

Initial Prior Authorization

Gender Affirming Care

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Propecia	finasteride
Rogaine (OTC)	minoxidil

Coverage Criteria

Gender Affirming Treatment

Authorization may be granted when the requested drug is being prescribed for gender affirming treatment in a transgender or gender diverse (TGD) patient when the following criteria is met:

- The requested drug is medically necessary.

Duration of Approval (DOA)

- 5134-A: DOA: 12 months

References

1. Washington SB 5313. November 2021.
2. Minnesota Administrative Bulletin 2021-3. December 2021.

Reference number(s)
5134-A

3. Hawaii HB 2405. June 2022.
4. Oregon HB 2002. July 2023.
5. Illinois 2024-01 Bulletin. January 2024.
6. Maryland HB 283. May 2023.
7. Colorado CCR 702-4 Series 4-2: 4-2-62. January 2019.
8. New Hampshire Bulletin INS 20-033-AB. January 2020.
9. New York Ins. Law § 4902. June 2024.
10. California - 28 CCR § 1300.74.72.01/CA DMHC APL 24-07. April 2024.
11. Coleman E, Radix AE, Bouman WP, et al. Standards of Care for the Health of Transgender and Gender Diverse People, Version 8. Int J Transgend Health. 2022;23(S1):S1-S258.
12. UCSF Gender Affirming Health Program, Department of Family and Community Medicine, University of California San Francisco. Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People; 2nd edition. Deutsch MB, ed. June 2016. Available at: transcare.ucsf.edu/guidelines.
13. Health Care for Transgender and Gender Diverse Individuals. ACOG Committee Opinion No. 823. American College of Obstetricians and Gynecologists. Obstet Gynecol. 2021;137:e75-88.