SUMMARY
The District of Columbia Department of Health AIDS Drug Assistance Program (DC ADAP) recognized that ensuring gender identity support for transgender persons living with HIV was a vital approach to promoting and achieving HIV treatment adherence, viral suppression, and healthy outcomes. The DC HIV/AIDS Drug Advisory Committee (HADAC) reviewed recommendations from the Subcommittee (DC subHADAC) and approved the following for formulary addition as transgender hormone therapy: injectable estradiol valerate 10mg/ml, estradiol tablets 0.5mg and 1mg, leuprolide acetate injection 3.75mg and 11.25mg, spironolactone 50mg and 100mg tablets, finasteride tablets 5mg, testosterone cypionate injection 100mg/ml and testosterone gel (Androgel) 1% and 1.62%. These are among the most widely utilized and recommended drugs for transgender hormone therapy.

BACKGROUND
The subHADAC considers and approves all medications added to the DC ADAP formulary. The Subcommittee is comprised of the DC ADAP program manager as Chair, the Ryan White Program Manager as co-chair, the DC ADAP clinical pharmacy contractor, the DC ADAP pharmacist, the DC Department of Health Chief Medical Officer, the Surveillance Bureau Chief, the DC Medicaid Lead Pharmacist, community physician providers, and one community advocate. The Committee reviews contraindications, warnings, dosing, and pricing to ensure that DC ADAP provides clinically proficient and cost-effective therapies. The DC subHADAC reviews literature and evaluates whether pharmaceuticals should be considered by the full HADAC, which makes the determination to add medications to the formulary. A vote of at least two community physicians are required in order for any drug product to be added to the formulary. In the case of medications to support transgender individuals living with HIV, the DC ADAP assessed ADAPs around the country that currently include hormone therapy in their formularies and reviewed studies related to hormone therapy of significance to consider potential drug interactions with current formulary medications.

CORE ACTIVITIES
The DC subHADAC considered practice guidelines published by lead organizations—the Endocrine Society, the World Professional Organization of Transgender Health (WPATH), and the Center of Excellence of Transgender Health (UCSF)—in developing recommendations for the full DC HADAC. The guidelines generally include criteria that should be met before transgender hormone therapy is initiated and best practice measures for this unique patient population. Site-specific protocols have been developed based on these guidelines to ensure appropriate use and monitoring. DC ADAP also used the NASTAD toolkit for transgender health.
DATA
To date, DC ADAP has 11 clients utilizing hormone therapy.

FUNDING & COST
DC ADAP is eligible for 340B drug pricing, which allows a significant cost savings for hormone therapy medications. The 340B drug prices for the most utilized medications for hormone therapy are at least 50% of the wholesale prices. The initial funding will be appropriated from the DC Ryan White Part B ADAP grant award, and any other cost for pharmacy provider education will be supplemented by DC ADAP rebates.

STRENGTHS
Adding hormone therapy to the DC ADAP formulary allows beneficiaries to have sufficient coverage in cases where other payers are not available and educates pharmacy providers about how to provide appropriate medication consultation and drug utilization reviews for potential drug interactions.

LIMITATIONS
Some physician providers currently serving DC ADAP clients may not have clinical skills or experience working with patients who are transgendered and in need of hormone therapy. The Department of Health Regulatory and Licensing Administration (HRLA) requires pharmacists to receive continuing education in transgender health, and the DC ADAP clinical pharmacy team provides training focused on transgender health to community providers serving ADAP clients.

STAKEHOLDERS
Transgender persons living with HIV, community physician providers, pharmacists, community-based organizations serving transgender persons, and DC Department of Health staff.

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