Pharmacy Policy Bulletin

Category:	Managed Rx Coverage
Number:	J-306
Subject:	Pristiq (desvenlafaxine)
Effective Date Begin:	March 4, 2009
Effective Date End:	
Original Date:	December 3, 2008
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Policy Applies to: *Commercial* plans only

Background: Serotonin-norepinephrine reuptake inhibitors (SNRIs) are a class of antidepressant medication used in the treatment of major depression and other mood disorders. They may also be used to treat anxiety disorders, obsessive-compulsive disorder (OCD), and chronic neuropathic pain (duloxetine, specifically), or they may be used as prophylactic treatment for migraine headaches (venlafaxine, specifically). They selectively inhibit the reuptake of serotonin and norepinephrine, two neurotransmitters believed to play an important role in various mood disorders.

Desvenlafaxine is currently FDA approved for the treatment of major depressive disorder, but is also being studied in the treatment of fibromyalgia, the treatment of vasomotor symptoms in menopausal and postmenopausal women, and in the treatment of insomnia in patients with depression; however, sufficient evidence does not yet exist to support its use in these conditions. Pristiq was previously identified by the FDA as being non-approvable for the treatment of vasomotor symptoms in post menopausal women.

Approval Criteria: When a benefit, coverage for Pristiq (desvenlafaxine) will be approved if members meet any one of the following criteria.:

1. The member has at least one claim for 2 different antidepressant agents (e.g., SNRI, SSRI, TCA, MAOI) in their prescription drug claims history within the past 24 months ***OR***
2. The member has a previous paid claim for Pristiq (desvenlafaxine) within the previous 120 days.

Members who meet the criteria as outlined above will receive automatic authorization at the point of service without documentation of additional information. Claims will adjudicate automatically online.

For members who do not meet the criteria above, the dispensing pharmacist will be prompted that prior authorization is required. Prior authorization requests will be approved if members meet the following criteria:

1. The member has a diagnosis of major depressive disorder (MDD) and has tried and failed at least 2 other antidepressants (e.g., SSRI, TCA, MAOI)

Coverage of Pristiq (desvenlafaxine) for disease states outside of those listed above should be denied based on the lack of clinical data to support their effectiveness and safety in such conditions.

Duration of authorization:

If approved, coverage will be authorized for the life of the member.

For members with a closed (Select) formulary, Pristiq (desvenlafaxine) will only be approved if the member has tried and failed at least one other formulary SNRI in addition to meeting the criteria outlined within this policy.

References:

1. Gartlehner G, Hansen RA, Thieda P, et al. Comparative Effectiveness of Second-Generation Antidepressants in the Pharmacologic Treatment of Adult Depression. Comparative Effectiveness Review No. 7. (Prepared by RTI International-University of North Carolina Evidence-based Practice Center under Contract No. 290-02-0016.) Rockville, MD: Agency for Healthcare Research and Quality. January 2007. Available at: www.effectivehealthcare.ahrq.gov/reports/final.cfm
2. Hansen RA, Gartlehner G, Lohr KN, Gaynes BN, Carey TS. Efficacy and safety of second generation antidepressants in the treatment of major depressive disorder. Annals of Internal Medicine. Sept 2005; 143(6):412-426.
3. American Psychiatric Association practice guidelines for the treatment of patients with major depressive disorder. Am J Psychiatry. 2000 Apr;157(Suppl) :1-45.
4. Birmaher B, Brent D, AACAP Work Group on Quality Issues. Practice parameter for the assessment and treatment of children and adolescents with depressive disorders. Washington (DC): American Academy of Child and Adolescent Psychiatry (AACAP); 2007.
5. Pristiq [package insert]. Philadelphia, PA: Wyeth Pharmaceuticals, Inc.; February 2009.

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