

## **Buffer Supplies for Gender Affirming Hormone Therapy**

Many transgender and gender diverse individuals have personal experience of administrative barriers to healthcare. Unfortunately, there is concern these barriers will proliferate in the coming years, particularly among patients whose insurance coverage is provided directly by the federal government, whose coverage is subsidized by the federal government, or whose coverage is not subject to California regulations. Should one of your patients share these concerns, please consider whether a "buffer" supply of medication may be appropriate for your patient.

### **What is a buffer supply?**

- A buffer supply is additional medication to have on hand in case of interruptions in insurance coverage.

### **What quantity is appropriate for a buffer supply?**

- For patients who have received gender-affirming hormone therapy for less than 1 year or who are not at goal for hormone levels or expected physical changes, a buffer of up to 90 days is recommended.
- For patients who have received gender-affirming HRT for a year or more, who are making appropriate progress towards clinical goals, and whose lab values are within normal limits, a buffer supply of up to 1 year is recommended.

### **Will buffer supplies expire?**

The limited number of drugs used in gender-affirming care mitigates medication accumulation leading to waste should prescriptions change. Medications dispensed from the pharmacy are typically good for a year or more when stored in a cool, dark, and dry place. By using the oldest medication first, patients can avoid having their medication expire.

### **Will insurance cover buffer supplies?**

- Most insurance plans will pay for up to 90 days of medication every 67-77 days.
- Medi-Cal specifically will pay for 100 days of medication every 75 days.
- For controlled substances such as testosterone, Medi-Cal will pay for a 28-day supply every 21 days or a 35-day supply every 27 days.
  - To fill testosterone sooner than 1 to 2 days before the due date, most California pharmacies will require an explanatory note from the prescriber on the prescription. For example, "Please fill 4 vials every 21 days to allow patient to have additional supplies in case of interruptions to insurance coverage" should be sufficient to meet CA Board of Pharmacy requirements.
- While it would most likely not be covered by insurance, there are no legal obstacles in California to writing for and filling an entire year's supply of HRT at one time.
- While there are limits on refills of testosterone prescriptions, there is no limit to the amount that can be filled in a single initial fill. E.g., while 4 vials of testosterone for

weekly use could not have more than 4 refills (20 vials total), a prescription filled all at once for 52 vials would be within the bounds of the law.

### **How much will a buffer supply cost?**

Costs for a years' supply of HRT can vary widely based on current wholesale prices and what discounts are available to the patient. Some approximate cost ranges follow. Lower costs may be available to patients with demonstrated financial need through Open Door's 340b pricing program. Prices and a list of participating pharmacies can be found at [www.340bpriceguide.net](http://www.340bpriceguide.net).

<u>Medication</u>	<u>Example Qty</u>	<u>Approx. Cost</u>
Estradiol 2 mg oral tablet	700 tablets	\$30-\$120
Estradiol 0.1/mg biweekly patch	12 boxes	\$210-\$300
Estradiol valerate 50 mg/5 ml vial	12 vials	\$500-\$1,000
Spironolactone 100 mg tablet	700 tablets	\$70-\$200
Testosterone Cypionate 200 mg/1 ml Vial	52 vials	\$250-\$700
Testosterone 1.62% Gel Pump	18 bottles	\$400-\$800

### **Why are buffer supplies important?**

Patient concerns about losing access to specific medications are well-founded. Between early 2019 and early 2021 certain federally covered individuals were made ineligible to receive gender-affirming care, and limitations on use of federal funds are a common tool used in enforcing federal priorities at the state level.

Some patients in the transgender community are already discussing reducing the dose of the medications they are taking without informing their providers or using single-dose vials multiple times to stockpile medication independently. At Open Door we can do better for our transgender and gender-diverse patients.

### **I have more questions, who can I ask?**

- Kiley Finch, Staff Pharmacist at Open Door Rx, at x4027.
- Hannah Weiner, Gender Affirming Services Coordinator, at [hweiner@opendoorhealth.com](mailto:hweiner@opendoorhealth.com) or 415.370.9342
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