



Original Effective Date: 06/01/2019
 Current Effective Date: 01/31/2024
 Last P&T Approval/Version: 01/31/2024
 Next Review Due By: 01/2025
 Policy Number: C16658-A

Sexual Dysfunction Criteria NC

PRODUCTS AFFECTED

Addyi (flibanserin), Bi-Mix (papaverine/phentolamine), Caverject (alprostadil), Cialis (tadalafil) 10 mg, tadalafil 10 mg, Cialis (tadalafil) 20 mg, tadalafil 20 mg, Edex (alprostadil), Levitra (vardenafil), Muse (alprostadil), papaverine/phentolamine, Quad-Mix (papaverine/phentolamine/alprostadil/atropine), IFE-PG20 (alprostadil in NaCl), sildenafil, Staxyn (vardenafil), Stendra (avanafil), Super Bi-Mix, Super Quad-Mix, Super Tri-mix, Tri-Mix (papaverine/phentolamine/alprostadil), vardenafil, Viagra (sildenafil), Vyleesi (bremelanotide)

COVERAGE POLICY

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Coverage Guideline must be read in its entirety to determine coverage eligibility, if any. This Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide Molina Healthcare complete medical rationale when requesting any exceptions to these guidelines.

Documentation Requirements:

Molina Healthcare reserves the right to require that additional documentation be made available as part of its coverage determination; quality improvement; and fraud; waste and abuse prevention processes. Documentation required may include, but is not limited to, patient records, test results and credentials of the provider ordering or performing a drug or service. Molina Healthcare may deny reimbursement or take additional appropriate action if the documentation provided does not support the initial determination that the drugs or services were medically necessary, not investigational or experimental, and otherwise within the scope of benefits afforded to the member, and/or the documentation demonstrates a pattern of billing or other practice that is inappropriate or excessive.

DIAGNOSIS:

Sexual dysfunction

REQUIRED MEDICAL INFORMATION:

All uses of the products affected above are considered not medically necessary in accordance to this policy. Prescription drugs used to treat sexual or erectile dysfunction are NOT a covered benefit by Molina Healthcare. This coverage policy is subject to change based on research and medical literature, or at the discretion of Molina Healthcare. Molina Healthcare will continue to evaluate and update this policy as relevant clinical evidence becomes available.

CONTINUATION OF THERAPY:

NA

DURATION OF APPROVAL:

NA

Drug and Biologic Coverage Criteria

PRESCRIBER REQUIREMENTS:

NA

AGE RESTRICTIONS:

NA

QUANTITY:

NA

PLACE OF ADMINISTRATION:

NA

DRUG INFORMATION

ROUTE OF ADMINISTRATION:

Oral, Urethral, Injectable

DRUG CLASS:

Impotence Agents, Hypoactive Sexual Desire Disorder (HSDD) Agents

FDA-APPROVED USES:

Indicated for the treatment of erectile dysfunction (ED), treatment of acquired, generalized hypoactive sexual desire disorder (HSDD) (also known as female sexual interest/arousal disorder)

COMPENDIAL APPROVED OFF-LABELED USES:

None

APPENDIX

APPENDIX:

NA

BACKGROUND AND OTHER CONSIDERATIONS

BACKGROUND:

NA

CONTRAINDICATIONS/EXCLUSIONS/DISCONTINUATION:

NA

OTHER SPECIAL CONSIDERATIONS:

None

CODING/BILLING INFORMATION

Note: 1) This list of codes may not be all-inclusive. 2) Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement

HCPCS CODE	DESCRIPTION
NA	

AVAILABLE DOSAGE FORMS:

Addyi TABS 100MG

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Drug and Biologic Coverage Criteria

Bi-Mix SOLR 150-5MG
 Caverject Impulse KIT 10MCG, 20MCG
 Caverject SOLR 20MCG, 40MCG
 Cialis TABS 10MG, 20MG
 Edex KIT 10MCG, 20MCG, 40MCG
 Levitra TABS 10MG, 20MG
 Muse PLLT 125MCG, 250MCG, 500MCG, 1000MCG
 Quad-Mix SOLR 150-10-0.1-1MG
 Sildenafil Citrate TABS 25MG, 50MG, 100MG
 Staxyn TBDP 10MG
 Stendra TABS 50MG, 100MG, 200MG
 Super Bi-Mix SOLR 150-10MG
 Super Quad-Mix SOLR 150-20-0.2-2MG
 Super Tri-Mix SOLR 150-10-100MG-MG-MCG
 Tadalafil TABS 10MG, 20MG
 Tri-Mix SOLR 150-5-50MG-MG-MCG
 Vardenafil HCl TABS 2.5MG, 5MG, 10MG, 20MG
 Vardenafil HCl TBDP 10MG
 Viagra TABS 25MG, 50MG, 100MG
 Vyleesi SOAJ 1.75MG/0.3ML

REFERENCES

1. Addyi (flibanserin) [prescribing information], Raleigh, NC: Spout Pharmaceuticals, Inc., September 2021.
2. Caverject (alprostadil) [prescribing information], New York, NY: Pfizer Inc., December 2017.
3. Cialis (tadalafil) [prescribing information], Indianapolis, IN: Lilly USA, LLC, April 2023.
4. Edex (alprostadil) [prescribing information], Malvern, PA: Endo Pharmaceuticals, Inc., July 2018.
5. Levitra (vardeafil) [prescribing information], Research Triangle Park, NC: GlaxoSmithKline, Inc., August 2017.
6. Viagra (sildenafil) [prescribing information], New York, NY: Pfizer Inc., December 2017.
7. Vyleesi (bremelanotide) [prescribing information], Cranbury, NJ: Palatin Technologies, Inc. February 2021.
8. Stendra (avanafil) tablet [prescribing information]. Freehold, NJ: Metuchen Pharmaceuticals, LLC; September 2019.
9. Staxyn (vardeafil) orally disintegrating tablets [prescribing information]. Wayne, NJ: Bayer HealthCare Pharmaceuticals Inc.; March 2012.

SUMMARY OF REVIEW/REVISIONS	DATE
REVISION- Notable revisions: Products Affected Available Dosage Forms References	Q1 2024
REVISION- Notable revisions: Products Affected Required Medical Information Drug Class Available Dosage Forms References	Q1 2023
REVISION- Notable revisions: Available Dosage Forms References	Q2 2022
Q2 2022 Established tracking in new format	Historical changes on file