



**ROCKY MOUNTAIN**  
**HEALTH PLANS®**

A UnitedHealthcare Company

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2024 UnitedHealthcare Individual & Family  
ACA Marketplace plans: Colorado

# **Gender-Affirming Care Coverage Guide – Hormone Therapy**



# Gender-Affirming Care Coverage Guide – Hormone Therapy

Your UnitedHealthcare Rocky Mountain HMO health plans cover many hormone therapy medications for gender affirming care. The information below can be used to review the coverage and forms of hormone therapy covered by your health plan. Please note that the information below is not an exhaustive list of all hormone therapy but rather a list of many common medications to treat gender dysphoria. Talk to your healthcare provider about your treatment options.

With a prescription from your healthcare provider, under your plan's pharmacy benefit, you can fill your hormone therapy at a network pharmacy. Log into [myuhc.com/exchange](https://myuhc.com/exchange) and choose the Pharmacies & Prescriptions section to find a network pharmacy near you. In addition to your prescription coverage, your plan's medical benefits may also cover some hormone therapy.

Applicable formulary requirements such as prior authorization or quantity limits and cost-share may apply. To find if your medication has these requirements, view your Prescription Drug List (PDL) at [myuhc.com/exchange](https://myuhc.com/exchange). You can also [view your PDL](#) without signing into your account.



## Need more information about your pharmacy drug coverage and costs?

Review your plan benefits documents for more information about your benefits and cost-shares information. For additional information, visit [myuhc.com/exchange](https://myuhc.com/exchange) or call the phone number on your member ID card.

Healthcare providers can visit [uhcprovider.com/exchange](https://uhcprovider.com/exchange).

# Hormone Therapy Drug List

## *Feminizing Hormones*

### Estrogen

Drug Name	Type of Benefit	Age Restriction	Prior Authorization
Estradiol (O)	Pharmacy Benefit	No age restriction	No
Estradiol (TP)	Pharmacy Benefit	No age restriction	No
Estradiol Valerate (Inj.)	Pharmacy Benefit	No age restriction	No
Depo-Estradiol (Estradiol Cypionate) (Inj.)	Pharmacy Benefit	No age restriction	No

### Progesterone

Drug Name	Type of Benefit	Age Restriction	Prior Authorization
Medroxyprogesterone Acetate (Inj.)	Pharmacy Benefit	No age restriction	No
Medroxyprogesterone Acetate (O)	Pharmacy Benefit	No age restriction	No

### Anti-Androgen

Drug Name	Type of Benefit	Age Restriction	Prior Authorization
Spironolactone (O)	Pharmacy Benefit	No age restriction	No
Finasteride (O)	Pharmacy Benefit	No age restriction	No

## *Masculinizing Hormones*

### Testosterone

Drug Name	Type of Benefit	Age Restriction	Prior Authorization
Testosterone Cypionate (Inj.)	Pharmacy Benefit	No age restriction	No
Testosterone Enanthate (Inj.)	Pharmacy Benefit	No age restriction	No
Testosterone 1% (TG)	Pharmacy Benefit	No age restriction	Yes
Androderm (Testosterone) (TP)	Pharmacy Benefit	No age restriction	Yes
Testopel (Testosterone) (PE)	Medical Benefit	No age restriction	No
Aveed (Testosterone Undecanoate) (Inj.)	Medical Benefit	No age restriction	No

**Key:**

- O** - Oral
- I** - Implant
- Inj.** - Injection
- PE** - Pellets
- TG** - Topical Gel
- TP** - Transdermal Patch



## ***Puberty Blockers***

<b>Drug Name</b>	<b>Type of Benefit</b>	<b>Age Restriction</b>	<b>Prior Authorization</b>
Leuprolide Acetate (for Depot Suspension) (Inj.)	Pharmacy Benefit	No age restriction	Yes
Trelstar Mixject (Triptorelin Pamoate) (Inj.)	Medical Benefit	No age restriction	Yes
Tripodur (Triptorelin Extended-Release) (Inj.)	Medical Benefit	No age restriction	Yes
Firmagon (Degarelix) (Inj.)	Medical Benefit	No age restriction	No
Zoladex (Goserelin Acetate) (I)	Medical Benefit	No age restriction	No
Supprelin LA (Histrelin) 50 mg (I)	Medical Benefit	No age restriction	No

**Key:**

**O** – Oral

**I** – Implant

**Inj.** – Injection

**PE** – Pellets

**TG** – Topical Gel

**TP** – Transdermal Patch

It is always recommended that you refer to your benefit plan materials to determine your coverage for medications and their cost share. Where any differences are noted, the benefit plan documents will govern. For certain drugs as indicated on the Prescription Drug List, UnitedHealthcare limits the amount of the drug being filled per copayment or over a certain period of time.

All brand-name medications are trademarks or registered trademarks of their respective owners.

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