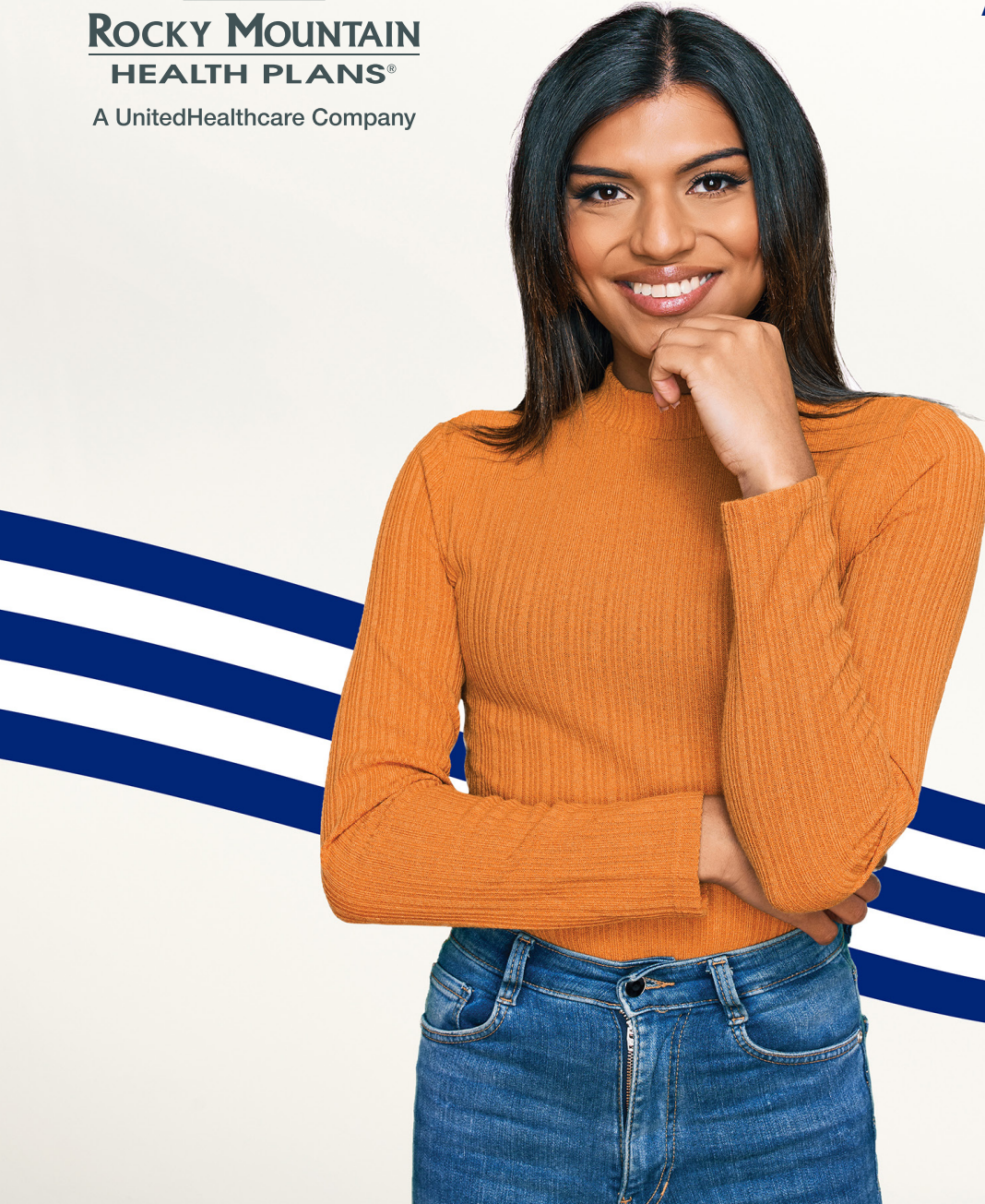




**2025 Individual & Family
ACA Marketplace Plans**



Gender-Affirming Care Coverage Guide – Hormone Therapy

Effective: January 1, 2025

Your UnitedHealthcare® Rocky Mountain HMO health plans cover many hormone therapy medications for gender affirming care. The information below can be used to review the coverage and forms of hormone therapy covered by your health plan. Please note that the information below is not an exhaustive list of all hormone therapy but rather a list of many common medications to treat gender dysphoria. Talk to your healthcare provider about your treatment options. Applicable formulary requirements such as prior authorization and quantity limits, and cost-share may apply.

