AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name:	Gender Affirming Care Services	Page:	1 of 4
Effective Date:	4/27/2024	Last Review Date:	9/2023; 4/2024

Applies to:	☐Illinois	☐Florida	☐Florida Kids
	☐New Jersey	☒Maryland	☐Michigan
	☐Pennsylvania Kids	☐Virginia	☐Kentucky PRMD

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Gender Affirming Care Services under the patient's prescription drug benefit.

Description:

Policy Statement:
The Maryland Medical Assistance Program will provide medically necessary gender–affirming treatment in a nondiscriminatory manner; according to nondiscriminatory criteria that are consistent with current clinical standards.

Age and Consent Requirements:
Informed consent is required for all aspects of care. When consent involves a minor, parental consent will be required, and the current Maryland Minor Consent Laws will define who can consent for what services and providers' obligations.

Pre-Authorization Requirements:
Pre-Authorization may be required for certain Medications, Surgical Procedures, and Medical Therapies. The Maryland Medicaid FFS program and the HealthChoice Managed Care Organizations (MCO) will provide Pre-Authorization review and benefit decisions. Adverse benefit decisions will be given a final determination by a health care provider with experience prescribing or delivering gender–affirming treatment who has reviewed and confirmed the appropriateness of the determination.

Covered Benefits:

1. Hormone Therapy
    a. Cross Sex Hormone Therapy (Suppression/Replacement)
    b. Puberty Suppression Therapy

Applicable Drug List:

Androgens:

- Jatenzo (testosterone undecanoate cap)
- Methitest capsule (methyltestosterone)
- Testopel (testosterone pellet)
- Testosterone cypionate
- Testosterone enanthate injection

- Testosterone nasal gel
- Testosterone topical gel
- Testosterone transdermal patch
- Testosterone undecanoate injection

Estrogen derivatives:

- Alora (estradiol transdermal patch)
- Climara (estradiol transdermal patch)
- Delestrogen (estradiol valerate)
- Depo-estradiol (estradiol cypionate)
- Estradiol tablet
- Estradiol sublingual tablet
- Minivelle (estradiol transdermal patch)
- Vivelle (estradiol transdermal patch)
- Vivelle-dot (estradiol transdermal patch)

Gnrh agonists:

- Eligard (leuprolide)
- Fensolvi (leuprolide)
- (leuprolide injection)
- Lupron depot (leuprolide 3.75 mg)
- Lupron depot-ped (leuprolide)
- Supprelin LA (histrelin)
- Triptorelin pamoate 3.75 mg
- Triptorelin pamoate er 3.75 mg

5-alpha-reductase-inhibitors:

- Dutasteride
- Propecia (finasteride)
- Proscar (finasteride)

Aldosterone receptor antagonists:

- Aldactone (spironolactone)

Progestins:

- Depo-provera (medroxyprogesterone acetate)
- Micronized progesterone
- Provera (medroxyprogesterone acetate)

Policy/Guideline:

Criteria for Approval:

- The patient is at least 18 years of age, or has parental consent, and has demonstrated the capacity to make fully informed decisions and consent to treatment. When consent involves a minor, parental consent will be required, and the current Maryland Minor Consent Laws will define who can consent for what services and providers' obligations.
    - Minors must be at least 12 years of age
- Provider is a somatic healthcare professional with a MD, PH.D, or NP who has competencies in the assessment of transgender and gender diverse people wishing gender-related medical and surgical treatment, OR
- Provider is a mental health professional with a Ph.D., M.D., Ed.D., D.Sc.,D.S.W., Psy.D, LCPCs, LCSW-Cs who has competencies in the assessment of transgender and gender diverse people wishing gender-related medical and surgical treatment.
- The patient has a diagnosis of gender incongruence.
    - The patient's experience of gender incongruence is marked and sustained.
    - The gender incongruence causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.
    - The gender incongruence is not a symptom of another mental disorder.
- The patient has the desire to make their body as congruent as possible with a desired gender through surgery, hormone treatment or other medical therapies.
- Prior to gender affirming surgery,
    - **For Adults**: the patient must have experienced their desired gender for 6 months or more, which includes hormonal therapy (if indicated and there are no medical contraindications).
    - **For Adolescents,** the patient must have experienced their desired gender for 12 months or more which includes hormonal therapy (if indicated and there are no medical contraindications).
- Start date of living full time in the new preferred gender: ___/__/____

- The patient has no contraindicating mental health conditions; if the patient is diagnosed with severe psychiatric disorders and impaired reality testing (e.g., psychotic episodes, bipolar disorder, dissociative identity disorder, borderline personality disorder), the patient must be reasonably well controlled with psychotropic medications and/or psychotherapy before medical therapies or surgery is contemplated.
- The patient has the capacity to understand the effect of gender-affirming treatment on reproduction and has been versed in reproductive options prior to the initiation of gender-affirming surgeries that have the potential to create iatrogenic infertility.
- The patient has expressed full understanding of the psychological, social, and medical implications of treatment, for now and the future.

Approval Duration and Quantity Restrictions:

Approval: 12 months