



# Sex Trait Modification Chemical Regimen

Chemical and surgical modification of an individual's sex traits through medical interventions (including gender transition services) will no longer be covered under the Federal Employees Health Benefits (FEHB) and Postal Service Health Benefits (PSHB) Programs effective January 1, 2026.

If you were under a Plan that is no longer participating in the FEHB or PSHB Program in 2026 and are mid-treatment within a chemical regimen for Sex-Trait Modification for diagnosed gender dysphoria. You may seek an exception to continue care for that treatment by completing this form and submitting it to for review and approval via mail:

**Clinical FFS Team P.O. Box 981114, El Paso, TX 79998-1114, or fax to: 1-855-556-7066.**

You could be eligible for continuation of care if:

- Preauthorization approval was completed prior to January 1, 2026;
- Your prescription was filled prior to January 1, 2026; and
- This exception form is completed and submitted for review and approval

Individuals under age 19 are not eligible for exceptions related to services for ongoing surgical or hormonal treatment for gender dysphoria.

SECTION 1: MEMBER DEMOGRAPHICS		
Member name:		Member ID:
Member phone number: - -	2025 FEHB/PSHB Carrier Plan Name*:	Member date of birth:
Member address:		
Member: <input type="checkbox"/> Assigned female at birth <input type="checkbox"/> Assigned male at birth		
SECTION 2: PROVIDER INFORMATION		
Prescriber name:		National Provider Identification (NPI):
Address:		
Phone number: 1- - -	Fax number: 1- - -	
SECTION 3: REQUIRED DOCUMENTATION		
<i>Submit the following documentation with this form. Omitting required documentation may delay our decision.</i>		
<ul style="list-style-type: none"><li>• Office notes and medical records related to the member's condition.</li><li>• Proof sex-trait modification medication was filled in 2025 (medication history report).</li></ul>		
SECTION 4: TREATMENT PLAN REQUEST		
Drug and dosage amount:		
SECTION 5: SIGN THE FORM		
Signature of person completing form:		Date:
Contact name of office personnel to call with questions:		Phone number: - -