

Vyleesi (bremelanotide)
Effective 08/01/2020

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
Exceptions	Non-Specialty Medications		
	All Plans	Phone: 800-711-4555	Fax: 844-403-1029

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
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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.

