

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

<b>Plan</b>	<input type="checkbox"/> MassHealth <input checked="" type="checkbox"/> Commercial/Exchange	<b>Program Type</b>	<input checked="" type="checkbox"/> Prior Authorization <input checked="" type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
<b>Benefit</b>	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		
<b>Specialty Limitations</b>	N/A		
<b>Contact Information</b>	<b>Specialty Medications</b>		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	<b>Non-Specialty Medications</b>		
	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
	<b>Medical Specialty Medications (NLX)</b>		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
<b>Exceptions</b>	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 AllWays Health Partners 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
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**References**

1. Addyi (flibanserin) [prescribing information]. Raleigh, NC: Sprout Pharmaceuticals Inc; October 2019.

**Review History**

01/20/2021—Reviewed Jan P&T, changed to from SGM to custom template; added overview. Effective 07/01/2021

**Disclaimer**

AllWays Health Partners complies with applicable federal civil rights laws and does not discriminate or exclude people on the basis of race, color, national origin, age, disability, or sex.