

Pharmacy Policy Bulletin

Title: Gender Edits
Policy #: Rx.01.38

Application of pharmacy policy is determined by benefits and contracts. Benefits may vary based on product line, group, or contract. Some medications may be subject to precertification, age, gender or quantity restrictions. Individual member benefits must be verified.

This pharmacy policy document describes the status of pharmaceutical information and/or technology at the time the document was developed. Since that time, new information relating to drug efficacy, interactions, contraindications, dosage, administration routes, safety, or FDA approval may have changed. This Pharmacy Policy will be regularly and updated as scientific and medical literature becomes available. This information may include new FDA-approved indications, withdrawals, or other FDA alerts. This type of information is relevant not only when considering whether this policy should be updated, but also when applying it to current requests for coverage.

Members are advised to use participating pharmacies in order to receive the highest level of benefits.

Intent:

Some medications may not be gender appropriate for all members. A gender edit may be placed on a medication when safety concerns or inappropriate utilization issues exist for a particular gender. The Pharmacy and Therapeutics Committee reviews all medications subject to gender edits. Prescribing the selected medications requires prior authorization for members of a particular gender.

Description:

Please refer to the manufacturers' prescribing guidelines for the specific agents.

Policy:

Prior authorization is required for medically necessary medications that have applicable gender edits.

Authorization will require clinical pharmacy review and/or medical director review. An urgent, temporary 96-hour supply is available (through retail pharmacy facilitation) upon request during review for medical necessity. Refer to Policy List of Applicable Drugs for a list of medications with applicable gender edits.

The inclusion criterion for medications that have applicable gender edits is medical necessity documentation submitted by the physician.

Guidelines:

Refer to the specific manufacturer's prescribing information for administration and dosage details and any applicable Black Box warnings.

BENEFIT APPLICATION

Subject to the terms and conditions of the applicable benefit contract, the applicable drug(s) identified in this policy is (are) covered under the pharmacy benefits of the Company's products when the medical necessity criteria listed in this pharmacy policy are met. Any services that are experimental/investigational or cosmetic are benefit contract exclusions for all products of the Company.

References:

N/A

Applicable Drugs:



Inclusion of a drug in this table does not imply coverage. Eligibility, benefits, limitations, exclusions, precertification/referral requirements, provider contracts, and Company policies apply.

NAME/THERAPEUTIC CLASS	GENERIC DRUG NAME	GENDER EDIT
Androgens		
Androderm	Testosterone	Men only
Androgel	Testosterone	Men only
Android	Methyltestosterone	Men only
Android-F	Fluoxymesterone	Men only
Axiron	Testosterone	Men only
Fortesta	Testosterone	Men only
Halotestin	Fluoxymesterone	Men only
Methitest	Methyltestosterone	Men only
Oreton Methyl	Methyltestosterone	Men only
Striant	Testosterone	Men only
Teslac	Testolactone	Women only
Testaqua	Testosterone	Men only
Testim	Testosterone	Men only
Testoderm	Testosterone	Men only
Testoderm TTS	Testosterone	Men only
Testopel	Testosterone	Men only
Testred Cypionate	Testosterone Cypionate	Men only
Virilon	Methyltestosterone	Men only
Antineoplastic Agents		
Arimidex	Anastrozole	Women only
Aromasin	Exemestane	Women only
Casodex	Bicalutamide	Men only
Eulexin	Flutamide	Men only
Femara	Letrozole	Women only
Hexalen	Altretamine	Women only
Nilandron	Nilutamide	Men only
Benign Prostatic Meds		
Avodart	Dutasteride	Men only
Proscar	Finasteride	Men only
Uroxatral	Alfuzosin	Men only
Rapaflo	Sildenafil	Men only
Jalyn	Dutasteride and tamsulosin	Men only
Estrogens		
Alora	Estradiol	Women only
Cenestin	Conjugated Estrogen	Women only
Climara	Estradiol	Women only
Esclim	Estradiol	Women only
Estrace	Estradiol	Women only
Estrace Vaginal	Estradiol	Women only
Estraderm	Estradiol	Women only
Estra-L	Estradiol Valerate	Women only
Estrasorb	Estradiol	Women only
Estratab	Esterified Estrogens	Women only
Estring	Estradiol	Women only
Estro-Cyp	Estradiol Cypionate	Women only
Estro-LA	Estradiol Cypionate	Women only
Estro-Span	Estradiol Valerate	Women only
FemPatch	Estradiol	Women only
Femring	Estradiol Acetate	Women only
Gynodiol	Estradiol	Women only
Menaval	Estradiol Valerate	Women only
Menest	Esterified Estrogens	Women only
Ogen	Estropipate	Women only
Ortho-Est	Estropipate	Women only
Premarin	Conjugated Estrogen	Women only

Premarin Vaginal	Conjugated Estrogen	Women only
Vagifem	Estradiol	Women only
Vivelle	Estradiol	Women only
Vivelle-Dot	Estradiol	Women only
Fertility		
Bravelle	Urofollitropin	Women only
Fertinex	Urofollitropin	Women only
Follistim	Follitropin beta	Women only
Gonal-F	Follitropin alpha	Women only
Pergonal	Menotropin	Women only
Repronex	Menotropin	Women only
Clomid	Clomiphene Citrate	Women only
Erectile Dysfunction Agents		
Caverject	Alprostadil	Men only
Cialis	Tadalafil	Men only
Edex	Alprostadil	Men only
Levitra	Vardenafil HCL	Men only
MUSE	Alprostadil	Men only
Staxyn	Vardenafil	Men only
Viagra	Sildenafil Citrate	Men only
Injectable contraceptives (eg, Lunelle, Depo-Provera)		Women only
Oral Contraceptives (eg, Alesse, Loestrin, Ortho-Cyclen)		Women only
Prenatal Vitamins (eg, Materna, Prenate)		Women only
Progesterones		
Aygestin	Norethindrone acetate	Women only
Camila	Norethindrone acetate	Women only
Crinone	Progesterone vaginal gel	Women only
Curretab	Medroxyprogesterone acetate	Women only
Depo-Provera	Medroxyprogesterone acetate	Women only
Errin	Norethindrone acetate	Women only
Jolivette	Norethindrone acetate	Women only
Nora-BE	Norethindrone acetate	Women only
Nor-QD	Norethindrone acetate	Women only
Ortho Micronor	Norethindrone acetate	Women only
Procheive	Progesterone vaginal gel	Women only
Prometrium	Progesterone capsules	Women only
Provera	Medroxyprogesterone acetate	Women only
Miscellaneous		
Evista	Raloxifene HCL	Women only

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