

**Vyleesi (bremelanotide)  
Effective 08/01/20**

<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**

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

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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.

### Disclaimer

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