STEP THERAPY CRITERIA

DRUG CLASS	**ANTIDEPRESSANTS**
BRAND NAME (generic)	**(desvenlafaxine extended-release tablets) (generic Khedezla)** **FETZIMA (levomilnacipran)** **PRISTIQ (desvenlafaxine succinate extended-release tablets)**

Status: CVS Caremark® Criteria
Type: Initial Step Therapy with Quantity Limit;
Post Step Therapy Prior Authorization with Quantity Limit

POLICY

FDA-APPROVED INDICATIONS
Desvenlafaxine ER (generic for Khedezla)
Desvenlafaxine is indicated for the treatment of adults with major depressive disorder (MDD).

Fetzima
Fetzima is indicated for the treatment of major depressive disorder (MDD) in adults.

Limitation of Use: Fetzima is not approved for the management of fibromyalgia. The efficacy and safety of Fetzima for the management of fibromyalgia have not been established.

Pristiq
Pristiq is indicated for the treatment of adults with major depressive disorder (MDD).

INITIAL STEP THERAPY with QUANTITY LIMIT*
**Include Rx and OTC products unless otherwise stated.*

If the patient has filled a prescription for at least a 30-day supply of a serotonin and norepinephrine reuptake inhibitor (SNRI), mirtazapine, bupropion (except generic for Zyban), OR a selective serotonin reuptake inhibitor (SSRI) within the past 180 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.

**If the patient meets the initial step therapy criteria, then the initial limit criteria will apply. If the patient is requesting more than the initial quantity limit the claim will reject with a message indicating that a PA is required.

INITIAL LIMIT QUANTITY

Limits do not accumulate together; patient is allowed the maximum limit for each drug and strength

Drug	1 Month Limit*	3 Month Limit*
Desvenlafaxine (all brand/generic products)	30 tablets / 25 days	90 tablets / 75 days
Fetzima	30 capsules / 25 days	90 capsules / 75 days

** The duration of 25 days is used for a 30-day fill period and 75 days is used for a 90-day fill period to allow time for refill processing.*

COVERAGE CRITERIA

Major Depressive Disorder (MDD)

Authorization may be granted when the requested drug is being prescribed for the treatment of an adult patient with major depressive disorder (MDD) when the following criteria is met:

- The patient has experienced an inadequate treatment response, intolerance or the patient has a contraindication to ANY of the following: a serotonin and norepinephrine reuptake inhibitor (SNRI), a selective serotonin reuptake inhibitor (SSRI), mirtazapine, bupropion

QUANTITY LIMITS APPLY

Desvenlafaxine (all brand/generic products): 30 tablets per 25 days*, 90 tablets per 75 days*
Fetzima: 30 capsules per 25 days*, 90 capsules per 75 days*
**The duration of 25 days is used for a 30-day fill period and 75 days is used for a 90-day fill period to allow time for refill processing*

DURATION OF APPROVAL (DOA)

- 1888-E: DOA: 12 months

REFERENCES

1. Fetzima [package insert]. Madison, NJ: Allergan USA, Inc.; October 2023.
2. Desvenlafaxine Extended Release [package insert]. Cranbury, NJ: Sun Pharmaceutical Industries, Inc.; August 2023.
3. Pristiq [package insert]. Philadelphia, PA: Wyeth Pharmaceuticals LLC; August 2023.
4. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Waltham, MA: UpToDate, Inc.; 2024. https://online.lexi.com. Accessed January 08, 2024.
5. Micromedex® (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: https://www.micromedexsolutions.com/ (cited: 01/08/2024).
6. Gelenberg AJ, Freeman MP, Markowitz JC, et al. American Psychiatric Association (APA) Practice Guideline for the Treatment of Patients with Major Depressive Disorder, Third Edition. October 2010. Available at: https://psychiatryonline.org/pb/assets/raw/sitewide/practice_guidelines/guidelines/mdd.pdf. Accessed January 08, 2024.