

Policies Repository



Policy Title Desvenlafaxine (Pristiq™)

Policy Number FS.CLIN.51

Application of Pharmacy Policy is determined by benefits and contracts. Benefits may vary based on product line, group or contract. Some medications may be subject to precertification, age, gender or quantity edits. Individual member benefits must be verified.

This Pharmacy Policy document describes the status of pharmaceutical information and/or technology at the time the document was developed. Since that time, new information relating to drug efficacy, interactions, contraindications, dosage, administration routes, safety or FDA approval may have changed. If the Medical/Pharmacy Reviewer is aware of any new information on the subject of this document, please provide it promptly to the Medical/Pharmacy Policy Department. This information may include new FDA approved indications, withdrawals or other FDA alerts. This type of information is relevant not only when considering whether this Policy should be updated, but also when applying it to current requests for coverage.

Members are advised to use participating pharmacies in order to receive the highest level of benefits.

Policy **Desvenlafaxine (Pristiq™)** is indicated for the treatment of major depressive disorder.

The use of desvenlafaxine (Pristiq™) requires prior authorization (ie, clinical pharmacy and/or Medical Director review).

Policy Description

Desvenlafaxine (Pristiq™) is a selective serotonin norepinephrine reuptake inhibitor (SNRI). Desvenlafaxine (Pristiq™) is the major active metabolite of the antidepressant drug venlafaxine. Desvenlafaxine (Pristiq™) blocks the reuptake of serotonin and norepinephrine in the central nervous system allowing for potentiation of these neurotransmitters. The increased levels of serotonin and norepinephrine are thought to account for its clinical efficacy.

Policy Guideline Inclusion

Desvenlafaxine (Pristiq™) is approved when there is a documentation of a diagnosis of major depressive disorder (MDD) and **one** of the following:

- Documentation of a trial and failure/intolerance to two of the following agents:
 - A bupropion-containing product
 - Citalopram
 - Escitalopram (Lexapro®)
 - Fluoxetine
 - Fluvoxamine
 - A paroxetine-containing product

- Sertraline
- A venlafaxine-containing product
- Documentation of stabilization from an institutional setting
- Documentation of current stabilization for over four weeks with corresponding dates

Policy Guideline Exclusion

Desvenlafaxine (Pristiq™) is denied when **any** of the following exclusion criteria are present:

- No documentation of a diagnosis of MDD
- No documentation of a trial and failure/intolerance to two of the following agents:
 - A bupropion-containing product
 - Citalopram
 - Escitalopram (Lexapro®)
 - Fluoxetine
 - Fluvoxamine
 - A paroxetine-containing product
 - Sertraline
 - A venlafaxine-containing product
- No documentation of stabilization from an institutional setting
- No documentation of current stabilization for over four weeks with corresponding dates

Policy List of Applicable Drugs

Brand Name	Generic Name
Pristiq	desvenlafaxine

Dosing and Administration

Refer to the specific manufacturer's prescribing information for administration and dosage details, contraindications, and Black Box warnings.

Policy References

DeMartinis NA, Yeung PP, Entsuah R, et al. A double blind placebo-controlled study of the efficacy and safety of desvenlafaxine succinate in the treatment of major depressive disorder. *J Clin Psychiatry*. 2007; 68:5: 677-688.

Liebowitz MR, Yeung PP, Entsuah R. A randomized double blind placebo-controlled trial of desvenlafaxine succinate in adult outpatients with major depressive disorder. *J Clin Psychiatry*. 2007; 68:11: 1663-1672.

Facts and Comparisons website. [Pristiq] Available at: <http://www.factsandcomparisons.com>. Accessed March 14, 2008.

Pristiq™ [package insert]. Philadelphia, PA: Wyeth Pharmaceuticals; 2008.

Wyeth finally cleared for Pristiq lift-off, but with lower dose. Available at: <http://www.thepinksheet.com>. Accessed March 14, 2008.

Policy Link to Related Policies

Printed

01/06/2009 15:20:08

("AmeriHealth") in administering the provisions of the respective benefit programs, and do not constitute a contract. If you are an AmeriHealth member, please refer to your specific benefit program for the terms, conditions, limitations and exclusions of your coverage. AmeriHealth does not provide health care services, medical advice or treatment, or guarantee the outcome or results of any medical services/treatments. The facility and professional providers are responsible for providing medical advice and treatment. Facility and professional providers are independent contractors and are not employees or agents of AmeriHealth. If you have a specific medical condition, please consult with your doctor. AmeriHealth reserves the right at any time to change or update its Policy Bulletins. ©2008 AmeriHealth, Inc. All Rights Reserved. Current Procedural Terminology ©2008 American Medical Association. All Rights Reserved.

|