



Expedited Authorization for Hormone Therapy Apple Health (Medicaid)

Effective April 1, 2021, all Apple Health contracted managed care organizations (MCOs) and fee-for-service (FFS) plans have added the following Expedited Authorization (EA) criteria for Hormone Therapy when used for the treatment of gender dysphoria.

Product	EA code	Code criteria
Testosterone Aveed (<i>testosterone undecanoate</i>) AndroDerm (<i>testosterone transdermal patch</i>) testosterone cypionate IM testosterone transdermal gel 1%, 1.62% and 2% Xyosted (<i>testosterone enanthate</i>)	85000000102	For clients 18 years of age and older: <ul style="list-style-type: none"> Testosterone therapy for the treatment of gender dysphoria. For clients 17 years of age and under: <ul style="list-style-type: none"> Testosterone therapy for the treatment of gender dysphoria; AND A pediatric endocrinologist or other clinician experienced in pubertal assessment has determined hormone treatment to be appropriate. <p>This code will not override prior authorization for brands with generic equivalents or non-preferred products unless client has met, tried, and failed criteria.</p>
Gonadotropin-releasing Hormone (GnRH) Agonists Eligard (<i>leuprolide</i>) Fensolvi (<i>leuprolide</i>) Lupron Depot/Depot-Ped (<i>leuprolide</i>) Supprelin LA (<i>histrelin</i>) Triptodur (<i>triptorelin</i>) Vantas (<i>histrelin</i>) Zoladex (<i>goserlin</i>)	85000000103 85000000104	<p>GnRH therapy for puberty suppression in adolescents diagnosed with gender dysphoria AND a pediatric endocrinologist or other clinician experienced in pubertal assessment has determined hormone treatment to be appropriate.</p> <p>This code will not override prior authorization for brands with generic equivalents or non-preferred products unless client has met, tried, and failed criteria.</p>
		For clients 18 years of age and older: <ul style="list-style-type: none"> GnRH therapy for the treatment of gender dysphoria. For clients 17 years of age and under: <ul style="list-style-type: none"> GnRH therapy for the treatment of gender dysphoria; AND A pediatric endocrinologist or other clinician experienced in pubertal assessment has determined hormone treatment to be appropriate. <p>This code will not override prior authorization for brands with generic equivalents or non-preferred products unless client has met, tried, and failed criteria.</p>

Note:

EA codes must be submitted with an "8" in the Prior Authorization Type Code field.

For additional questions, email: AppleHealthPharmacyPolicy@hca.wa.gov. For clients enrolled in an Apple Health managed care plan, contact the client's plan at <https://www.hca.wa.gov/assets/billers-and-providers/pharmacy-services-contacts.pdf>.