

bremelanotide subcutaneous injection (VYLEESI)

Diagnosis Considered for Coverage:

- Hypoactive sexual desire disorder (HSDD)/DSM-V sexual interest or arousal disorder

Coverage Criteria:

For diagnosis listed above:

Initial Authorization

- Patient’s sexual desire disorder is not due to underlying medical or psychiatric condition, **and**
- Patient’s sexual desire disorder is not due to adverse side effect from a medication, **and**
- Not being used in post-menopausal female patient, **and**
- Not being used in male patient, **and**
- Not being used in combination with Addyi, **and**
- Dose does not exceed 8 (1.75 mg) syringes per month.

Coverage duration: 8 weeks

1st Reauthorization

- Patient has experienced increased sexual desire since initiating Vyleesi therapy, **and**
- Not being used in post-menopausal female patient, **and**
- Not being used in combination with Addyi, **and**
- Dose does not exceed 8 syringes (2.4 mL) per month.

Coverage duration: 1 year

Subsequent Reauthorization

- Patient is female and premenopausal, **and**
- Not being used in combination with Addyi, **and**
- Dose does not exceed 8 (1.75 mg) syringes per month.

Coverage duration: 1 year

Coverage Duration: see above

Effective Date: 11/29/2023