Toolkit for Transgender Health: Engaging ADAPs & Providers

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NASTAD (National Alliance of State and Territorial AIDS Directors)
Overview

• ADAP and Trans Care
• Care Landscape
• Insurance navigation
  • Client plan profile
• Formulary consideration
  • Jurisdiction example
• Future engagement
ADAP & Transgender Clients
Care Continuum

Identifying entry points for trans and non-binary care considerations
Health Systems Approach

- ADAP Formulary Considerations
- Insurance Purchasing
- Plan Assessment

- Qualified Health Plans
- Medicaid

- ACA Outreach, Enrollment and Education

- Data collection
- Gender-affirming infrastructure

- Prevention

- PrEP Financing
- ACA Education and Outreach
Role of ADAP

Support
- Trans-inclusive subcontractors & providers

Modify
- Administrative procedures and tools

Assist
- Clients with insurance navigation

Update
- Formularies to meet the needs of trans clients
Organizational Changes

- Inclusive check-in procedures
  - (Ask, document, apologize)
- Revise check-in forms and electronic health records
- Cultural responsiveness training for staff
- Hire staff and subcontractors that identify as transgender
- Build relationships with trans-inclusive organizations
Trans-Inclusive ADAPs

Sex hormone combinations (such as estrogen, progestins, estrogens-progestins, androgens, and anabolic steroids) NOT provided

Sex hormone combinations (such as estrogen, progestins, estrogens-progestins, androgens, and anabolic steroids) provided

Sex hormone combinations for cross-sex hormone therapy as part of gender transitioning
State Highlight: Illinois

Pre Approval for Gender Transition and Maintenance only (See "Prescribing Guidelines" for link on guidelines and protocols)

- Estradiol, Oral
- Estradiol, Transdermal
- Estradiol, Injectable
- Finasteride
- Progestin
- Spironolactone
- Premarin

Guidance References for Primary Care Protocol for Hormone Treatment for Gender Transition and Maintenance:


2) The World Professional Association for Transgender Health - Standards of Care: [http://www.wpath.org/uploaded_files/140/files/Standards%20of%20Care,%20V7%20Full%20Book.pdf](http://www.wpath.org/uploaded_files/140/files/Standards%20of%20Care,%20V7%20Full%20Book.pdf)
Health Care Reform

- ACA Section 1557
  - Health system nondiscrimination
- PHSA Section 2702
  - Guaranteed issue
- ACA Section 1302
  - Essential health benefits
- ACA Section 1311
  - Qualified Health Plans & Marketplaces
Medicaid Exclusions

Source: Movement Advancement Project
Insurance Navigation
Plan Considerations

- Prioritize plans that include providers with trans expertise and hormones for gender transition
  - Ryan White HIV/AIDS Program clinical providers are categorically Essential Community Providers
  - [Non-exhaustive list of Essential Community Providers](#)
  - Plans are required to outline formularies
- Update existing navigation tools
Client Plan Profile: Morgan

- Lives in Dallas, TX
- 23 years old
- Single
- $23,000 annual income
  - 195% Of Federal poverty line (FPL)
- Current regimen includes:
  - **Stribild** (elvitegrav, cobicisemtricitab & tenofov)
  - **Activella** (estradiol & norethindrone)
  - **Prometrin** (progestin)
## Plan Profile: Morgan

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Blue Cross and Blue Shield of Texas· Blue Advantage Silver HMO</strong></td>
<td></td>
</tr>
<tr>
<td>Annual Premium</td>
<td>$2,064</td>
</tr>
<tr>
<td>Deductible</td>
<td>$1,250</td>
</tr>
<tr>
<td>OOP Maximum</td>
<td>$1,250</td>
</tr>
<tr>
<td>Primary Care Visit</td>
<td>No charge (after deductible)</td>
</tr>
<tr>
<td>Generic RX</td>
<td>No charge (after deductible)</td>
</tr>
</tbody>
</table>
Client Plan Profile: Payton

- Lives in Peoria, IL
- 21 years old
- Single
- $20,000 annual income
  - 168% Of Federal poverty line (FPL)
- Current regimen includes:
  - **Aldactone** (Spironolactone)
  - **Depo-Testosterone** (testosterone cypionate)
  - **Depo-Provera** (medroxyprogesterone acetate)
## Plan Profile: Payton

<table>
<thead>
<tr>
<th></th>
<th>BlueCross BlueShield of Illinois Blue Choice Preferred PPO Silver</th>
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<tbody>
<tr>
<td>Annual Premium</td>
<td>$3,278</td>
</tr>
<tr>
<td>Deductible</td>
<td>$3,500</td>
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<tr>
<td>OOP Maximum</td>
<td>$3,500</td>
</tr>
<tr>
<td>Primary Care Visit</td>
<td>No charge</td>
</tr>
<tr>
<td>Generic RX</td>
<td>No charge</td>
</tr>
</tbody>
</table>
Client Plan Profile: Charli

