Breast augmentation will require prior-authorization utilizing the following coverage criteria:

1. Diagnosis of gender dysphoria (male to female) AND
2. Has received at least 1 year of hormone therapy (unless there are contraindications) AND ONE:
   - No measurable cup size growth, defined as less than an A cup, in one or both breasts OR
   - Asymmetry where one breast did not have a measurable cup size growth, defined as less than an A cup.
3. Documentation from surgeon of current cup size and proposed changes as well as photo documentation.