

Covered Gender-Affirming Care Medications

Androgens		
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24HR, 4 MG/24HR	Tier 3	PA
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	Tier 1	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	Tier 1	PA
<i>ec-rx testosterone transdermal cream 0.2 %, 0.4 %, 10 %, 20 %</i>	Tier 3	
KYZATREX ORAL CAPSULE 100 MG, 150 MG, 200 MG	Tier 3	PA
<i>methitest oral tablet 10 mg</i>	Tier 3	PA
<i>methylestosterone oral capsule 10 mg</i>	Tier 1	PA
<i>testosterone cypionate injection solution 200 mg/ml</i>	Tier 3	PA
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	Tier 1	PA
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	Tier 1	PA
<i>testosterone transdermal gel 1.62 %, 10 mg/act (2%), 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)</i>	Tier 1	PA
<i>testosterone transdermal solution 30 mg/act</i>	Tier 1	PA
TLANDO ORAL CAPSULE 112.5 MG	Tier 3	PA
VOGELXO PUMP TRANSDERMAL GEL 12.5 MG/ACT (1%)	Tier 3	PA
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%)	Tier 3	PA
XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/0.5ML, 50 MG/0.5ML, 75 MG/0.5ML	Tier 3	PA

Antineoplastic - Hormonal And Related Agents

ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG	Tier 2	PA; SP
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	Tier 1	PA; SP

Potassium Sparing Diuretics

<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	
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Estrogens

ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	Tier 2	QL (2 EA per 7 days)
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML	Tier 3	
DOTTI TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	Tier 1	QL (2 EA per 7 days)
<i>ec-rx estradiol transdermal cream 0.4 %, 0.6 %</i>	Tier 3	
ELESTRIN TRANSDERMAL GEL 0.52 MG/0.87 GM (0.06%)	Tier 3	ST: Requires prior prescription for generic Climara, Minivelle, or Vivelle-dot within the past 120 days; QL (52 GM per 30 days)
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	
<i>estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm</i>	Tier 1	QL (1 EA per 1 day)

<i>estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)</i>	Tier 1	ST: Requires prior prescription for generic Climara, Minivelle, or Vivelle-dot within the past 120 days
<i>estradiol transdermal gel 1 mg/gm</i>	Tier 1	QL (1 GM per 1 day)
<i>estradiol transdermal gel 1.25 mg/1.25gm</i>	Tier 1	QL (37.5 GM per 30 days)
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	Tier 1	QL (2 EA per 7 days)
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	Tier 1	QL (1 EA per 7 days)
<i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml</i>	Tier 1	
EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY	Tier 3	ST: Requires prior prescription for generic Climara, Minivelle, or Vivelle-dot within the past 120 days; QL (16.2 ML per 30 days)
LYLLANA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	Tier 1	QL (2 EA per 7 days)
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24HR	Tier 3	QL (1 EA per 7 days)
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	Tier 2	

Progestins

<i>ec-rx progesterone transdermal cream 10 %, 20 %</i>	Tier 3	
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	
<i>megestrol acetate oral suspension 625 mg/5ml</i>	Tier 1	ST: Requires prior prescription for Megestrol Acetate 40mg/mL suspension within the past 120 days
<i>norethindrone acetate oral tablet 5 mg</i>	Tier 1	
<i>progesterone intramuscular oil 50 mg/ml</i>	Tier 1	
<i>progesterone micronized transdermal cream 10 %</i>	Tier 3	
<i>progesterone oral capsule 100 mg, 200 mg</i>	Tier 1	
PROMETRIUM ORAL CAPSULE 100 MG, 200 MG	Tier 1	