- Lives in Boston, MA
- 35 years old
- Single, no dependents
- $29,700 annual income
  - 250% Of Federal poverty line (FPL)
- Current regimen includes:
  - Proscar (Finasteride)
  - Estrace (Estradiol)
  - Provera (medroxyprogesterone acetate)
### Plan Profile: Charli

<table>
<thead>
<tr>
<th>ConnectorCare – Boston Medical Center Health Net Health Net</th>
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<tbody>
<tr>
<td><strong>Plan Type I</strong></td>
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<table>
<thead>
<tr>
<th><strong>Annual Premium</strong></th>
<th>Unavailable at this time</th>
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</thead>
<tbody>
<tr>
<td><strong>Deductible</strong></td>
<td>$0</td>
</tr>
<tr>
<td><strong>OOP Maximum</strong></td>
<td>$250</td>
</tr>
<tr>
<td><strong>Primary Care Visit</strong></td>
<td>No charge</td>
</tr>
<tr>
<td><strong>Generic RX</strong></td>
<td>$1 for 30-day supply</td>
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Formulary Considerations
# Formulary Considerations: TX

<table>
<thead>
<tr>
<th>Prescription</th>
<th>Tier</th>
<th>Prior Authorization</th>
<th>Step Therapy</th>
<th>Dispensing Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Stribild</strong> (elvitegrav, cobicisemtricitab &amp; tenofovir)</td>
<td>3 of 5</td>
<td></td>
<td></td>
<td>Unspecified dispensing limit</td>
</tr>
<tr>
<td><strong>Activella</strong> (estradiol &amp; norethindrone)</td>
<td>1 of 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Prometrin</strong> (progestin)</td>
<td>1 of 5</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Formulary Considerations: IL

<table>
<thead>
<tr>
<th>Prescription</th>
<th>Tier</th>
<th>Prior Authorization</th>
<th>Step Therapy</th>
<th>Dispensing Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Aldactone</strong> (Spironolactone)</td>
<td>1 of 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Depo-Testosterone</strong> (testosterone cypionate)</td>
<td>4 of 5</td>
<td>Yes</td>
<td></td>
<td>Unspecified dispensing limits</td>
</tr>
<tr>
<td><strong>Depo-Provera</strong> (medroxyprogesterone acetate)</td>
<td>A</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# Formulary Considerations: MA

<table>
<thead>
<tr>
<th>Prescription</th>
<th>Tier</th>
<th>Prior Authorization</th>
<th>Step Therapy</th>
<th>Dispensing Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Proscar</strong> (Finasteride)</td>
<td>1 of 3</td>
<td>Yes</td>
<td></td>
<td>Quantity Limit</td>
</tr>
<tr>
<td><strong>Estrace</strong> (Estradiol)</td>
<td>2 of 3</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Provera</strong> (medroxyprogesterone acetate)</td>
<td>2 of 3</td>
<td>Yes</td>
<td></td>
<td>Quantity Limit</td>
</tr>
</tbody>
</table>
Case Study: Formulary Considerations

• While at first glance there may appear to be minimal utilization management applied to hormone therapies, plans may have additional restrictions based on a person sex assigned at birth.
  
  Varies by plan and state insurance policy

• Federally-facilitated Marketplace enrollment process does distinguish the difference between gender identity and sex at birth
Future Engagement
Compilation of LGBT Demographic Information
- Census
- Healthy People 2020
- American Community Survey

Public Health
- Public Health Data Systems
- Trans*-specific continuums

Meaningful Use Stage 3 requires the collection of sexual orientation and gender identity data

RSR updated collection of sexual orientation gender identity data

RSR Data Dictionary

Unprecedented opportunities related to care and treatment of the LGBT community
Leveraging ADAP – Next Steps

• Include transgender-specific considerations into insurance purchasing plan assessments, being mindful of plan policies and practices
• Include gender-affirming treatments on ADAP formularies
• Promote the collection of sexual orientation and gender identity data
• Include transgender-inclusive considerations on forms, communications, and publications
• Partner or contract with organizations that are run by transgender people, or are majority staffed by transgender people.
• Support syringe exchange services for clients who are injecting hormones or silicone, for feminization or masculinization, without medical supervision.
Technical Assistance

• Plan information based on the 2016 benefit year on federally-facilitated and partnership Marketplaces
  Click here to preview plans

• CHLPI – Marketplace Health Plans Template Assessment Tool

• For assistance with conducting comparative cost-effectiveness analyses contact Sean Dickson
Thank you!

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