

USFHP Prior Authorization Request Form for
flibanserin (**Addyi**)

<p>7. Has the patient been counseled to wait 2 hours after consuming 1 or 2 standard alcoholic drinks before taking Addyi at bedtime or to skip their Addyi dose if they have consumed 3 or more standard alcoholic drinks that evening? After taking Addyi, do not use alcohol until the following day.</p>	<p align="center"><input type="checkbox"/> Yes Proceed to question 8</p>	<p align="center"><input type="checkbox"/> No STOP Coverage not approved</p>
<p>8. Does the patient have hepatic impairment (Child-Pugh score at least 6)?</p>	<p align="center"><input type="checkbox"/> Yes STOP Coverage not approved</p>	<p align="center"><input type="checkbox"/> No Proceed to question 9</p>
<p>9. Is the patient receiving concomitant therapy with a moderate or strong CYP3A4 inhibitor (for example, ciprofloxacin, clarithromycin, diltiazem, fluconazole, itraconazole, ketoconazole, ritonavir, verapamil)?</p>	<p align="center"><input type="checkbox"/> Yes STOP Coverage not approved</p>	<p align="center"><input type="checkbox"/> No Proceed to question 10</p>
<p>10. Has the patient been informed that other treatment options such as cognitive-behavior therapy, sexual therapy, or couples therapy, may provide benefit without risk of side effects?</p>	<p align="center"><input type="checkbox"/> Yes Sign and date below</p>	<p align="center"><input type="checkbox"/> No STOP Coverage not approved</p>
<p>11. Does the patient have documented improvement in symptoms without serious side effects?</p>	<p align="center"><input type="checkbox"/> Yes Sign and date below</p>	<p align="center"><input type="checkbox"/> No STOP Coverage not approved</p>

Step 3 I certify the above is true to the best of my knowledge.

Please sign and date:

Prescriber Signature

Date