



HORMONE THERAPY PRESCRIPTION COVERAGE GUIDE COLORADO 2022






















This document can be used to review the coverage and forms of hormone therapy by each insurance company. Not all health plans cover all drugs or put them on the same tiers. 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. Each company tiers drugs differently, so it is important that you look at each plan specifically to see what 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://planfinder.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.

NL = Not Listed, ** PA = Requires Prior Authorization, SP = Specialty Pharmacy. An asterisk (*) after a number means that tier is for the generic option of the drug.

	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	7	6	5	5	4	6	7
ESTROGEN TIER LEVELS								
Depo-Estradiol (Estradiol Cypionate) 	NL	NL	NL	4	NL	2	5	3
Estradiol 	1	2	2	1	2	1	2*, 4	1A
Estradiol 	1	2	4	2	2	NL	3	NL
Delestrogen (Estradiol Valerate) 	NL	2	4	2	NL	1	3	1B
PROGESTERONE TIER LEVELS								
Medroxyprogesterone Acetate 	1	1	4	2	1,2	2	1	1A, 1B
Medroxyprogesterone Acetate 	1	NL	2	1	1,2	1*, 2	2	1A
Micronized Progesterone 	1	2	3	NL	2	NL	NL	NL
ANTI-ANDROGEN TIER LEVELS								
Spirolactone 	1	2	2	1	2	1	2*, 3	1A
Finasteride 	1	2	2	1	2	1	2	1B
Dutasteride 	NL	2	2	1	2	NL	NL	1B
Bicalutamide 	NL	2	3	1* SP	2	1	2*	1B*
TESTOSTERONE TIER LEVELS								
DepoTestosterone/Testosterone Cypionate 	1 PA	2	3	2	2	1*, 2	3*	1B PA
(Xyosted) Testosterone Enanthate 	NL	2 PA	4	4	2	NL	3*	1B PA
AndroGel 	2 PA	3* PA	4* PA	NL	2*	1*	4*	3* PA
Androderm 	NL	NL	NL	NL	NL	NL	4	NL
Androplus 	NL	NL	NL	NL	NL	NL	NL	NL
PUBERTY BLOCKERS TIER LEVELS**								
Leuprolide Acetate 	3 PA/SP	5 PA/SP	4 PA	5	4	NL	6*	4 PA
Lupron Depot 	NL	4 PA/SP, 5 PA/SP	4 PA, 5 PA	5	NL	NL	NL	4 PA
Supprelin (Histrelin Acetate) 	NL	NL	NL	SP	NL	NL	NL	NL

* Tier listed is for the generic option of the drug

** Not listed (NL) means the drugs are not listed in the carrier's 2022 drug formulary. These drugs might be available as a Medical Benefit (administered in a medical setting) through the carrier.

*** 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 and how gender limits might apply to your personal coverage.