Clinical Guideline

Guideline Number: PG072, Ver. 1

desvenlafaxine succinate ER

Disclaimer

Disclaimer Clinical guidelines are developed and adopted to establish evidence-based clinical criteria for utilization management decisions. Oscar may delegate utilization management decisions of certain services to third-party delegates who may develop and adopt their own clinical criteria.

The clinical guidelines are applicable to all commercial plans. Services are subject to the terms, conditions, limitations of a member's plan contracts, state laws, and federal laws. Please reference the member's plan contracts (e.g., Certificate/Evidence of Coverage, Summary/Schedule of Benefits) or contact Oscar at 855-672-2755 to confirm coverage and benefit conditions.

Summary

Desvenlafaxine succinate extended-release (Pristiq), FDA approved in 2011, is an antidepressant that works by selectively inhibiting inhibiting the central reuptake of serotonin and norepinephrine, thereby restoring the balance of these neurotransmitters.

Desvenlafaxine succinate is the active metabolite of venlafaxine. Both desvenlafaxine succinate and venlafaxine are SNRIs (serotonin-norepinephrine reuptake inhibitors) and work through the same mechanism of action. Their notable difference is in the recommended dosing. The FDA recommended starting and maintenance dose for desvenlafaxine is 50 mg daily, while venlafaxine XR requires titration from 37.5 mg daily to the maintenance dose of 150 - 225 mg daily. Although desvenlafaxine succinate ER up to 400 mg per day has been studied in clinical trials, no additional benefit was demonstrated at doses greater than 50 mg per day and adverse effects and discontinuations were frequent at higher doses.

Desvenlafaxine succinate ER is indicated for the treatment of major depressive disorder (MDD) in adults. Venlafaxine ER carries additional FDA-approved indications (i.e. generalized anxiety disorder, social anxiety disorder, panic disorder).

Definitions

"Metabolite" is the substance produced when the body breaks down a drug. The effects of active metabolites are similar to the original drug.

"Neurotransmitter" is a molecule that sends signals from neurons to different parts of the body (i.e., muscles).

Medical Necessity Criteria for Initial Authorization

Oscar covers desvenlafaxine ER when ALL of the following criteria are met:

1. The member is 18 years of age or older; *and*
2. The member has a diagnosis of major depressive depression; *and*
3. Member has a documented trial and failure, intolerance to, or contraindication from trying, 3 different formulary alternatives from below, for at least 1 month each:
    a. Selective serotonin reuptake inhibitors (SSRIs)
    b. Serotonin-norepinephrine reuptake inhibitors (SNRIs)
    c. Bupropion (IR, SR, or XL)
    d. Mirtazapine
    e. Tricyclic antidepressants (such as amitriptyline, amoxapine, and desipramine)

<u>If the above prior authorization criteria are met, the requested medication will be approved for 12 months.</u>

Medical Necessity Criteria for Reauthorization:

All prior authorization renewals will be reviewed on a case-by-case basis to determine if continuation of therapy is medically necessary. Prior Authorization may be extended based on the diagnosis, documentation of the response to therapy, and pharmacy claims record.

Experimental or Investigational / Not Medically Necessary

Desvenlafaxine succinate ER for any other indication is *not covered* by Oscar, as it is considered experimental, investigational, or unproven.

References

1. Pristiq [package insert]. Philadelphia, PA: Wyeth Pharmaceuticals LLC; 2018.
2. American Psychiatric Association. Practice guideline for the treatment of patients with major depressive disorder, 3rd edition. 2010 November. Website: psychiatryonline.org/pb/assets/raw/sitewide/practice_guidelines/guidelines/mdd.pdf. Available from Internet. Accessed August 10, 2020.

Clinical Guideline Revision / History Information

Original Date: 11/05/2020 Reviewed/Revised: