

Continuation of Therapy Criteria
Approval will be for one (1) year

- Sexual desire and number of satisfying sexual events has increased from baseline (*chart notes must be submitted documenting improvement in number of satisfying sexual events and symptoms*)

AND

- Patient is pre-menopausal

AND

- Patient will abstain from alcohol while on Addyi® therapy (*alcohol screening completed at the time of prescribing must be attached*)

AND

- Patient does not have hepatic impairment (*Child-Pugh score of ≥ 6 points*)

AND

- Patient is not using moderate or strong CYP3A4 inhibitors concomitantly

****Use of samples to initiate therapy does not meet step edit/ preauthorization criteria.****

Previous therapies will be verified through pharmacy paid claims or submitted chart notes.

Patient Name: _____

Member Optima #: _____ Date of Birth: _____

Prescriber Name: _____

Prescriber Signature: _____ Date: _____

Office Contact Name: _____

Phone Number: _____ Fax Number: _____

DEA OR NPI #: _____

*Approved by Pharmacy and Therapeutics Committee: 10/20/2016
REVISED/UPDATED: 3/7/2017; 8/9/2017;