



**Prior Authorization Approval Criteria**  
*Department of Pharmacy Services*

**Generic Name:** desvenlafaxine

**Brand Name:** Pristiq

**Medication Class:** antidepressant (serotonin norepinephrine reuptake inhibitor)

**FDA Approved Uses:** Treatment of major depressive disorder (MDD),

**Available Dosage Forms:** 50mg, and 100mg tablets

**Usual Dose:** 50mg/day, may be increased up to 100mg/day.

**Duration of Therapy:** Indefinite

**Approximate monthly cost** (based on AWP 2008): \$127.80 (50mg and 100mg are priced the same)

**Criteria for Use:** *(bullet points below are all inclusive unless otherwise noted)*

- Must be clinically diagnosed with major depressive disorder (MDD)
- Must have tried and failed or intolerant to at least 2 SSRI's, such as, citalopram, fluoxetine, paroxetine, or sertraline.

**Contraindications:**

- Hypersensitivity to desvenlafaxine hydrochloride, venlafaxine or to any excipients in the formulation.
- Must not be used concomitantly with an MAOI or within 14 days of stopping an MAOI. Allow 7 days after stopping Pristiq before starting an MAOI.

**Not Approved if:**

- Patient has any contraindications to the use of Pristiq.
- Patient does not meet the above stated criteria.

**Special Considerations:**

- No titration necessary, start at 50mg once daily
- Doses of 100mg 200mg and 400mg have been used in studies, however, they have not been shown to be more effective than 50mg once a day.
- Avoid abrupt discontinuation of Pristiq

P&T Approval: \_\_\_\_\_ Date: \_\_\_\_\_