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 restrictions. 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. This Pharmacy Policy will be regularly updated as scientific and medical literature becomes available. 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.

**Intent:**

Desvenlafaxine (Pristiq®) is indicated for the treatment of major depressive disorder.

The use of desvenlafaxine (Pristiq™) requires prior authorization (i.e. clinical pharmacist and/or Medical Director review).

**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.

**Black Box Warning:**

Suicidality and antidepressant drugs: Antidepressants increased the risk compared with placebo of suicidal thinking and behavior (suicidality) in children, adolescents, and young adults in short-term studies of major depressive disorder (MDD) and other psychiatric disorders. Anyone considering the use of desvenlafaxine or any other antidepressant in a child, adolescent, or young adult must balance this risk with the clinical need. Short-term studies did not show an increase in the risk of suicidality with antidepressants compared with placebo in adults older than 24 years; there was a reduction in risk with antidepressants compared with placebo in adults 65 years and older. Depression and certain other psychiatric disorders are associated with increases in the risk of suicide. Closely observe and appropriately monitor patients of all ages who are started on antidepressant therapy for clinical worsening, suicidality, or unusual changes in behavior. Advise families and caregivers of the need for close observation and communication with the health care provider. Desvenlafaxine is not approved for use in pediatric patients.

**Policy:**

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

1) Documentation of a trial and failure/intolerance to two of the following agents:
a. A bupropion-containing product  
b. Citalopram  
c. Duloxetine (Cymbalta®)  
d. Escitalopram (Lexapro®)  
e. A fluoxetine-containing product  
f. Fluvoxamine  
g. A paroxetine-containing product  
h. Sertraline  
i. A venlafaxine-containing product

2) Documentation of continuous therapy with Desvenlafaxine (Pristiq®)

**Guidelines:**

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

**BENEFIT APPLICATION**

Subject to the terms and conditions of the applicable benefit contract, the applicable drug(s) identified in this policy is (are) covered under the pharmacy benefits of the Company’s products when the medical necessity criteria listed in this pharmacy policy are met. Any services that are experimental/investigational or cosmetic are benefit contract exclusions for all products of the Company.

**References:**


**Applicable Drugs:**

Inclusion of a drug in this table does not imply coverage. Eligibility, benefits, limitations, exclusions, precertification/referral requirements, provider contracts, and Company policies apply.

<table>
<thead>
<tr>
<th>Brand Name</th>
<th>Generic Name</th>
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<tbody>
<tr>
<td>Pristiq</td>
<td>desvenlafaxine</td>
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</table>

**Cross References:**

Policy Version Number: 2.00  
P&T Approval Date: July 11, 2013
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