

Addyi (flibanserin)
Effective 07/01/2025

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

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 within the past 90 days currently receiving treatment with the requested medication, 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:

1. Member is 18 years of age or older
2. Member is premenopausal.
3. 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)
4. 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

Requests for reauthorization will be approved when the following criteria are met:

1. Documentation of improvement of member's condition.

Limitations

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

Drug Name and Dosage Form	Quantity Limit
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Addyi tablet	1 tablet per day
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References

1. Addyi (flibanserin) [prescribing information]. Raleigh, NC: Sprout Pharmaceuticals Inc; January 2025.

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.

06/11/2025 – Reviewed at June P&T. No changes. Effective 07/01/2025.

