POLICY AND PROCEDURE

POLICY TITLE: **Pristiq (Desvenlafaxine ER)**
DEPARTMENT: **Clinical Pharmacy Services- Utilization Management**
ORIGINAL DATE: ***April 2008 (as adopted from UPMC Health Plan)***

Last P & T Committee Approval Date: *Feb 2018*

Product Applicability: *mark all applicable products below:*

COMMERCIAL	[ ] HMO [ ] PPO *Products*: [ ] Small [ ] Indiv. [ ] Large *Exchange*: [ ] Shop [ ] Indiv. [x] All
OTHER	[x] Self-funded/ASO

PURPOSE

The purpose of this policy is to define the prior authorization process for Pristiq (desvenlafaxine ER).

Pristiq (Desvenlafaxine ER) is a Selective Serotonin and Norepinephrine Reuptake Inhibitor (SNRI) indicated for the treatment for major depressive disorder (MDD).

DEFINITIONS

N/A

POLICY

It is the policy of the Health Plan to maintain a prior authorization process that promotes appropriate utilization of specific drugs with potential for misuse or limited indications. This process involves a review using Food and Drug Administration (FDA) criteria to make a determination of Medical Necessity, as defined in CRM.015-Medical Necessity, and approval by the Pharmacy & Therapeutics Committee of the criteria for prior authorization, as described in RX.003-Prior Authorization Process.

The drug, Pristiq (Desvenlafaxine ER), is subject to the prior authorization process.

PROCEDURE

Initial Authorization Criteria:

Must meet all of the criteria listed under the respective header:

- The criterion for automatic coverage is as follows:
  - Must have a documented pharmacy claim history of one generic Selective Serotonin Reuptake Inhibitor (SSRI) and venlafaxine [immediate- (IR) or extended-release (ER)]
- For members without a documented claim history of one generic SSRI and venlafaxine (IR or ER), a medical necessity review is completed, and the following criteria must be met:
  - Must have chart documentation which shows the member has tried and failed or had intolerance to one generic SSRI and venlafaxine (IR or ER)

Limitations:

Length of Authorization (if above criteria met)	
Initial Authorization	Up to duration of member's membership with plan
Reauthorization	N/A
Quantity Level Limit	
25mg	• 1 fill of 30 tablets per 30 days per lifetime to allow for dose titration • Limit for dosing in severe renal impairment and end stage renal disease: 30 tablets per 30 days (ongoing)
50mg, 100mg	30 tablets per 30 days

If the established criteria are not met, the request is referred to a Medical Director for review.

REFERENCES

1. Pristiq [package insert]. Philadelphia, PA: Wyeth Pharmaceuticals. February 2013.

RECORD RETENTION

Records Retention for Evolent Health documents, regardless of medium, are provided within the Evolent Health records retention policy and as indicated in CORP.028.E Records Retention Policy and Procedure.

REVIEW HISTORY

DESCRIPTION OF REVIEW / REVISION	**DATE APPROVED**
Annual Review	*02/16, 02/17, 02/18*
Criteria Update	*04/17*