

Transgender Drug Formulary

Generic Names	Brand Names	Category	Prior Authorization or restrictions
Estradiol Cypionate 5m/ml	Depo-Estradiol	Feminizing regimen	none
Estradiol Valerate 20mg/ml or 40mg/ml	Delestrogen	Feminizing regimen	none
Estradiol	Estrace	Feminizing regimen	none
Estradiol transdermal Patch 0.1mg	Vivelle-Dot	Feminizing regimen	none
Conjugated estrogens 1.25mg/2.5mg	Premarin	Feminizing regimen	none
Medroxyprogesterone acetate	Provera	Feminizing regimen	none
Depot medroxyprogesterone acetate	DepoProvera	Feminizing regimen	none
Micronized progesterone	Prometrium	Feminizing regimen	none
Spirolactone	Aldactone	Anti-androgen	none
Flutamide	Eulexin	Anti-androgen	none
Finasteride 5mg	Proscar	Anti-androgen	none
Finasteride 1mg	Propecia	Anti-androgen	PA required- submit to Amida Care
Dutasteride	Avodart	Anti-androgen	None
Testosterone Cypionate		Masculinizing regimen	PA required- submit to Amida Care
Testosterone gel	Testim or Androgel	Masculinizing regimen	PA required- submit to Amida Care
Testosterone patch	Androderm	Masculinizing regimen	PA required- submit to Amida Care