

**Vyleesi (bremelanotide)**  
**Effective 03/01/2025**

<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

Vyleesi (bremelanotide injection) is a melanocortin receptor agonist 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 with the relationship, or
- The effects of a medication or drug substance

Vyleesi is not indicated for the treatment of HSDD in postmenopausal women or in men. It is also not indicated to enhance sexual performance.

### Coverage Guidelines

Authorization may be granted for members new to the plan within the past 90 days who are 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 all of the following criteria are met:

1. Member is premenopausal
2. 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. Member's 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

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

1. Documentation is submitted demonstrating member has had a positive response to therapy

**Limitations**

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

Drug Name	Quantity Limit
Vyleesi 1.75mg/0.3mL pens	8 pens per 30 days

**References**

1. Vyleesi (bremelanotide) [prescribing information]. Waltham, MA; AMAG Pharmaceuticals Inc; March 2024.

**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.

12/11/2024 – Reviewed and updated at December P&T. Updated verbiage for members who are new to the plan. Updated reauthorization criteria to remove requirement that initial criteria are met. Effective 3/1/2025.

