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From: Farrill, Cody

Subject: FW: Treatment of Gender Dysphoria for Children and Adolescents

To: Wallace, Thomas J.; Marstiller, Simone; Weida, Jason

Sent: April 20, 2022 3:28 PM (UTC-04:00)

Attached: GENDER DYSPHORIA criteria Final Approved Language.docx

Cody Farrill | Chief of Staff Agency for Health Care Administration 850.412.3606 (office) | 850.815.6281 (mobile)

From: Williams, Susan C. <Susan.Williams@ahca.myflorida.com>

Sent: Wednesday, April 20, 2022 3:13 PM

To: Weida, Jason Jason.Weida@ahca.myflorida.com; Dalton, Ann Ann.Dalton@ahca.myflorida.com;

Cc: Juarez, Brock <Brock.Juarez@ahca.myflorida.com>; Farrill, Cody <Cody.Farrill@ahca.myflorida.com>; Peterson, Ashley <Ashley.Peterson@ahca.myflorida.com>; Rubin, Kelly <Kelly.Rubin@ahca.myflorida.com>; Forbes, Jesseka

<Jesseka.Forbes@ahca.myflorida.com>; Greene, Shantrice <ShantriceR.Greene@ahca.myflorida.com>

Subject: FW: Treatment of Gender Dysphoria for Children and Adolescents

FYI. Historical data.

From: King-Wilson, Elicia < EKingWilson@magellanhealth.com>

Sent: Wednesday, April 20, 2022 2:04 PM

To: Williams, Susan C. < Susan C. Susan.Williams@ahca.myflorida.com; Peterson, Ashley

<a>shley.Peterson@ahca.myflorida.com>; Rubin, Kelly.Rubin@ahca.myflorida.com>; Forbes, Jesseka

<Jesseka.Forbes@ahca.myflorida.com>; Greene, Shantrice < Shantrice R.Greene@ahca.myflorida.com>

Cc: Burkhart, Makala H. < McGriff, Stephanie M.

<<u>SMMcGriff@magellanhealth.com</u>>; Flagg, LaQuanda <<u>LFlagg@magellanhealth.com</u>>; Moore-Simons, Leslie N.

<LNMooreSimons@magellanhealth.com>

Subject: RE: Treatment of Gender Dysphoria for Children and Adolescents

Hi Susan,

Great timing on this email! The clinical team + Leslie (Contact Center Manager) discussed this internally this morning, as we also received the notification from DOH and in the process of drafting a notification to Pharmacy Policy.

Leslie noted MMA does have an internal Gender Dysphoria criteria, which is attached. This internal document serves for GnRH analog use to delay puberty in adolescents with Gender Dysphoria, but it does not speak to the use of hormone therapy (i.e. anastrozole, etc.). This document was provided by the Agency due to a fair hearing request received for Lupron for a recipient with this diagnosis. <u>All requests required vetting by AHCA before a final</u> determination is made, and MMA will continue to do so as instructed.

As a reminder, all gender codes were removed from programming as directed by the Agency in 2017. All products within the database are currently coded MEDICAID_STATE_VALID_SEX_CD = B-Both.

Thank you,

Elicia D. King-Wilson, PharmD

Florida Clinical Account Manager, Clinical Services Magellan Rx Management 2671 Executive Circle West , Suite 300, Tallahassee, FL 32301 (E) ekingwilson@magellanhealth.com ***Confidentiality Notice*** This electronic message transmission contains information belonging to Magellan Health that is solely for the recipient named above and which may be confidential or privileged. MAGELLAN HEALTH EXPRESSLY PRESERVES AND ASSERTS ALL PRIVILEGES AND IMMUNITIES APPLICABLE TO THIS TRANSMISSION. If you are not the intended recipient, be aware that any disclosure, copying, distribution or use of this communication is STRICTLY PROHIBITED. If you have received this electronic transmission in error, please notify us by telephone at 877-553-7481. Thank you.

From: Williams, Susan C. < Susan. Williams@ahca.myflorida.com>

Sent: Wednesday, April 20, 2022 2:14 PM

To: McGriff, Stephanie M. <<u>SMMcGriff@magellanhealth.com</u>>; King-Wilson, Elicia <<u>EKingWilson@magellanhealth.com</u>>; Flagg, LaQuanda <<u>LFlagg@magellanhealth.com</u>>; Moore-Simons, Leslie N. <<u>LNMooreSimons@magellanhealth.com</u>> **Cc:** Peterson, Ashley <<u>Ashley.Peterson@ahca.myflorida.com</u>>; Rubin, Kelly <<u>Kelly.Rubin@ahca.myflorida.com</u>>; Forbes, Jesseka <<u>Jesseka.Forbes@ahca.myflorida.com</u>>; Greene, Shantrice <<u>ShantriceR.Greene@ahca.myflorida.com</u>>

Subject: Treatment of Gender Dysphoria for Children and Adolescents

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Hi Stephanie and team,

Please forward all inquires regarding Gender Dysphoria to the pharmacy team for response. These inquiries will be sent to administration.

Thanks,

Susan

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Treatment of Gender Dysphoria for Children and Adolescents

April 20, 2022

The Florida Department of Health wants to clarify evidence recently cited on a fact sheet

released by the US Department of Health and Human Services and provide guidance on treating gender dysphoria for children and adolescents.

Systematic reviews on hormonal treatment for young people show a trend of <u>low-quality evidence</u>, small sample sizes, and medium to high risk of bias. A paper published in the <u>International Review of Psychiatry</u> states that 80% of those seeking clinical care will lose their desire to identify with the non-birth sex. <u>One review concludes</u> that "hormonal treatments for transgender adolescents can achieve their intended physical effects, but evidence regarding their psychosocial and cognitive impact is generally lacking."

According to the <u>Merck Manual</u>, "gender dysphoria is characterized by a strong, persistent cross-gender identification associated with anxiety, depression, irritability, and often a wish to live as a gender different from the one associated with the sex assigned at birth."

Due to the lack of conclusive evidence, and the potential for long-term, irreversible effects, the Department's guidelines are as follows:

- Social gender transitionshould not be a treatment option for children or adolescents.
- Anyone under 18 should not be prescribed puberty blockers or hormone therapy.
- Gender reassignment surgeryshould not be a treatment option for children or adolescents.
- Based on the <u>currently available evidence</u>, "encouraging mastectomy, ovariectomy, uterine extirpation, penile disablement, tracheal shave, the prescription of hormones which are out of line with the genetic make-up of the child, or puberty blockers, are all clinical practices which run an **unacceptably high risk of doing harm**."
- Children and adolescents should be provided social support by peers and family and seek counseling from a licensed provider.

These guidelines do not apply to procedures or treatments for children or adolescents born with a genetically or biochemically verifiable <u>disorder of sex development</u> (DSD). These disorders include, but are not limited to, 46, XX DSD; 46, XY DSD; sex chromosome DSDs; XX or XY sex reversal; and ovotesticular disorder.

The Department's guidelines are consistent with the federal Centers for Medicare and Medicaid Services <u>age requirement for surgical and non-surgical treatment</u>. These guidelines are also in line with the guidance, reviews, and <u>recommendations</u> from Sweden, Finland, the <u>United Kingdom</u>, and <u>France</u>.

Parents are encouraged to reach out to their child's health care provider for more information.

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