

Criteria Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

desvenlafaxine

Non-formulary **desvenlafaxine** (product by Ranbaxy) will be covered on the prescription drug benefit when the following criteria are met:

- **Diagnosis of Major Depressive Disorder (MDD) on Problem List**
 - AND -
- **Patient has failed a trial (adequate dose and duration) of at least 4 antidepressants**
 - Includes 2 SSRIs, venlafaxine and 1 other agent (bupropion, mirtazapine, TCA or another SSRI)
- OR -
- **Patient is already stable on the drug**
 - OR -
- **Dose Change Only: Patient previously met criteria and is already taking the drug**