

STEP THERAPY CRITERIA

BRAND NAME
(generic)

(desvenlafaxine fumarate extended-release tablets)

KHEDEZLA
(desvenlafaxine extended release tablets)

PRISTIQ
(desvenlafaxine succinate extended release tablets)

Status: CVS Caremark Criteria

Type: Initial Step Therapy; Post Step Therapy Prior Authorization

POLICY

FDA-APPROVED INDICATIONS

Desvenlafaxine

Desvenlafaxine, a serotonin and norepinephrine reuptake inhibitor (SNRI), is indicated for the treatment of major depressive disorder (MDD). The efficacy of desvenlafaxine has been established in four short-term (8-week, placebo-controlled studies) of outpatients who met DSM-IV criteria for major depressive disorder.

Khedezla

Khedezla, a serotonin and norepinephrine reuptake inhibitor (SNRI), is indicated for the treatment of major depressive disorder (MDD). The efficacy of desvenlafaxine has been established in four short-term (8-week, placebo-controlled studies) in adult outpatients who met DSM-IV criteria for major depressive disorder.

Pristiq

Pristiq, a serotonin and norepinephrine reuptake inhibitor (SNRI), is indicated for the treatment of major depressive disorder (MDD). The efficacy of Pristiq has been established in four short-term (8-week, placebo-controlled studies) and two maintenance studies in adult outpatients who met DSM-IV criteria for major depressive disorder.

INITIAL STEP THERAPY

If the patient has filled a prescription for a 30 day supply of a generic serotonin-norepinephrine reuptake inhibitor (SNRI) OR generic mirtazapine, generic bupropion (IR or generic for Wellbutrin SR/XL), or a generic selective serotonin reuptake inhibitor (SSRI) within the past 120 days under a prescription benefit administered by CVS Caremark, then the requested drug will be paid under that prescription benefit. If the patient does not meet the initial step therapy criteria, then the claim will reject with a message indicating that a prior authorization (PA) is required. The prior authorization criteria would then be applied to requests submitted for evaluation to the PA unit.

COVERAGE CRITERIA

The requested drug will be covered with prior authorization when the following criteria are met:

- The patient has a diagnosis of major depressive disorder

Desvenlafaxine Step Therapy Policy 05-2017

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AND

- The patient had an inadequate treatment response or intolerance to a generic serotonin-norepinephrine reuptake inhibitor (SNRI) (e.g., duloxetine, venlafaxine)
OR
- The patient had an inadequate treatment response or intolerance to generic mirtazapine, generic bupropion, or a generic selective serotonin reuptake inhibitor (SSRI) (e.g., citalopram, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline)
OR
- The patient previously demonstrated a response to treatment with desvenlafaxine (e.g., Pristiq, Khedezla)

REFERENCES

1. Desvenlafaxine Fumarate [package insert]. Jacksonville, FL: Ranbaxy Pharmaceuticals Inc.; October 2016.
2. Khedezla [package insert]. Marietta, GA: Osmotica Pharmaceutical US LLC; October 2016.
3. Pristiq [package insert]. Philadelphia, PA: Wyeth Pharmaceuticals Inc; October 2016.
4. AHFS DI (Adult and Pediatric) [database online]. Hudson, OH: Lexi-Comp, Inc.; http://online.lexi.com/lco/action/index/dataset/complete_ashp [available with subscription]. Accessed May 2017.
5. Micromedex Solutions [database online]. Greenwood Village, CO: Truven Health Analytics Inc. Updated periodically. www.micromedexsolutions.com [available with subscription]. Accessed May 2017.
6. Gelenberg A, Freeman M, Markowitz J, et al. American Psychiatric Association. Practice guideline for the treatment of patients with major depressive disorder (3rd Edition). October 2010. Available at https://psychiatryonline.org/pb/assets/raw/sitewide/practice_guidelines/guidelines/mdd.pdf. Accessed May 2017.
7. Qaseem A, Vincenza Snow V, Denberg T, et al. Using Second-Generation Antidepressants to Treat Depressive Disorders: A Clinical Practice Guideline from the American College of Physicians. *Ann Intern Med.* 2008;149:725-733.
8. Gartlehner G, Hansen R, Morgan L, et al. Second-Generation Antidepressants in the Pharmacologic Treatment of Adult Depression: An Update of the 2007 Comparative Effectiveness Review. (Prepared by the RTI International–University of North Carolina Evidence-based Practice Center, Contract No. 290-2007-10056-I.) AHRQ Publication No. 12 EHC012-EF. Rockville, MD: Agency for Healthcare Research and Quality. December 2011. www.effectivehealthcare.ahrq.gov/reports/final.cfm.
9. Qaseem A, Barry M, Kansagara D, et al. Nonpharmacologic Versus Pharmacologic Treatment of Adult Patients With Major Depressive Disorder: A Clinical Practice Guideline From the American College of Physicians. *Ann Intern Med.* 2016;164:350-359.