Pharmacy Policy Bulletin

Title:	Flibanserin (Addyi®)
Policy #:	Rx.01.177

Application of pharmacy policy is determined by benefits and contracts. Benefits may vary based on product line, group, or contract. Some medications may be subject to precertification, age, quantity, or formulary restrictions (ie limits on non-preferred drugs). Individual member benefits must be verified.

This pharmacy policy document describes the status of pharmaceutical information and/or technology at the time the document was developed. Since that time, new information relating to drug efficacy, interactions, contraindications, dosage, administration routes, safety, or FDA approval may have changed. This Pharmacy Policy will be regularly updated as scientific and medical literature becomes available. This information may include new FDA-approved indications, withdrawals, or other FDA alerts. This type of information is relevant not only when considering whether this policy should be updated, but also when applying it to current requests for coverage.

Members are advised to use participating pharmacies in order to receive the highest level of benefits.

Intent:

The intent of this policy is to communicate the medical necessity criteria for flibanserin (Addyi®) as provided under the member's prescription drug benefit.

Description:

Flibanserin is a serotonin 5-HT1A agonist and 5-HT2A antagonist. Flibanserin also has moderate antagonist activities at the 5-HT2B, 5-HT2C, and dopamine D4 receptors. The exact mechanism of flibanserin in the treatment of premenopausal women with hypoactive sexual desire disorder (HSDD) is unknown. Flibanserin was originally studied for depression,but failed to demonstrate efficacy in that area. It was during these clinical trials that researchers recognized the potential benefit of flibanserin for generalized HSDD and continued clinical development in that direction. Although flibanserin has demonstrated improvement in treating HSDD, the overall results of the clinical trials were numerically small, and continued assessment of long-term benefits and risks associated with flibanserin is still warranted.

HSDD is a disease that represents a subset of symptoms associated with “desire” within the overarching diagnosis of sexual dysfunction. HSDD was a stand-alone diagnosis Diagnostic and Statistical Manual of Mental Disorders (DSM) IV. In DSM V, HSDD is now incorporated into female sexual interest/ arousal disorder (FSIAD). FSIAD is defined as a lack of, or significantly reduced, sexual interest or arousal for 6 months or greater when a patient meets 3 of the 6 diagnostic criteria.

Flibanserin is indicated for the treatment of premenopausal women with acquired, generalized 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.

Limitations of Use

- Flibanserin is not indicated for the treatment of HSDD in postmenopausal women or in men
- Flibanserin is not indicated to enhance sexual performance

Policy:

Flibanserin (Addyi®) is approved when ALL of the following are met:

1. Diagnosis of acquired, generalized hypoactive sexual desire disorder (HSDD) not due to any of the following:
   a. A co-existing medical or psychiatric condition
   b. Relationship problems
   c. The effects of a medication or other drug substance

   AND

2. Member is premenopausal; and
3. Symptoms of HSDD have persisted for at least 6 months; and
4. Prescriber confirmed BOTH of the following
   a. Member has no known history of alcohol abuse or for a patient with a known history of alcohol abuse, patient has abstained from alcohol abuse for the past 6 months; and
   b. Member agrees to abstain from alcohol during therapy

   AND

5. Member does not have hepatic impairment (i.e., Child-Pugh score of 6 points or greater); and
6. No concomitant use of moderate or strong cytochrome P450 3A4 inhibitors (e.g., ciprofloxacin, clarithromycin, diltiazem, fluconazole, itraconazole, ketoconazole, ritonavir, verapamil, etc.)

Initial authorization duration: 3 months

RE-AUTHORIZATION CRITERIA

Flibanserin (Addyi®) is re-approved when ALL of the following are met:

1. Positive clinical response to flibanserin (Addyi®) therapy; and
2. Member continues to be premenopausal; and
3. Member continues to abstain from alcohol use during treatment with flibanserin (Addyi®); and
4. Member does not have hepatic impairment (i.e., Child-Pugh score of 6 points or greater); and
5. No concomitant use of moderate or strong CYP3A4 inhibitors (e.g., ciprofloxacin, clarithromycin, diltiazem, fluconazole, itraconazole, ketoconazole, ritonavir, verapamil, etc.)

Re-authorization duration: 12 months

Black Box Warning:

WARNING: HYPOTENSION AND SYNCOPE IN CERTAIN SETTINGS

Use of flibanserin and alcohol increases the risk of severe hypotension and syncope. Therefore, alcohol use is contraindicated. Before prescribing flibanserin, assess the likelihood of the patient

abstaining from alcohol. Counsel patients who are prescribed flibanserin about the importance of abstaining from alcohol use.

Flibanserin is available only through a restricted program under a Risk Evaluation and Mitigation Strategy (REMS) called the Addyi® REMS Program.

Severe hypotension and syncope can occur when flibanserin is used with moderate to strong CYP3A4 inhibitors or in patients with hepatic impairment; therefore, flibanserin use in these settings is contraindicated.

Guidelines:

Refer to the specific manufacturer's prescribing information for administration and dosage details and any applicable Black Box warnings.

BENEFIT APPLICATION

Subject to the terms and conditions of the applicable benefit contract, the applicable drug(s) identified in this policy is (are) covered under the prescription drug benefits of the Company's products when the medical necessity criteria listed in this pharmacy policy are met. Any services that are experimental/investigational or cosmetic are benefit contract exclusions for all products of the Company.

References:

Addyi® (flibanserin) [package insert]. Raleigh, NC. Sprout Pharmaceuticals. May 2018. Available at: https://addyi.com/assets/pdf/Addyi_full_prescribing_info.pdf Accessed October 26, 2018.

American Psychiatric Association. Diagnostic and Statistical manual of Mental Disorders, 5th edition (DSM V). Washington, DC: In Section II, Sexual Dysfunctions, Female Sexual Interest/Arousal Disorder. May 2013.

Flibanserin. Micromedex. Available at: http://www.micromedexsolutions.com/. Accessed October 26, 2018.

Applicable Drugs:

Inclusion of a drug in this table does not imply coverage. Eligibility, benefits, limitations, exclusions, precertification/referral requirements, provider contracts, and Company policies apply.

Brand Name	Generic Name
Addyi®	flibanserin

Cross References:

N/A

Policy Version Number:	4.00
P&T Approval Date:	October 11, 2018
Policy Effective Date:	January 1, 2019
Next Required Review Date:	October 12, 2019

benefit program for the terms, conditions, limitations and exclusions of your coverage. Company does not provide health care services, medical advice or treatment, or guarantee the outcome or results of any medical services/treatments. The facility and professional providers are responsible for providing medical advice and treatment. Facility and professional providers are independent contractors and are not employees or agents of the Company. If you have a specific medical condition, please consult with your doctor. The Company reserves the right at any time to change or update its Policy Bulletins.