

## Agency Responses to Plaintiffs' Questions: March 1, 2023

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**Plaintiffs' Question:** *Please provide a complete list of the diagnostic codes (ICD-10 codes) programmed in FMMIS for the following drugs (listed by generic name): estradiol (all formulations and combinations listed in the PDL); testosterone (all formulations listed in the PDL); testosterone cypionate (all formulations listed in the PDL); testosterone enanthate (all formulations listed in the PDL); triptorelin pamoate (both the kit and the vial); leuprolide acetate (all formulations listed in the PDL); Metformin HCL (all formulations listed in the PDL).*

**Agency Response:** The diagnosis codes for drugs subject to an automatic prior authorization or bypass are located at

[https://ahca.myflorida.com/medicaid/Prescribed\\_Drug/drug\\_criteria\\_pdf/Automated\\_PA.pdf](https://ahca.myflorida.com/medicaid/Prescribed_Drug/drug_criteria_pdf/Automated_PA.pdf).

This list includes those established for triptorelin pamoate and leuprolide acetate. For prescription drugs that are not on that list and do not require a prior authorization, the Agency does not verify the diagnosis code prior to paying the claim.

**Plaintiffs' Question:** *Please answer whether the prescribed drug criteria listed at [https://ahca.myflorida.com/medicaid/prescribed\\_drug/drug\\_criteria.shtml](https://ahca.myflorida.com/medicaid/prescribed_drug/drug_criteria.shtml) is an exhaustive list of the criteria relied upon by AHCA in reviewing whether a prescribed drug is medically necessary. If the above is not an exhaustive list, please provide documents indicating all other criteria on which AHCA relies in determining whether a prescribed drug is medically necessary for a particular patient, either during the prior authorization process, or after a claim has been paid (as described by Mr. Brackett).*

**Agency Response:** Yes, this is an exhaustive list.

**Plaintiffs' Question:** *Please answer whether Florida's Medicaid managed care plans are required to cover all drugs included in the PDL and, if so, whether the plans must follow the prior authorization requirements as indicated in the PDL.*

**Agency Response:** Yes, health plans participating in the Statewide Medicaid Managed Care program must cover all drugs on the Preferred Drug List and cannot be more restrictive when covering drugs that have a specific criteria.

**Plaintiffs' Question:** *Please identify the person who made edits to the GAPMS report on cross-sex hormone therapy dated May 20, 2022 as well as all individuals who accessed the document.*

**Agency Response:** The Agency identified the employee as Shantrice Greene, who worked as a senior pharmacist. She is no longer with the Agency.

**Plaintiffs' Question:** *Please provide the number of individuals who received Medicaid coverage for puberty suppression medications to treat gender dysphoria from January 1, 2015 to August 21, 2022.*

**Agency Response:** Please refer to the data file that was completed on March 1, 2023.

**Plaintiffs' Question:** *Please provide the number of grievances and the number of appeals filed with Florida Medicaid managed care plans regarding services excluded pursuant to Fla. Admin. Code R. 59G-1.050(7).*

**Agency Response:** The Agency found one complaint regarding the coverage of services under the challenged exclusion.

**Plaintiffs' Question:** *Please state whether, and if so, how many, Medicaid fair hearings have resulted in a reversal of a decision to deny coverage for any of the services listed at 59G-1.050(7), prior to the effective date of the Challenged Exclusion.*

**Agency Response:** The Agency identified zero fair hearings that were prior to the challenged exclusion.

**Plaintiffs' Question:** *Please provide the number of Medicaid fair hearings regarding a request for coverage of services listed at 59G-1.050(7) since August 21, 2022 including information about the adverse action being appealed and the final outcome.*

**Agency Response:** The Agency identified zero fair hearings that occurred after the implementation of the challenged exclusion.

**Plaintiffs' Question:** *Please identify the Florida Department of Health employee(s) who provided the name "Michelle Cretella" or the name of any other consultant who AHCA relied upon or consulted with in the drafting of the 2022 GAPMS Memo.*

**Agency Response:** All communication that occurred between the Agency and the Department of Health occurred through verbal conversations. Agency staff that participated in these discussions do not recall the specific Department of Health employee who provided the name.

**Plaintiffs' Question:** *Please identify all individuals who AHCA considered but decided not to use for assistance with drafting the June 2022 GAPMS report on treatment for gender dysphoria.*

**Agency Response:** Agency staff engaged in verbal communications with individuals that were referred by Dr. Michelle Cretella and do not recall the names of those individuals that were consulted.

**Plaintiffs' Question:** *Regarding the emails between AHCA and Magellan dated April 20, 2022 to June 3, 2022 (Def\_000145166 to Def 000145169), please answer the following:*

- **Question:** *What does CCM mean?*
- **Agency Response:** Change Control Memo
- **Question:** *What does "gender code = B (Both)" mean?*
- **Agency Response:** That a covered outpatient prescription drug can be prescribed to both males and females.
- **Question:** *What is the "internal Gender Dysphoria criteria?"*
- **Agency Response:** The criteria provided to Magellan to utilize when reviewing prior authorization requests for GnRH antagonists.
- **Question:** *What is meaning of the following paragraph: "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. All requests*

*required vetting by AHCA before a final determination is made, and MMA will continue to do so as instructed.”*

- **Agency Response:** This paragraph specifically references the internal prior authorization review criteria for GnRH antagonists and requires Magellan only to review requests for that one drug category and not any that involve hormones such as testosterone or estrogen.