Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	September 20, 2016 September 18, 2017 November 17, 2017

SPECIAL SERVICES CRITERIA
PUBERTAL SUPPRESSION WITH GONADOTROPIN-RELEASING HORMONE ANALOG AGENT FOR GENDER DYSPHORIA

LENGTH OF AUTHORIZATION: THREE MONTHS

CLINICAL CRITERIA:

Gender dysphoria is defined as distress or discomfort caused by a discrepancy between a person's assigned sex at birth and a person's gender identity. Unresolved, the distress or discomfort can manifest into a host of behavioral health problems including depression, anxiety, suicidal ideation and self-mutilation. The purpose of pubertal suppression is to alleviate suffering caused by the development of secondary sex characteristics, in order to provide time to make a balanced decision regarding the actual gender reassignment.[1]

REVIEW CRITERIA:

- A comprehensive mental health evaluation is required and must include the diagnosis of gender dysphoria, using the current Diagnostic and Statistical Manual of Mental Disorders-5 by a mental health professional (MHP) licensed in accordance with s. 490 or s. 491, Florida Statutes (supporting documentation required).[2]
- The diagnosis must be confirmed by an endocrinologist.[2]
- The MHP clinical notes must reflect the MHP's professional judgment that not treating the patient is likely to be worse than the potential long-term consequences of the treatment. The treatment must be medically necessary (e.g. it is administered to protect life and/or prevent significant disability, such as to prevent suicide or self-mutilation), and must ensure that the pubertal suppression treatment approach presents as the best alternative given the patient's psychological state and presenting signs and symptoms (supporting documentation required).
- The patient must have been in psychotherapy for a minimum of six months since diagnosed with gender dysphoria prior to consideration for pubertal suppression therapy.
- Females and males must have reached a Tanner stage 2 or Tanner stage 3 prior to consideration of pubertal suppression therapy and have confirmed pubertal levels of estradiol and testosterone.
- If treatment is being prescribed for adolescents under the age of 12, additional documentation is required to support the request.
- The MHP clinical notes must address the patient's readiness for pubertal suppression treatment and ensure psychotherapy will continue to be offered while on pubertal suppression therapy.[3]
- Parental consent is required during treatment for patients under the age of 18.[4] The patient and the legal guardian/parents must demonstrate knowledge and understanding of the expected

Pl. Trial Ex. 257

Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	September 20, 2016 September 18, 2017 November 17, 2017

outcomes of suppression of pubertal hormones including the reversible and irreversible effects of pubertal suppression therapy (supporting documentation required).[2]

- Documentation must include evidence that other psychiatric or medical comorbidities that may interfere with the diagnostic work-up or treatment have been ruled out.[3]
- Documentation of treatment adherence is required.

[1]The Standards of Care for Gender Identity Disorders (5th Ed) Harry Benjamin International Gender Dysphoria Association, Inc. Available at: http://www.tc.umn.edu/~colem001/hbigda/hstndrd.htm Accessed September 9, 2016
[2]Hembree WC, Cohen-Kettenis P, Delemarre-van de Waal HA, et al. Endocrine Treatment of Transsexual Persons: An Endocrine Society Clinical Practice Guideline. J Clin Endocrinol Metab 2009; 94:3132-3154
[3] Vance SR, Ehrensaft D, Rosenthal SM, et al. Psychological and Medical Care of Gender Nonconforming Youth Pediatrics 2014; 134:1184-1192
[4] Cavanaugh T Cross-Sex Hormone Therapy. Available at: http://www.lgbthealtheducation.org/wp-content/uploads/Cross-Sex-Hormone-Therapy1.pdf Accessed September 9, 2016