

Important Updates for HSDD Therapies

Revised Prescribing Information for Addyi®

Based upon a series of post-approval clinical research studies, the US Food and Drug Administration has approved revisions to the prescribing information for Addyi® (flibanserin), a treatment for acquired, generalized hypoactive sexual desire disorder (HSDD) in premenopausal women.¹ The recommended dosing regimen for Addyi® is once daily, taken at bedtime (qhs). The REMS certification requirement for prescribers and pharmacists has now been removed and is limited to a Medication Guide. In addition, the safety information was updated to remove the alcohol contraindication and to further clarify that the risk of hypotension and syncope can be mitigated by separating the flibanserin bedtime dosing and prior alcohol consumption by at least two hours. In Canada, while similar warnings about hypotension and syncope with alcohol use are included in the Addyi® product monograph, Health Canada did not require a risk management plan equivalent to a REMS program when Addyi® was initially approved.² The post-approval alcohol interaction studies were performed exclusively in healthy premenopausal women. Two of the studies have now been published, and the third is currently in press.³⁻⁵

Prescribers should continue to educate their patients with the most accurate alcohol interaction data and emphasize the importance of bedtime dosing for patients taking Addyi®. For appropriate patients, Addyi® is currently available without cost for 8 weeks.

Second Medical Therapy for HSDD, Vyleesi® is Now Available

Vyleesi® (bremelanotide) is now available for the treatment of acquired, generalized, HSDD in premenopausal women. While the mechanism by which bremelanotide improves sexual desire and related distress is unknown, Vyleesi® is thought to activate specific melanocortin receptors in the brain which increase the downstream production and release of dopamine.⁶ Patients subcutaneously inject Vyleesi® in the skin of the abdomen or thigh using an autoinjector at least 45 minutes before anticipated sexual activity. In the clinical trials, Vyleesi® significantly improved sexual desire while reducing associated sexual distress.^{6,7} The most common side effects of Vyleesi® are: nausea (40%), flushing (20.3%), injection site reaction (13.2%), headache (11.3%), and vomiting (4%). Gastrointestinal side effects tend to be worse initially and wane with subsequent dosing.^{6,7} Vyleesi® increased blood pressure after dosing,

which usually resolved within 12 hours. Because of this effect, Vyleesi® should not be used in patients with uncontrolled hypertension, and those with known or at high risk for cardiovascular disease.^{6,7} For appropriate patients, Vyleesi® is currently available without cost for the first 4 single dose autoinjectors.

References

1. Addyi® (flibanserin) tablets, for oral use [prescribing information in US]. Raleigh, NC: Sprout Pharmaceuticals, Inc.; 2019.
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4. Millheiser L, Clayton AH, Parish SJ et al. Safety and tolerability of evening ethanol consumption and bedtime administration of flibanserin in healthy premenopausal female subjects. *Sex Med* 2019; Epub ahead of print (doi: 10.1016/j.esxm.2019.08.003).
5. Simon JA, Clayton AH, Parish SJ et al. Effects of alcohol administered with flibanserin in healthy premenopausal women: A randomized, double-blind, single-dose crossover study. *J Sex Med* 2019; In Press.
6. Kingsberg SA, Clayton AH, Portman D et al. Bremelanotide for the treatment of hypoactive sexual desire disorder: Two randomized phase 3 trials. *Obstet Gynecol* 2019; 134: 899-908.
7. Simon JA, Kingsberg SA, Portman D et al. Long-term safety and efficacy of bremelanotide for hypoactive sexual desire disorder. *Obstet Gynecol* 2019; 134:909-17.