

Pharmacy Policy Bulletin

Title:	Gender Edits
Policy #:	Rx.01.38

Application of pharmacy policy is determined by benefits and contracts. Benefits may vary based on product line, group, or contract. Some medications may be subject to precertification, age, gender or quantity restrictions. Individual member benefits must be verified.

This pharmacy policy document describes the status of pharmaceutical information and/or technology at the time the document was developed. Since that time, new information relating to drug efficacy, interactions, contraindications, dosage, administration routes, safety, or FDA approval may have changed. This Pharmacy Policy will be regularly updated as scientific and medical literature becomes available. This information may include new FDA-approved indications, withdrawals, or other FDA alerts. This type of information is relevant not only when considering whether this policy should be updated, but also when applying it to current requests for coverage.

Members are advised to use participating pharmacies in order to receive the highest level of benefits.

▸ Intent:

Some medications may not be gender appropriate for all members. A gender edit may be placed on a medication when safety concerns or inappropriate utilization issues exist for a particular gender. The Pharmacy and Therapeutics Committee reviews all medications subject to gender edits. Prescribing the selected medications requires prior authorization for members of a particular gender.

▸ Description:

Please refer to the manufacturers' prescribing guidelines for the specific agents.

▸ Policy:

The drugs in the following table are approved for the gender not listed when there is documentation of BOTH of the following:

1. FDA approved indication; and
2. Use in the gender for which the drug is requested is supported by ONE of the following:
 - a. FDA label; or
 - b. Micromedex®; or
 - c. Published literature ; or

NOTE: Cross reference Experimental/Investigational Policy

▸ Black Box Warning:

None

▸ Guidelines:

Refer to the specific manufacturer's prescribing information for administration and dosage details and any applicable Black Box warnings.

BENEFIT APPLICATION

Subject to the terms and conditions of the applicable benefit contract, the applicable drug(s) identified in this policy is (are) covered under the pharmacy benefits of the Company's products when the medical necessity criteria listed in this pharmacy policy are met. Any services that are experimental/investigational or cosmetic are benefit contract exclusions for all products of the Company.

References:

N/A

Applicable Drugs:

i Inclusion of a drug in this table does not imply coverage. Eligibility, benefits, limitations, exclusions, recertification/referral requirements, provider contracts, and Company policies apply.

Drug Name	Gender Edit
Androgens	
Testosterone (e.g. Androgel, Androderm, Fortesta, Axiron, Striant Natesto or Testim)	Men only
Antineoplastic Agents	
Anastrozole (Arimidex)	Women only
Exemestane (Aromasin)	Women only
Letrozole (Femara)	Women only
Altretamine (Hexalen)	Women only
Bicalutamide (Casodex)	Men only
Flutamide (Eulexin)	Men only
Nilutamide (Nilandron)	Men only
Benign Prostatic Meds	
Finasteride (Proscar)	Men only
Dutasteride [tamsulosin] (Avodart/ Jalyn)	Men only
Estrogens	
Conjugated Estrogen (e.g. Cenestin and Premarin vaginal cream)	Women only
Estradiol (e.g. Estrace Vaginal, Estrasorb, Estring, Climara, Alora, Vagifem, Femring)	Women only
Estropipate (e.g. Ogen or Ortho-Est)	Women only
Fertility	
Urofollitropin (Bravelle)	Women only
Follitropin beta (Follistim AQ)	Women only
Follitropin alpha (Gonal-F)	Women only
Menotropin (Repronex)	Women only

Erectile Dysfunction Agents	
Alprostadil (e.g. Caverject, Edex, Muse)	Men only
Tadalafil (Cialis)	Men only
Vardenafil (Levitra, Staxyn)	Men only
Sildenafil (Viagra)	Men only
Avanafil (Stendra)	Men only
Contraceptives	
Hormonal contraceptives (e.g. injectable, oral, patches, devices)	Women only
Progesterones	
Norethindrone (Aygestin)	Women only
Progesterone (Crinone, Prometrium)	Women only
Medroxyprogesterone (Provera)	Women only
Miscellaneous	
Prenatal Vitamins (Various brands and generics)	Women only
Raloxifene (Evista)	Women only
Bazedoxifene/estrogens conjugated (Duavee)	Women only

▸ Cross References:

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