



**Medicare Part D – 2016**

**Prior Authorization Group Description**

ADDYI

**Covered Uses:**

All FDA-approved indications not otherwise excluded from Part D.

**Exclusion Criteria:**

**Required Medical Information:**

Reauthorization requests: Documentation that sexual desire has improved.

**Age Restrictions:**

**Prescriber Restrictions:**

**Coverage Duration:**

Initial: 8 weeks Reauthorization: length of benefit

**Other Criteria:**