Prior Authorization Approval Criteria

Khedezla, Pristiq (desvenlafaxine)

Generic Name: desvenlafaxine

Brand Name: Khedezla, 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.

Criteria for continuation of therapy:

- Patient is tolerating and responding to medication and there continues to be a medical need for the medication.

Contraindications:

- Hypersensitivity to desvenlafaxine, 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 requested drug.
- 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 desvenlafaxine

Authorization approval duration: indefinite

P&T Approval: _____ Date: _____

The criteria listed above applies to Fallon Health Plan and its subsidiaries.

Revised 4/21/14, 6/25/14