence) have been addressed, such that the adolescent's situation and functioning are stable enough to start treatment AND
  - D. The adolescent has given informed consent and, particularly when the adolescent has not reached the age of medical consent, the parents or other caretakers or guardians have consented to the treatment and are involved in supporting the adolescent throughout the treatment process OR
- II. For female to male transgender persons, to stop menses prior to testosterone treatment and to reduce estrogens to levels found in biological males or to reduce testosterone levels in male to female transgender persons.

Note: Adolescent must be greater than or equal to 10 years of age and less than 18 years of age.

If member meets criteria for hormone therapy, include in the authorization approval for the following labs which are medically necessary and appropriate as results of the testing will determine dosing.

- Female to Male:
  - Hgb/Hct - before hormone therapy initiated
  - Liver function – before hormones initiated
  - Serum testosterone levels free and total – baseline and then every three months while on hormone therapy. CPT codes 84402, 84403
  - Assay of estradiol – baseline and then every three months while on hormone therapy CPT code 82670

- Male to Female:
  - Serum testosterone levels free and total – baseline and then every three months while on hormone therapy. CPT codes 84402, 84403
  - Assay of estradiol – baseline and then every three months while on hormone therapy CPT code 82670
  - Annual procalcitonin level CPT code 84145

## Background

Transgender individuals experience discord between their self-identified gender and biological sex. Transgender men are individuals who were assigned female at birth but identify as men, and transgender women are individuals who were assigned male at birth but identify as women. While research in this area is sparse, the current evidence points toward a biologic etiology for transgenderism. Estimation of prevalence of transgenderism has historically been challenging. The most recent estimates in the United States have been reported from survey studies and range from 0.3–0.5%.

The number of transgender individuals seeking cross-sex hormone therapy has risen over the years. The administration of exogenous virilizing hormones is considered medically necessary for many transgender individuals. Many transgender men seek therapy for virilization and the mainstay treatment is exogenous testosterone. Transgender women desire suppression of androgenic effects and often use anti-androgen therapy with feminizing exogenous estrogens.

## References

The above policy is based on the following references:

1. World Professional Association for Transgender Health (WPATH). Standards of care for the health of transsexual, transgender, and gender nonconforming people. 7th version. 2012. Available at: <https://www.wpath.org/publications/soc>. Accessed on January 24, 2019.
2. World Professional Association for Transgender Health (WPATH) (formerly The Harry Benjamin International Gender Dysphoria Association). Standards of Care for Gender Identity Disorders. 6th version. 2001 Feb

