Mass General Brigham
Health Plan

Vyleesi (bremelanotide)
Effective 08/01/2020

Plan	☐ MassHealth UPPL ☒Commercial/Exchange	**Program Type**	☒ Prior Authorization ☒ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☐ Medical Benefit (NLX)		
Specialty Limitations	N/A		
Contact Information	**Specialty Medications**		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	N/A		

Overview
Nonselective melanocortin receptor agonist that activates several receptor subtypes, most notably MC4R (present throughout the CNS) and MC1R (expressed on melanocytes). Mechanism for improvement of hypoactive sexual desire disorder is unknown.

Coverage Guidelines
Authorization may be granted for members who are currently receiving treatment with Vyleesi for the treatment of premenopausal women with acquired, generalized hypoactive sexual desire disorder (HSDD) excluding when the product is obtained as samples or via manufacturer's patient assistance programs.
OR
Authorization may be granted for members when all the following criteria are met, and documentation is provided:

1. The member is premenopausal
2. The member has a documented diagnosis of acquired, generalized hypoactive sexual desire disorder (HSDD), as characterized by low sexual desire that causes marked distress or interpersonal difficulty
3. The diagnosis is not due to a coexisting medical or psychiatric condition, problems with the relationship, or the effects of a medication or drug substance

Continuation of Therapy
Reauthorization may be granted for all members (including new members) who meet all initial authorization criteria and physician assessment is submitted documenting positive clinical response.

Limitations

1. Initial approvals will be for 8 weeks
2. Reauthorizations will be for 12 months
3. The following quantity limits apply:

Vyleesi 1.75mg/0.3mL pens	8 pens per 30 days

References

1. Vyleesi (bremelanotide) [prescribing information]. Waltham, MA; AMAG Pharmaceuticals Inc; June 2019.

Review History

01/22/2020 – Drug reviewed P&T Mtg
03/18/2020 – Created PA criteria and approved following DCC and P&T Mtg. Effective 8/1/20.