

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Desvenlafaxine (Khedezla)

Notes:

- * **Formulary SSRIs** = citalopram, fluoxetine, paroxetine, sertraline.
- ^ **Formulary TCAs** = nortriptyline, desipramine, amitriptyline.

Initiation (new start) criteria: Non-formulary **desvenlafaxine (Khedezla)** will be covered on the prescription drug benefit when the following criteria are met:

- Patient has a diagnosis of Major Depressive Disorder (MDD)
 - Patient has failed a trial (adequate dose and duration) of at least 4 antidepressants, including 2 SSRIs*, venlafaxine and 1 other agent (bupropion, mirtazapine, TCA^, duloxetine or another SSRI)
 - Documented allergic reaction to an inactive ingredient (e.g., dye) in desvenlafaxine succinate that is not present in desvenlafaxine (Khedezla)
- OR-**
- Documented therapeutic failure or other adverse effects with desvenlafaxine succinate that are not resolved by adjusting the dose

Criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously: Non-formulary **desvenlafaxine (Khedezla)** will be covered on the prescription drug benefit when the following criteria are met:

- Following trial of venlafaxine, and desvenlafaxine succinate