

HORMONE THERAPY PRESCRIPTION COVERAGE GUIDE COLORADO 2020



This document can be used to review the coverage and forms of hormone therapy by each insurance company. Not all health plans cover all prescriptions. Each insurance company has a list of prescriptions they cover, called a formulary or drug list, on their website. These lists often split drugs into 'tiers' or categories, which determine your share of the costs. While some plans have a copay for prescriptions—a fixed amount that starts right away—other plans require you to pay the full cost until you hit a prescription deductible (if there is one) or your overall plan deductible, which is more common. This document does not review each plan offered through each carrier.



















Lower tiers generally mean generic and lower-cost drugs. **Middle tiers** often include brand name drugs. **Higher tiers** generally include specialty drugs or drugs administered in a medical facility (although this is not the case for Denver Health Medical Plan, whose fifth tier covers zero cost-share drugs). Each company tiers drugs differently, so it is important that you look at each plan specifically to see what the medications may cost you.

This is a summary of hormone therapy drugs available, but may not be an exhaustive list. Want to know if your prescription medication is covered? You can use the [Quick Cost and Plan Finder tool](https://planfinder.connectforhealthco.com) offered by [Connect for Health Colorado](https://connectforhealthco.com), found at <https://planfinder.connectforhealthco.com>.

You can click on the hyperlinked name of each insurance company below for more information about how each company tiers their drugs.

NC = Not Covered **PA** = Requires Prior Authorization **MB** = Medical Benefit (administered in a medical setting)

GL = Gender Limit (applies only to specific genders) **AR** = Age restriction (64 years +)

	Anthem Blue Cross Blue Shield	Bright Health	Cigna	Friday Health Plans	Denver Health (Elevate)	Kaiser Permanente	Rocky Mountain Health Plans	Oscar
Total Number of Tiers/Drug Levels	4	5	5	4	5	4	4	5
ESTROGEN TIER LEVELS								
Depo-Estradiol (Estradiol Cypionate) 	NC	NC	NC	3 GL	NC	2	MB	NC
Estradiol 	1b	2 AR	1	1,3 GL	1	1,2	1	2, PA
Estradiol 	1b	2	2	1 GL	1	NC	2	2, PA
Estradiol Valerate 	NC	2	NC	3 GL	NC	1	MB	2
PROGESTERONE TIER LEVELS								
Medroxyprogesterone Acetate 	1b	1	2	1,3 GL	5	2	1	NC
Medroxyprogesterone Acetate 	1a, 1b	1	1	1,3 GL	1	1	1	2
Micronized Progesterone 	1b	2	2	NC	1	NC	2	2
ANTI-ANDROGEN TIER LEVELS								
Spirolactone 	1a	2	2	1	1	1	1	1
Finasteride 	1b	2	2	1,3 GL	1	1	1	2
Dutasteride 	NC	2	2	1 GL	1	NC	3	2
TESTOSTERONE TIER LEVELS								
DepoTestosterone/Testosterone Cypionate 	1b, PA	2, PA	2	1, PA GL	1, PA	1,2	3,4 PA	2, PA
Testosterone Enanthate 	NC	2, PA	2	1, PA GL	1, PA	NC	1, PA	2, PA
AndroGel 	2, PA	2, PA	2,3 PA	NC	1, PA	NC	NC	2, PA
Androderm 	NC	2, PA	NC	NC	NC	NC	2 PA	NC
Andropus 	NC	NC	NC	NC	NC	NC	NC	NC
PUBERTY BLOCKERS TIER LEVELS*								
Leuprolide Acetate 	3, PA	5, PA	2, PA	4, PA	NC	MB	1, PA	5, PA
Lupron Depot 	NC	5, PA	5, PA	4, PA	4, PA	MB	MB	5, PA
Supprelin (Histrelin Acetate) 	NC	NC	NC	4, PA	4	MB	MB	NC

*Age and gender limits may apply. It is strongly encouraged to contact insurance carriers directly to get, in writing, information about restrictions or limitations on puberty blockers for transgender and non-binary youth.