

ADDYI (flibanserin)

Diagnosis Considered for Coverage:

- Premenopausal women with acquired, generalized hypoactive sexual desire disorder (HSDD)

Coverage Criteria:

Initial Authorization
<ul style="list-style-type: none"> • For diagnosis listed above, and • Diagnosed by a psychiatrist, and • Hypoactive sexual desire disorder is not due to an underlying medical or psychiatric condition, and • Hypoactive sexual desire disorder is not due to side effect from a medication, and • Patient is female and premenopausal, and • Inadequate response, intolerable side effect, or contraindication to bupropion, and • Dose does not exceed 100 mg once a day <p><u>Coverage duration:</u> 8 weeks</p>
1st Reauthorization
<ul style="list-style-type: none"> • Patient experienced increased sexual desire since initiating Addyi therapy, and • Patient is female and premenopausal, and • Dose does not exceed 100 mg once a day. <p><u>Coverage duration:</u> 1 year</p>
Subsequent Reauthorization
<ul style="list-style-type: none"> • Patient is female and premenopausal, and • Dose does not exceed 100 mg once a day. <p><u>Coverage duration:</u> 1 year</p>

Coverage Duration: see above

Effective: 12/17/2015