



MASSACHUSETTS

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Pharmacy Medical Policy Hypoactive Sexual Desire Disorder (HSDD) Policy

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Policy Number: 131

BCBSA Reference Number: None

Related Policies

- Quality Care Dosing guidelines apply to the following medications and can be found in Medical Policy #621A

Policy

Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity

Note: All requests for outpatient retail pharmacy for indications listed and not listed on the medical policy guidelines may be submitted to BCBSMA Clinical Pharmacy Operations by completing the Prior Authorization Form on the last page of this document. Physicians may also call BCBSMA Pharmacy Operations department at (800)366-7778 to request a prior authorization/formulary exception verbally. Patients must have pharmacy benefits under their subscriber certificates.

Please refer to the chart below for the formulary and step status of the medications affected by this policy.

Drug	Formulary Information
	Standard
	Formulary Status
Addyi™ (flibanserin)	Not Covered
Vyleesi™ (bremelanotide)	PA Required

We may cover Addyi™** (flibanserin) for the treatment of acquired, generalized hypoactive sexual desire disorder (HSDD) when **all** of the following criteria are met:

- HSDD not due to a co-existing medical or psychiatric condition, and
- HSDD not due to problems within the relationship, and
- HSDD not due to the effects of a medication or other drug substance, and
- Prescriber attests to counseling patient/BCBSMA member about alcohol limitations, and

- Initial approval will be for eight (8) weeks as Addyi needs to be discontinued if symptoms do not improve.

Continuation Criteria:

- Subsequent approval requires an 8 week follow-up attestation from the Prescriber that symptoms have improved and no adverse reactions have presented with the patient /BCBSMA member, and
- Prescriber submits a Prior Authorization for continue use of Addyi.

**Requests based exclusively on the use of samples will not meet coverage criteria for exception. Additional clinical information demonstrating medical necessity of the desired medication must be submitted by the requesting prescriber for review.

We may cover Vyleesi™ (bremelanotide) for the treatment of acquired, generalized hypoactive sexual desire disorder (HSDD) when **all** of the following criteria are met:

- HSDD not due to a co-existing medical or psychiatric condition, and
- HSDD not due to problems within the relationship, and
- HSDD not due to the effects of a medication or other drug substance

We do not cover the medications listed above for other conditions not listed above.

CPT Codes / HCPCS Codes / ICD-9 Codes

The following codes are included below for informational purposes. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

CPT Codes

There is no specific CPT code for this service.

Individual Consideration

All our medical policies are written for the majority of people with a given condition. Each policy is based on medical science. For many of our medical policies, each individual's unique clinical circumstances may be considered in light of current scientific literature. Physicians may send relevant clinical information for individual patients for consideration to:

Blue Cross Blue Shield of Massachusetts
Pharmacy Operations Department
25 Technology Place
Hingham, MA 02043
Tel: 1-800-366-7778
Fax: 1-800-583-6289

Prior Authorization Information

Outpatient

For services described in this policy, see below for products where prior authorization **IS REQUIRED** if the procedure is performed **outpatient**.

	Outpatient
Commercial Managed Care (HMO and POS)	Prior authorization is required .
Commercial PPO and Indemnity	Prior authorization is required .

Policy History

Date	Action
9/2020	Clarified Addyi™ criteria.
1/2020	Updated to add Vyleesi™ to the policy.
6/2017	Updated address for Pharmacy Operations.
2/2016	Implemented new policy for Addyi™.

References

1. Addyi™ [package insert]. Raleigh, NC: Sprout Pharmaceuticals, Inc.: 2015.
2. Vyleesi™ [package insert]. Waltham, MA: AMAG Pharmaceuticals, Inc.: Sept 2019.

To request prior authorization using the Massachusetts Standard Form for Medication Prior Authorization Requests (eForm), click the link below:

<http://www.bluecrossma.org/medical-policies/sites/g/files/csphws2091/files/acquiadam-assets/023%20E%20Form%20medication%20prior%20auth%20instruction%20prn.pdf>