

**Addyi (flibanserin)**  
**Effective 07/01/2021**

<b>Plan</b>	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	<b>Program Type</b>	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
<b>Benefit</b>	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit		
<b>Specialty Limitations</b>	N/A		
<b>Contact Information</b>	<b>Medical and Specialty Medications</b>		
	All Plans	Phone: 877-519-1908	Fax: 855-540-3693
<b>Exceptions</b>	<b>Non-Specialty Medications</b>		
	All Plans	Phone: 800-711-4555	Fax: 844-403-1029

### Overview

Addyi (flibanserin) is a mixed serotonin agonist/antagonist indicated for the treatment of premenopausal women with acquired, generalized hypoactive sexual desire disorder (HSDD) as characterized by low sexual desire that causes marked distress or interpersonal difficulty and is not due to a co-existing medical or psychiatric condition, problems within the relationship, or the effects of a medication or other drug substance.

### Coverage Guidelines

Authorization may be granted for members who are new to the plan currently receiving treatment with Addyi and reporting improvement of symptoms of hypoactive sexual desire disorder, 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 patient is 18 years of age or older and premenopausal.
2. The member has a diagnosis of acquired, generalized hypoactive sexual desire disorder that is appropriately documented (i.e., evaluated by a complete clinical assessment, using DSM-4, interviews/questionnaires)
3. Hypoactive sexual desire disorder (HSDD) is NOT caused by a co-existing medical or psychiatric condition, problems within the relationship, or the effects of a medication or other drug substance.

### Continuation of Therapy

Reauthorization requires physician documentation of improvement of member's condition.

### Limitations

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

Addyi	30 tablets per 30 days
-------	------------------------

**References**

1. Addyi (flibanserin) [prescribing information]. Raleigh, NC: Sprout Pharmaceuticals Inc; September 2021.

**Review History**

01/20/2021—Reviewed Jan P&T, changed to from SGM to custom template; added overview. Effective

07/01/2021

09/21/2022 – Reviewed P&T; references updated, No Clinical Changes.

