

Clinical Policy: Estrogens

Reference Number: PHW.PDL.718

Effective Date: 01/01/2020

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Policy/Criteria

Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

It is the policy of PA Health & Wellness[®] that Estrogens are **medically necessary** when the following criteria are met:

I. Requirements for Prior Authorization of Estrogens

A. Prescriptions That Require Prior Authorization

Prescriptions for Estrogens that meet any of the following conditions must be prior authorized:

1. A non-preferred Estrogen.
2. An Estrogen with a prescribed quantity that exceeds the quantity limit.

B. Review of Documentation for Medical Necessity

In evaluating a request for prior authorization of a prescription for an Estrogen, the determination of whether the requested prescription is medically necessary will take into account whether the member:

1. For a non-preferred Estrogen, **all** of the following:
 - a. Is prescribed the Estrogen for an indication that is included in the U.S. Food and Drug Administration (FDA)-approved package labeling or a medically accepted indication,
 - b. Is prescribed a dose and duration of therapy that are consistent with FDA-approved package labeling, nationally recognized compendia, or peer-reviewed medical literature,
 - c. Does not have a contraindication to the prescribed medication,
 - d. Has a history of therapeutic failure of or a contraindication or an intolerance to the preferred Estrogens;

AND

2. For gender dysphoria, **both** of the following:
 - a. Is prescribed the Estrogen by or in consultation with an endocrinologist or

