
From: Craig, Sara
Sent: Friday, October 28, 2016 11:14 AM EDT
To: \\\"Glaze\\\"; \\\" Tiffany; Sara.Craig@ahca.myflorida.com; Kym.Holcomb@ahca.myflorida.com; Susan.Williams@ahca.myflorida.com
Subject: FW: criteria/GAPMS
Attachments: image001.png, image002.jpg, image003.jpg

I don't think the Fallon criteria is listed below, but see if this helps. I'm going to try and use Aetna, Blue Regence, Moda

*Sara Craig, PharmD, CPh
Senior Pharmacist
Agency for Health Care Administration
Medicaid Pharmacy Policy
Email: Sara.Craig@ahca.myflorida.com*



From: Elliott, Arlene
Sent: Monday, August 29, 2016 10:35 AM
To: Craig, Sara; 'RJBorgert@magellanhealth.com'; Holcomb, Kym; Williams, Susan C.
Cc: 'Moore, Elboni'
Subject: RE: criteria/GAPMS

FYI – criteria ideas

<http://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=20&ved=0ahUKEwjeharT6ubOAhVH5iYKHZYfAlg4ChAWCF8wCQ&url=http%3A%2F%2Fwww.fchp.org%2Fproviders%2Fmedical-management%2F~%2Fmedia%2FFiles%2FProviderPDFs%2FMedicalPolicies%2FTransgenderServices.ashx&usq=AFQjCNHGumXLS82ivBfVGHDP6bXEeJOdbQ>

Aetna considers gonadotropin-releasing hormone medically necessary to suppress puberty in trans identified adolescents if they meet World Professional Association for Transgender Health (WPATH) criteria (see CPB 501 - Gonadotropin-Releasing Hormone Analogs and Antagonists). The 6th (2001) and the 7th (2011) versions of the standards of care for the health of transsexual, transgender, and gender non-conforming people of World Professional Association for Transgender Health (WPATH) recommend that transgender adolescents (Tanner stage 2, [mainly 12 to 13 years of age]) are treated by the endocrinologists to suppress puberty with gonadotropin-releasing hormone (GnRH) agonists until age 16 years old, after which cross-sex hormones may be given. http://www.aetna.com/cpb/medical/data/600_699/0615.html

Treatment of Adolescents <http://blue.regence.com/trgmedpol/medicine/med153.pdf>

1. We recommend that adolescents who fulfill eligibility and readiness criteria for gender reassignment initially undergo treatment to suppress pubertal development.
2. We recommend that suppression of pubertal hormones start when girls and boys first exhibit physical changes of puberty (confirmed by pubertal levels of estradiol and testosterone, respectively), but no earlier than Tanner stages 2–3.
3. We recommend that GnRH analogs be used to achieve suppression of pubertal hormones.
4. We suggest that pubertal development of the desired opposite sex be initiated at about the age of 16 year, using a gradually increasing dose schedule of cross-sex steroids.
5. We recommend referring hormone-treated adolescents for surgery when:
 - a. the real-life experience (RLE) has resulted in a satisfactory social role change;
 - b. the individual is satisfied about the hormonal effects; and
 - c. the individual desires definitive surgical changes.
6. We suggest deferring surgery until the individual is at least 18 year old.

<http://press.endocrine.org/doi/full/10.1210/jc.2009-0345>

http://www.imatyfa.org/permanent_files/pubertyblockers101.html

https://www.modahealth.com/pdfs/med_criteria/GenderReassignment.pdf: VI. Treatment of the Adolescent with gender dysphoria may be considered medically appropriate with **ALL** of the following:

