

POLICY AND PROCEDURE

DEPARTMENT: Pharmacy Operations	DOCUMENT NAME: Hormone Therapy for Gender Dysphoria (Transgender)
PAGE: 1 of 1	REPLACES DOCUMENT:
APPROVED DATE: 02/16	RETIRED:
EFFECTIVE DATE: 02/16	REVIEWED/REVISED:
PRODUCT TYPE: Medicaid	REFERENCE NUMBER: WA.PHAR.25

SCOPE:

Washington Health Care Authority (HCA), Coordinated Care Health Plan (Plan), and Envolve Pharmacy Solution departments.

PURPOSE:

Provide a process to avoid interruption of current therapy or delays in the initiation of therapy for medications that are not listed on the Preferred Drug List (PDL) or those requiring prior authorization (PA) for Hormone Therapy.

POLICY:

Coordinated Care Health Pharmacy authorize Envolve Pharmacy Solution to approve any Hormone Therapy medications for the following Diagnosis:

2016		2017	
Code	Description	Code	Description
		F64.0	Transsexualism (new)
F64.1	Gender identity disorder in adolescence and adulthood	F64.1	Dual role transvestism (revised)
F64.2	Gender identity disorder of childhood	F64.2	Gender identity disorder of childhood
F64.8	Other gender identity disorders	F64.8	Other gender identity disorders
F64.9	Gender identity disorder, unspecified	F64.9	Gender identity disorder, unspecified

POLICY AND PROCEDURE APPROVAL

Pharmacy & Therapeutics Committee: Approval on file

V.P., Pharmacy Operations: Approval on file

Sr. V.P., Chief Medical Officer: Approval on file

NOTE: The electronic approval is retained in Compliance 360.

REVISION LOG:	DATE
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