

# PROVIDER BULLETIN

## PROVIDER INFORMATION



December 2, 2015

### **New Prior Authorization Criteria for Addyi™ (fibanserin)**

Addyi™ (fibanserin) is a drug with FDA approval for 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.

Addyi™ (fibanserin) may not be covered under a subscriber's benefit. If covered, Blue Cross and Blue Shield of Minnesota (Blue Cross) will require prior authorization (PA), effective February 1, 2016.

As stewards of healthcare expenditures for our subscribers, we are charged with ensuring the highest quality, evidence based care for our members. One method for doing so is through the PA process. The primary purpose is to ensure that evidence based care is provided to our members, driving quality, safety, and affordability.

The intent of this PA is to ensure appropriate selection of patients for treatment according to FDA approved product labeling. Addyi™ (fibanserin) should only be dispensed as indicated by the Addyi™ (fibanserin) Risk Evaluation and Mitigation Strategy (REMS) program, due to the risk of hypotension and syncope when used concomitantly with alcohol or CYP3A4 inhibitors. Addyi™ (fibanserin) is not indicated for use in men or in post-menopausal women.

If covered under the subscriber's benefit and the PA is approved, it will be limited to one tablet per day, based on the FDA approved product label. If approved, initial coverage will be granted for a period of 3 months. Additional coverage, greater than 3 months, will be approved if the provider submits documentation that Patient's HSDD symptoms have improved compared to baseline, after 8 weeks of therapy. If approved, additional coverage is renewable for up to 1 year.

#### **Products impacted**

This PA program applies to commercial lines of business, if covered under the subscriber's benefit.

Drug-specific PA criteria can be accessed using the Blue Cross provider link.

- Access [providers.bluecrossmn.com](http://providers.bluecrossmn.com)
- Under Tools And Resources, select Medical policy, then acknowledge the Acceptance statement
- Select Utilization Management
- Select Pharmacy Utilization Management

#### **Questions?**

If you have questions, please contact provider services at **(651) 662-5200** or **1-800-262-0820**.