Prior Authorization
Hypoactive Sexual Desire Disorder – Addyi™ (flibanserin tablets)

Table of Contents

National Formulary Medical Necessity ..................1
Conditions Not Covered ......................................2
Background ..........................................................2
References .............................................................3
Revision History .....................................................3

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National Formulary Medical Necessity

Cigna covers flibanserin (Addyi™) as medically necessary when the following criteria are met for FDA Indications or Other Uses with Supportive Evidence:

Prior Authorization is recommended for prescription benefit coverage of Addyi. All approvals are provided for the duration noted below. In cases where the approval is authorized in months, 1 month is equal to 30 days.

FDA Indication(s)

1. **Hypoactive Sexual Desire Disorder (HSDD)/Female Sexual Interest/Arousal Disorder (FSIAD).**
   Approve for the duration noted if the individual meets ONE of the following (A or B):
   A) **Initial Therapy.** Approve for 8 weeks if the individual meets the following criteria (i, ii, iii, iv, v, and vi):
      i. Individual is premenopausal; AND
      ii. Individual’s symptoms of HSDD/FSIAD have persisted for a minimum of 6 months; AND
      iii. Individual has had normal sexual desire in the past, prior to the diagnosis of HSDD/FSIAD; AND
      iv. Individual does **not** have a diagnosis of depression; AND

Page 1 of 3
Cigna National Formulary Coverage Policy: PA Hypoactive Sexual Desire Disorder - Addyi
v. Other known causes of HSDD/FSIAD, such as co-existing medical or psychiatric conditions, problems within a relationship, effects of medications (e.g., antidepressants), or drug abuse have been ruled out by the prescriber; AND
vi. The prescriber has counseled the individual regarding the interaction with alcohol and Addyi, and the increased risk of hypotension and syncope.

B) Individual is Currently Receiving Addyi. Approve for 6 months if the individual meets the following criteria (i, ii, and iii):
   i. Individual is premenopausal; AND
   ii. The prescriber confirms that since initiating Addyi therapy, the individual reports a significant improvement in sexual desire and/or a decrease in sexual distress; AND
   iii. Individual has not reported any serious or concerning adverse events (e.g., hypotension, syncope, dizziness) while taking Addyi.

Conditions Not Covered

Flibanserin (Addyi™) is considered experimental, investigational or unproven for ANY other use including the following (this list may not be all inclusive):

1. Postmenopausal Individuals. Two published Phase III trials assessed the efficacy of Addyi in postmenopausal women with HSDD. In the SNOWDROP trial though there was statistical significance in the primary endpoints (number of satisfying sexual events over 28 days and increase in desire score), the treatment difference between Addyi and placebo was very minimal. The PLUMERIA study was discontinued early by the study sponsor for commercial reasons; however, published data are available for up to Week 16. The improvement from baseline to Week 16 in the Female Sexual Function Index desire domain was significantly greater with Addyi compared with placebo, but the other co-primary endpoint of sexually satisfying events was not significantly different between Addyi and placebo. Addyi is currently not approved for use in postmenopausal women with HSDD/FSIAD symptoms.

Background

Overview
Addyi is indicated for the treatment of premenopausal women with acquired, generalized hypoactive sexual desire disorder (HSDD) that is 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. It is also not indicated to enhance sexual performance.

Addyi is a centrally-acting post-synaptic serotonin 1A receptor agonist and a serotonin 2A receptor antagonist. It has been shown to regulate levels of dopamine and norepinephrine and to induce transient decreases in serotonin levels in specific regions of the brain. The exact mechanism of action of Addyi in the treatment of HSDD is not known. According to the prescribing information, Addyi should be discontinued after 8 weeks if the patient does not report an improvement in her HSDD symptoms.

The prescribing information notes that Addyi should be discontinued after 8 weeks if the patient does not report any improvement in HSDD symptoms. In the Addyi clinical studies, one of the coprimary efficacy endpoints was assessed by the median increase in the number of satisfying sexual events standardized over a 28-day period. Since this is an objective measure of efficacy, it is used in the criteria to assess Addyi efficacy during initial therapy.

Safety
Addyi contains a Boxed Warning regarding the use of alcohol and the increase in risk of severe hypotension and syncope. Patients should be counseled to wait at least two hours after consuming one or two standard alcoholic
drinks before taking Addyi or skip the dose if they have consumed three or more standard alcoholic drinks that evening.

Guidelines
The American College of Obstetricians and Gynecologists guideline on Female Sexual Dysfunction (2019) notes the importance of recognizing if the loss of sexual interest is due to a co-morbid or undiagnosed condition, or medication. Consultation with or referral to a mental health specialist with expertise and training in the treatment of female sexual dysfunction (e.g., sex therapists, psychologists, marriage/relationship counselors) should be considered based on the physician’s level of expertise and the patient's individual needs. The guidelines note that Addyi was approved in 2015 by the FDA to treatment hypoactive sexual desire disorder in premenopausal women without depression. Addyi is noted as a treatment option for HSDD in premenopausal women without depression who are appropriately counseled about the risk of alcohol use during treatment. The guidelines also discuss that systemic review and meta-analysis of existing studies with Addyi show that although the studies were randomized, their overall quality of evidence for efficacy and safety was very low.

References


Revision History

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<th>Type of Revision</th>
<th>Summary of Changes</th>
<th>Approval Date</th>
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<td>Annual Revision</td>
<td>No criteria changes.</td>
<td>12/15/2021</td>
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