

Drug Reference for Transgender Care

This is a summary of medications covered under SelectHealth specific to Transgender Care. Please refer to the SelectHealth formulary for a complete list of covered drugs.



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Trans Women

Hormone regimens in adult transgender persons	Dose Range	Endocrine Treatment of Gender-Dysphoric Persons: An Endocrine Society Clinical Practice Guideline Recommendations (Adults)	An Endocrine Society Clinical Practice Guideline Recommendations (Adolescents) Increase dose every 6 months	Comment	SelectHealth Formulary Status
Estrogen					
Oral: estradiol	2 to 6 mg/day	2 to 6 mg/day	5 ug/kg/day 10 ug/kg/day 15 ug/kg/day 20 ug/kg/day		Covered
Transdermal: estradiol patch	0.1 to 0.4 mg/24h, changed twice weekly	0.025 to 0.2 mg/day	6.25 to 12.5 ug/24h 25 ug/24h 37.5 ug/24h	Lower risk of thromboembolism compared with oral estrogen option	Covered
Injectable: estradiol valerate	5 to 20 mg IM every 2 weeks	5-30 mg IM every 2 weeks		Abuse potential; due to prolonged time to onset of effect and steady-state, greater risk of accumulation and overdose	Covered
Injectable: estradiol cypionate	2 to 10 mg IM every week	2-10 mg IM every week			Covered
Antiandrogens					
Oral: progesterone	20-60 mg PO daily				Covered
Injectable: medroxyprogesterone acetate	150 mg IM every 3 months				Covered: 1 in 84 days
Implant: histrelin (Supprelin LA)	50 mg implanted every 12 months			Expensive; used in youth as a puberty blocker	Covered: PA
Oral: flutamide	250 mg 3x daily			Higher risk of hepatotoxicity	Covered

IM: intramuscular; **GnRH agonist:** gonadotropin-releasing hormone agonist; **PA:** Prior Authorization; **FE:** Formulary exception - A request to the plan to consider a change in coverage rules based on an individual's medical necessity. Hembree W., Cohen-Kettenis T, Gooren L. Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline. The Journal of Clinical Endocrinology & Metabolism. 2017;102(11):3869-3903. Access at: <https://academic.oup.com/jcem/article/102/11/3869/4157558> "Progress" Pride Flag by Daniel Quasar (quasar.digital LLC)

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Trans Women	Antiandrogens (cont.)					
	Oral: spironolactone	100 to 400 mg/day orally	100-300 mg/day		Monitor blood pressure and electrolytes	Covered
	Oral: finasteride	2.5 to 5 mg/day orally			Possible add-on to slow male pattern baldness	Covered
	GnRH agonist					
	Injectable: leuprolide (Lupron Depot, Eligard)	3.75 to 7.5 mg IM depot monthly	3.75 mg SQ monthly; 11.25 mg SQ every 3 months		Inhibits gonadotropin secretion	Covered: PA
	Injectable: triptorelin (Trelstar, Triptodur)	3.75 mg IM depot monthly	3.75 mg SQ monthly; 11.25 mg SQ every 3 months		Expensive; used in youth as a puberty blocker	Covered: PA
Injectable: goserelin (Zoladex, Zoladex LA)	3.6 mg SQ implant monthly	3.75 mg SQ monthly; 11.25 mg SQ every 3 months		Expensive	Covered: PA	
Testosterone						
Trans Men	Injectable: testosterone enanthate or testosterone cypionate	50 to 100 mg IM every week OR 100 to 200 mg IM every 2 weeks	100 – 200 mg IM every 2 weeks or 50% per week	25 mg/m ² /2 weeks 50 mg/m ² /2 weeks 75 mg/m ² /2 weeks 100 mg/m ² /2 weeks	Weekly injections produce less peak- trough variation in effect (e.g., mood); injection site reactions might occur	Covered: PA
	testosterone undecanoate (Aveed)	1000 mg every 12 weeks	1000 mg every 12 weeks			
	Implant: testosterone pellets (Testopel)	75 mg/pellet				Not covered; FE request
	Transdermal: testosterone gel 1%	2.5 to 10 g of gel/day (equivalent to 25 mg to 100 mg/day testosterone)	1.6% gel – 50-100 mg/day		Less variation in serum testosterone levels than injectable preparations; gel formulations can result in interpersonal transfer if contact occurs before fully dried	Covered: PA
Transdermal: testosterone patch (Androderm)	2.5 to 7.5 mg/day transdermal	2.5 – 7.5 mg/day		May produce lower serum levels and more skin irritation compared with gels	Covered: PA	