



## Clinical Commissioning Policy Proposition: Feminising and masculinising medicines in the management of gender incongruence in children and young people [2538]

### Commissioning position

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Feminising and masculinising medicines are not available as a routine commissioning treatment option for treatment of children and young people under 18 years who have gender incongruence.

Individuals aged 16 and 17 years who are on active treatment with feminising or masculinising hormones on the date that this urgent policy statement was published, through NHS prescription, may continue their hormone treatment under the care of the NHS Children and Young People's Gender Service, if they and their parent or guardian and their lead clinician in the NHS Children and Young People's Gender Service agree in writing that continuation is in their best interests. This should follow a discussion on the limited evidence about safety, benefits and risks, and a discussion about potential adverse outcomes.

### Background

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In the ICD-11 (WHO, 2025), under conditions related to sexual health, gender incongruence is split into that identified in childhood (Gender incongruence of childhood – HA61) and that identified in adolescents and adults (Gender incongruence in adolescents and adults – HA60).

Gender incongruence of childhood is characterised by a marked incongruence between an individual's experienced/expressed gender and the assigned sex in pre-pubertal children. It includes a strong desire to be a different gender than the assigned sex; a strong dislike on the child's part of their sexual anatomy or anticipated secondary sex characteristics and/or a strong desire for the primary and/or anticipated secondary sex characteristics that match the experienced gender; and make-believe or fantasy play, toys, games, or activities and playmates that are typical of the experienced gender rather than the assigned sex. The incongruence must have persisted for about 2 years (WHO, 2025). Gender variant behaviour and preferences alone are not a basis for assigning the diagnosis.

Gender incongruence of adolescence and adulthood is defined as a marked and persistent incongruence between an individual's experienced gender and the assigned sex, which often leads to a desire to 'transition', in order to live and be accepted as a person of the experienced gender, through hormonal treatment, surgery or other health care services to make the individual's body align, as much as desired and to the extent possible, with the experienced gender. The diagnosis cannot be assigned prior to the onset of puberty. Gender variant behaviour and preferences alone are not a basis for assigning the diagnosis.

The reason why some people experience gender incongruence is not fully understood and it is likely that the development of gender identity is multifactorial and influenced by both biological and social factors. Gender variant behaviours may start between ages 3 and 5,

the same age at which most typically developing children begin showing gendered behaviours and interests (Fast et al, 2018).

Gender atypical behaviour is common among young children and may be part of normal development (Young et al, 2019).

## Current treatments

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NHS England commissions the specialist NHS Children and Young People's Gender Service.

The service provides a focus on psychosocial, psychological and psychoeducational support following individual and family assessment. The aim of psychosocial interventions is to alleviate gender-related distress and any co-occurring difficulties (Taylor et al, 2024). Medical intervention is not the standard approach.

## What we have decided

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NHS England has carefully considered the evidence reviews conducted by Solutions for Public Health (2026) and has identified and reviewed any further published evidence available to date. We have concluded that there is not enough evidence to support the safety or clinical effectiveness of feminising and masculinising medicines to make the treatment routinely available to children and young people at this time. This includes both individuals who identify with a binary, or a non-binary gender.

## Links and updates to other policies

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This document supersedes the following policy:

- [Clinical commissioning policy: prescribing of gender affirming hormones \(masculinising or feminising hormones\) as part of the children and young people's gender service](#) (March 2024)

This document relates to the specialised service for Children and Young People with Gender Incongruence:

- [Interim Service Specification for specialist gender incongruence services for children and young people](#)

And the following policy:

- [Puberty suppressing hormones \(PSH\) for children and young people who have gender incongruence / gender dysphoria \[1927\]](#)

## Policy review date

This document will be reviewed when information is received which indicates that the policy requires revision. If a review is needed due to a new evidence base then a new Preliminary Policy Proposal needs to be submitted by contacting [england.CET@nhs.net](mailto:england.CET@nhs.net).

## Equality statement

Promoting equality and addressing health inequalities are at the heart of NHS England's values. Throughout the development of the policies and processes cited in this document, we have:

- Given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and
- Given regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities.

## Definitions

Exogenous	Coming from outside the body. Exogenous substances enter the body through ingestion, inhalation, injection, or absorption and can exert a wide range of effects.
Feminising medicines	The endocrine medicines that may be used as a feminising therapy in the management of gender incongruence, to develop feminine secondary sex characteristics and reduce masculine traits. They include oestrogen and gonadotrophin releasing hormone analogues (GnRHa). In this indication, oestrogen would generally be expected to be given lifelong and can be used as monotherapy, or sometimes alongside a GnRHa.
Gender incongruence	Where a person experiences discomfort or distress because there is a mismatch between their experienced gender as compared with their assigned sex and its associated physical primary and secondary sex characteristics.
Gender variant	An individual not gender conforming, displaying characteristics that differ from societal expectations based on their birth registered sex.
Gonadotrophin releasing hormone analogue (GnRHa)	Synthetic hormones, such as leuprorelin and triptorelin, which are used to reduce the levels of sex hormones circulating in the body. GnRHa can be used in gender incongruence alone or in combination with feminising or masculinising medicines. GnRHa can usually be stopped once the appropriate sex hormone levels are high enough.
Masculinising medicines	Testosterone may be used as a masculinising medicine in the management of gender incongruence, to develop masculine secondary sex characteristics and reduce feminine traits. In this indication, testosterone would

	generally be expected to be given lifelong and can be used as monotherapy, or sometimes alongside a gonadotrophin releasing hormone analogue (GnRHa).
Oestrogen	<p>A steroid hormone that stimulates development of female secondary sexual characteristics as well as regulating function, including maintenance of the menstrual or oestrus cycle, in women and female vertebrates.</p> <p>There are three types of oestrogen: oestradiol, oestriol and oestrone. Oestradiol is the main, and strongest type, and when administered exogenously, can result in feminisation (development of a more typical female body type) and can also reduce some masculine aspects of the body. This is a medicine that will need to be taken regularly to cause feminising physical changes.</p> <p>Oestradiol is usually given as a tablet, gel or patch. Feminising medicines are generally given lifelong and can be used as monotherapy or alongside GnRHa. A patch is typically used first line and a tablet as second line management.</p>
Testosterone	<p>A steroid hormone that stimulates development of male secondary sexual characteristics among other functions, produced mainly in the testes, but also in the ovaries and adrenal cortex.</p> <p>Administered exogenously, it can help develop more traditionally perceived masculine traits and reduce some of the typical feminine features of the body.</p> <p>Testosterone can be given as an intramuscular (IM) injection or as a topical gel dependent on patient choice.</p>

## References

Equality and Human Rights Commission. (2012). Technical note: Measuring Gender Identity. Available from: <https://www.equalityhumanrights.com/en/publication-download/technical-note-measuring-gender-identity>

Fast, A.A. and Olson, K.R. Gender Development in Transgender Preschool Children. *Child Dev*, (2018).89: 620-637. doi:10.1111/cdev.1275

Taylor, J., Mitchell, A., Hall, R., Langton, T., Fraser, L. and Hewitt, C.E., 2024. Masculinising and feminising hormone interventions for adolescents experiencing gender dysphoria or incongruence: a systematic review. *Archives of Disease in Childhood*.

WHO (2025). ICD-11 for Mortality and Morbidity Statistics. [online] Available at: <https://icd.who.int/browse/2025-01/mms/en>

Young, N., Jean, E., Citro, T. (2019). *Acceptance, Understanding and the Moral Imperative of promoting social justice education in the schoolhouse*. Delaware. Vernon Press p.40.