



TO: Pharmacies, Physicians, Nurse Practitioners, Physician Assistants, Long-Term Care Providers, Clinics, and Hospitals

RE: Diagnosis Code Requirement for Certain Hormone-related Medications

Due to the **Final Rule: Prohibition on Federal Medicaid and CHIP Funding for Sex Rejecting Procedures Furnished to Children and Youth (CMS-2451-F)**, and effective **October 13th, 2026**, the Connecticut Medical Assistance Program (CMAP) will **require a diagnosis code on all gender affirming care services including pharmacotherapy.**

All drugs that can be utilized for the purposes of gender affirmation will require a diagnosis code regardless of which indication or diagnosis the drug product is being prescribed.

Drug products commonly used for gender affirmation include:

- Estrogen
- Testosterone
- Progesterone
- Aldosterone Receptor Agonists (e.g., Spironolactone)
- 5-Alpha Reductase Inhibitors (e.g., finasteride)
- Gonadotropin Releasing Hormone GnRH agonist (e.g., Leuprolide, Histrelin, Triptorelin)