- a. Psychological assessment of children or adolescents who present with gender dysphoria includes ALL of the following
 - i. Assessment and guidance is provided by a qualified mental health professional trained in childhood and adolescent psychopathology and competent in diagnosing in a multidisciplinary setting or in consultation with a pediatric endocrinologist. (*See Appendix C*)
 - ii. Provides family counseling and supportive psychotherapy to assist the child or adolescent with exploring their gender identity
 - iii. Assess and treat any coexisting mental health concerns of children and adolescents and address them as part of the overall treatment plan
 - iv. Refer adolescents for additional physical interventions (such as puberty-suppressing hormones) with the appropriate documentation of assessment of gender dysphoria and mental health.
 - v. Ability to educate and advocate on behalf of the gender dysphoric child, adolescent, and their family in their community.
 - vi. Provide information and referral for peer support and support groups for parents of gender-nonconforming and transgender children.

http://www.basicrights.org/wp-content/uploads/2015/09/OHP_FAQ_for_CommunityPartners_Mar_2016.pdf

What is covered under the new guidelines for the Oregon Health Plan? Effective January 1, 2015, the State of Oregon has extended coverage for most transition-related healthcare under the State's Medicaid Program, the Oregon Health Plan. These services include coverage for puberty

suppression, primary care and specialist doctor visits, mental health care visits, cross-sex hormones, anti-androgens, lab work and some surgeries.

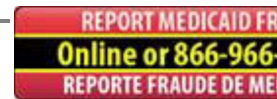
<http://www.bmchp.org/~media/d86fcbe8c97f4312834b4975caf64c6f.pdf>



Arlene Elliott - AGENCY FOR HEALTH CARE ADMINISTRATOR-SES

Bldg. 3, Rm. 2332A - BUREAU OF MEDICAID POLICY
2727 MAHAN DR TALLAHASSEE, FL 32308
412-4152 (Office)

Arlene.Elliott@ahca.myflorida.com



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From: Elliott, Arlene

Sent: Monday, August 29, 2016 8:11 AM

To: Craig, Sara <Sara.Craig@ahca.myflorida.com>; 'RJBorgert@magellanhealth.com' <RJBorgert@magellanhealth.com>; Holcomb, Kym <Kym.Holcomb@ahca.myflorida.com>; Williams, Susan C. <Susan.Williams@ahca.myflorida.com>

Cc: Moore, Elboni <EAMoore@magellanhealth.com>

Subject: criteria/GAPMS

Good morning,

Sara/Becky:

Please work on creating criteria for approval of agents used to suppress puberty in transgender children. Criteria would be for the agents but also needs to be focused in behavioral condition/treatment. I found an article on Medscape that could be very helpful http://www.medscape.com/viewarticle/718619_2 . We want to bring the criteria to DUR in September.

The generally accepted professional medical standard (GAPMS) study has been finalized for this part of transgender tx. It concluded that it is a generally accepted professional medical standard. However, each case brought to Medicaid will be reviewed under the special services provision in an individualized basis. I have to confirm but I would think that when approvable, we would be approving Lupron rather than an implant, because 1. We would get rebate with Lupron and 2. It can be discontinued easier if the patient would like to reverse that decision. Also, I have to check what the Agency wants the age of these children to be when starting this treatment. The kid in the fair hearing that we have pending started with an implant I think at 8 y/o. The Medscape article talks about 12 y/o.

Susan/Kym/all,

The next GAPMS we need to work is regarding step 2 of the trans treatment: cross-sex hormone treatment. There is info in the Medscape article also but we need to research a lot more. We need to research, print, read, and summarize and then put it all together. Let's all send the links to the articles to Kym so she can keep a list. That way we will make sure we are all not looking at the same articles. Kym can then print the articles. Then we will divide them between all of us and start reading and summarizing. Please make sure the articles are from a solid source. We need to research the AAP, Endocrinology Assoc., Transgender Assoc., guidelines, etc.

We need to start working on this this week. Thanks!



Arlene Elliott - AGENCY FOR HEALTH CARE ADMINISTRATOR-SES

Bldg. 3, Rm. 2332A - BUREAU OF MEDICAID POLICY
2727 MAHAN DR TALLAHASSEE, FL 32308
412-4152 (Office)

Arlene.Elliott@ahca.myflorida.com



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