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**Sent:** Friday, June 3, 2022 12:50 PM EDT  
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**CC:** Dalton, Ann  
**Subject:** Materials  
**Attachments:** Gender Dysphoria Prescribed Therapies.pdf

These are being printed for in person attendees at 1PM.

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**Ashley Peterson - AGENCY FOR HEALTH CARE ADMINISTRATOR-SES**



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GD DRUG CLASS	TRANSITION STATUS	PREFERRED DRUG STATUS	DRUG	ROUT OF ADMINISTRATION	COMMENTS	MECHANISM OF ACTION
ESTROGENS	MTF	GENERIC PREFERRED FOR BOTH SEXES	ESTRADIOL	ORAL TRANSDERMAL	MIN AGE 12	Increases estrogen and progesterone in the body, leading to feminization of the patient while also reducing some testosterone in the body.
			ESTRADIOL VALERATE	SUBCUTANEOUS INTRAMUSCULAR		
			PROGESTERONE	ORAL		
			MEDROXYPROGESTERONE	TRANSDERMAL		
GONADOTROPIN RELEASING HORMONE (GnRH) AGONIST	MTF	AUTO-PA - LOOKS FOR VARIOUS DIAGNOSIS. GENDER DYSPHORIA IS NOT A DIAGNOSIS AND CLAIM WILL DENY. DOCTOR WILL HAVE TO USE OFF-LABEL CRITERIA AND PROVIDE DOCUMENTATION.	LEUPROLIDE	INTRAMUSCULAR	MIN AGE 18	Reduces testosterone release – slows puberty and visible secondary sex characteristics such as enlarged breasts and widened hips of females, facial hair and Adam's apples on males, and pubic hair on both.
			LUPRON	INTRAMUSCULAR	MIN AGE 18	
			LUPRON DEPOT	INTRAMUSCULAR	MIN AGE 18	
			LUPANETA PACK	INTRAMUSCULAR	MIN AGE 18	
			TRIPTODUR	INJECTABLE	MIN AGE 2 YEARS MAX AGE 12 YEARS	
			ZOLADEX	IMPLANT	MIN AGE 18	
			VIADUR	IMPLANT	MIN AGE 18	
SYNAREL	NASAL SPRAY					
ANTIHYPERTENSIVE	MTF	GENERIC PREFERRED FOR BOTH SEXES	SPIRONOLACTONE	ORAL		Directly inhibits testosterone secretion and androgen binding to the androgen receptor
5-ALPHA REDUCTASE INHIBITOR	MTF	GENERIC PREFERRED FOR BOTH SEXES	FINASTERIDE	ORAL		Blocks the conversion of testosterone to its active agent which affects scalp hair loss and body hair growth.
TESTOSTERONES	FTM	THE ONLY TESTOSTERONES THAT CAN BE RECEIVED WITHOUT A PA ARE INJECTABLES. THE REMAINING PRODUCTS REQUIRE A CLINICAL PA WITH A REQUIREMENT OF MALE AND DIAGNOSIS OF PRIMARY OR SECONDARY HYPOGONADISM AND THE PATIENT DOES NOT HAVE A HISTORY OF PROSTATE CARCINOMA OR MALE BREAST CARCINOMA. IF A DOCTOR IS WANTING TO USE THE DRUG FOR GD, THE OFF-LABEL CRITERIA WOULD HAVE TO BE USED AND DOCUMENTATION PROVIDED.	TESTOSTERONE UNDECANOATE	ORAL	MIN AGE 18	Increases testosterone in the body to suppress feminine characteristics and increase male characteristics such as a deeper voice, facial hair, etc. while also decreasing some estrogen in the body.
			TESTOPEL	IMPLANT	MIN AGE 18	
			TESTOSTERONE GEL	TRANSDERMAL	MIN AGE 18	
			TESTOSTERONE PATCH	TRANSDERMAL	MIN AGE 18	

CODE	PREFERRED DRUG STATUS	HCPCS/FMMIS DESCRIPTION	*	QRG DESCRIPTION	HIC3	REVIEW CLASS NAME	MAX QTY	COMMENTS
J1071	GENERIC PREFERRED	TESTOSTERONE CYPIONATE 1MG		TESTOSTERONE CYPIONATE 1MG	F1A	ANDROGENIC AGENTS	400	
J3121	GENERIC PREFERRED	TESTOSTERONE ENANTHATE 1MG		TESTOSTERONE ENANTHATE 1MG	F1A	ANDROGENIC AGENTS	400	
J9217	BRAND PREFERRED	LEUPROLIDE ACETATE FOR DEPOT		LEUPROLIDE ACETATE FOR DEPOT SUSPENSION 7.5MG (LUPRON DEPOT)	V10	ANTINEOPLASTIC; PITUITARY SUPPRESSIVE AGENTS, LHRH	6	
J9218	GENERIC PREFERRED	LEUPROLIDE ACETATE 1MG		LEUPROLIDE ACETATE 1MG	V10	ANTINEOPLASTIC; PITUITARY SUPPRESSIVE AGENTS, LHRH	1	
J1050	GENERIC PREFERRED	MEDROXYPROGESTERONE ACETATE 1MG		MEDROXYPROGESTERONE ACETATE 1MG	G8C	CONTRACEPTIVES	1000	MIN AGE 12 YEARS
J1000	NON-PREFERRED	DEPO-ESTRADIOL CYPIONATE UP TO 5MG		DEPO-ESTRADIOL CYPIONATE UP TO 5MG	G1A	ESTROGEN AGENTS, INJECTABLE	1	
J1380	GENERIC PREFERRED	ESTRADIOL VALERATE UP TO 10MG		ESTRADIOL VALERATE UP TO 10MG	G1A	ESTROGEN AGENTS, INJECTABLE	4	
J1950	BRAND PREFERRED	LEUPROLIDE ACETATE PER 3.75MG DEPOT		LEUPROLIDE ACETATE PER 3.75MG DEPOT SUSPENSION (LUPANETA, LUPRON DEPOT)	P1M	PITUITARY SUPPRESSIVE AGENTS, LHRH	12	MIN AGE 18 YEARS
J3316	BRAND PREFERRED	TRIPTORELIN XR 3.75MG		TRIPTORELIN XR 3.75MG (TRIPDUR)	P1P	PITUITARY SUPPRESSIVE AGENTS, LHRH	6	MIN AGE 2 YEARS
J9202	BRAND PREFERRED	GOSERELIN ACETATE IMPLANT PER 3.6MG		GOSERELIN ACETATE IMPLANT PER 3.6MG (ZOLADEX)	V10	PITUITARY SUPPRESSIVE AGENTS, LHRH	3	MIN AGE 18 YEARS
J9225	NON-PREFERRED	HISTRELIN IMPLANT (VANTAS) 50MG		HISTRELIN IMPLANT (VANTAS) 50MG	V10	PITUITARY SUPPRESSIVE AGENTS, LHRH	1	DX: C61-C61; MIN AGE 18
J9226	NON-PREFERRED	HISTRELIN (SUPPRELIN LA) IMPLANT 50MG		HISTRELIN (SUPPRELIN LA) IMPLANT 50MG	P1P	PITUITARY SUPPRESSIVE AGENTS, LHRH	1	MIN AGE 2 YEARS

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