

UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2017 P 1179-2
Program	Prior Authorization/Notification
Medication	Addyi (flibanserin)
P&T Approval Date	3/2016, 4/2017
Effective Date	8/1/2017; Oxford: N/A

1. Background:

Addyi is 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. Acquired HSDD refers to HSDD that develops in a patient who previously had no problems with sexual desire. Generalized HSDD refers to HSDD that occurs regardless of the type of stimulation, situation or partner. Addyi is not indicated for the treatment of HSDD in postmenopausal women or in men and is not indicated to enhance sexual performance.

2. Coverage Criteria:

A. Initial Authorization

1. Addyi will be approved based on **all** of the following criteria:

a. Diagnosis of one of the following:

(1) Acquired, generalized hypoactive sexual desire disorder (HSDD)

-OR-

(2) Female sexual interest/arousal disorder

-AND-

b. Low sexual desire is NOT due to any of the following:

(1) A co-existing medical or psychiatric condition

(2) Problems within the relationship

(3) The effects of a medication or other drug substance

-AND-

c. Patient is female

-AND-

d. Patient is premenopausal

Initial authorization will be issued for 3 months

B. Reauthorization

1. Addyi will be approved based on **both** of the following criteria:

a. Documentation of positive clinical response to Addyi therapy

-AND-

b. Patient continues to be premenopausal

Reauthorization will be issued for 12 months

3. Additional Clinical Rules:

- Supply limits may be in place

4. References:

1. Addyi Prescribing Information. Sprout Pharmaceuticals, Inc, August 2015.
2. Sexual dysfunctions. In: Diagnostic and Statistical Manual of Mental Disorders, 5th ed., American Psychiatric Association, Arlington, Virginia 2013.

Program	Prior Authorization/Notification – Addyi
Change Control	
Date	Change
3/2016	New program.
4/2017	Annual Review. No changes.