Gender Dysphoria in Adolescents:

**GnRH analogs may be covered for the treatment of Gender Dysphoria when ALL of the following criteria are met:**

For **initial therapy**, submission of medical records (e.g., chart notes, laboratory values) documenting all the following:

- Diagnosis of gender dysphoria, according to the current DSM (i.e., DSM-5) criteria, by a mental health professional with expertise in child and adolescent psychiatry; and
- Medication is prescribed by or in consultation with a pediatric endocrinologist or by a physician working in a multidisciplinary clinic for transgender youth; and
- Patient has experienced puberty development to at least Tanner stage 2 (stage 2 through 4); and
- One of the following laboratory tests, based upon the laboratory reference range, confirming:
  - Pubertal levels of estradiol in females; or
  - Pubertal levels of testosterone in males; or
  - Pubertal basal level of luteinizing hormone (based on laboratory reference ranges); or
  - A pubertal luteinizing hormone response to a GnRH stimulation test; and
- A letter from the prescriber and/or formal documentation stating all of the following:
  - Patient has experienced pubertal changes that have resulted in an increase of their gender dysphoria that has significantly impaired psychological or social functioning; and
  - Coexisting psychiatric and medical comorbidities or social problems, that may interfere with the diagnostic procedures or treatment, have been addressed or removed; and
  - Both of the following:
    - Current enrollment, attendance, and active participation in psychological and social support treatment program; and
    - Patient will continue enrollment, attendance and active participation in psychological and social support throughout the course of treatment; and
  - Patient demonstrates knowledge and understanding of the expected outcomes of treatment and related transgender therapies; and
  - Initial authorization will be for no longer than 12 months.

For **continuation therapy**, submission of medical records (e.g., chart notes, laboratory values) documenting all the following:

- Documentation of LH suppression using a GnRH stimulation test
- Documented diagnosis of gender dysphoria, according to the current DSM (i.e., DSM-5) criteria, by a mental health professional with expertise in child and adolescent psychiatry; and
- Medication is prescribed by or in consultation with a pediatric endocrinologist or by a physician working in a multidisciplinary clinic for transgender youth; and
- A letter from the prescriber and/or formal documentation stating all of the following:
  - Patient continues to meet their individual goals of therapy for gender dysphoria; and
  - Patient continues to have a strong affinity for the desired (opposite of natal) gender; and
  - Discontinuation of treatment and subsequent pubertal development would interfere with or impair psychological functioning and well-being; and
  - Coexisting psychiatric and medical comorbidities or social problems that may interfere with treatment continue to be addressed or removed; and
Both of the following:

- Current enrollment, attendance, and active participation in psychological and social support treatment program; and
- Patient will continue enrollment, attendance and active participation in psychological and social support throughout the course of treatment and
- Patient demonstrates knowledge and understanding of the expected outcomes of treatment and related transgender therapies; and
- Reauthorization will be for no longer than 12 months.

**Note:** Clinical evidence supporting the use of GnRH analogs for the treatment of gender dysphoria is limited and lacks long-term safety data. Statistically robust randomized controlled trials are needed to address the issue of whether the benefits outweigh the clinical risk in its use.