

DESVENLAFAXINE ER (desvenlafaxine extended release)
DESVENLAFAXINE FUMARATE ER (desvenlafaxine extended release)

Diagnosis Considered for Coverage:

- Major depressive disorder (MDD)

Coverage Criteria:

For diagnosis listed above:

- Intolerable side or contraindication to preferred extended-release desvenlafaxine (Pristiq) not expected with the non-preferred extended-release desvenlafaxine product, **and**
- Dose does not exceed 100 mg per day

Coverage Duration: Length of benefit

Effective: 9/01/2020GF