With a prescription from your healthcare provider, under your plan's pharmacy benefit, you can fill your hormone therapy at a network pharmacy. Log into myuhc.com/exchange and choose the **Pharmacies & Prescriptions** section to find an in-network pharmacy near you. In addition to your prescription coverage, your plan's medical benefits may also cover some hormone therapy.

Applicable coverage rules or limits such as quantity limits may apply. To find if your medication has these coverage rules, view your Prescription Drug List (PDL) at myuhc.com/exchange. You can also **view your PDL** without signing into your account.



Hormone Therapy Drug List



Feminizing Hormones

Estrogen

Drug Name	Type of Benefit	Age Restriction	Prior Authorization
Estradiol (O)	Pharmacy Benefit	No age restriction	No
Estradiol (TP)	Pharmacy Benefit	No age restriction	No
Estradiol Valerate (Inj.)	Pharmacy Benefit	No age restriction	No
Depo-Estradiol (Estradiol Cypionate) (Inj.)	Medical Benefit	No age restriction	No

Progesterone

Drug Name	Type of Benefit	Age Restriction	Prior Authorization
Medroxyprogesterone Acetate (Inj.)	Pharmacy Benefit	No age restriction	No
Medroxyprogesterone Acetate (O)	Pharmacy Benefit	No age restriction	No

Anti-Androgen

Drug Name	Type of Benefit	Age Restriction	Prior Authorization
Spironolactone (O)	Pharmacy Benefit	No age restriction	No
Finasteride (O)	Pharmacy Benefit	No age restriction	No



Masculinizing Hormones

Testosterone

Drug Name	Type of Benefit	Age Restriction	Prior Authorization
Testosterone Cypionate (Inj.)	Pharmacy Benefit	No age restriction	Yes
Testosterone Enanthate (Inj.)	Pharmacy Benefit	No age restriction	Yes
Testosterone 1% (TG)	Pharmacy Benefit	No age restriction	Yes
Testosterone 1.62% (TG)	Pharmacy Benefit	No age restriction	Yes
Androderm (Testosterone) (TP)	Pharmacy Benefit	No age restriction	Yes
Testopel (Testosterone) (PE)	Medical Benefit	No age restriction	No
Aveed (Testosterone Undecanoate) (Inj.)	Medical Benefit	No age restriction	No

Key: **O** - Oral **I** - Implant **Inj.** - Injection **PE** - Pellets **TG** - Topical Gel **TP** - Transdermal Patch



Puberty Blockers

Drug Name	Type of Benefit	Age Restriction	Prior Authorization
Leuprolide Acetate (for Depot Suspension) (Inj.)	Pharmacy Benefit	No age restriction	Yes
Trelstar Mixject (Triptorelin Pamoate) (Inj.)	Medical Benefit	No age restriction	Yes
Tripodur (Triptorelin Extended-Release) (Inj.)	Medical Benefit	No age restriction	Yes
Firmagon (Degarelix) (Inj.)	Medical Benefit	No age restriction	Yes
Zoladex (Goserelin Acetate) (I)	Medical Benefit	No age restriction	Yes
Supprelin LA (Histrelin) 50 mg (I)	Medical Benefit	No age restriction	Yes

Key: **O** - Oral **I** - Implant **Inj.** - Injection **PE** - Pellets **TG** - Topical Gel **TP** - Transdermal Patch

Need more information about your pharmacy drug coverage and costs?

Visit myuhc.com/exchange. You can also call the phone number on your health plan ID card. Health care providers can visit uhcprovider.com/exchange.

Also, review your plan benefits documents for more information about your benefits and cost-shares.



Refer to your benefit plan materials to determine your coverage for medications and cost share. Where differences are noted, the benefit plan documents will govern.

All brand-name medications are trademarks or registered trademarks of their respective owners.

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