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

1. Diagnosis of Major Depressive Disorder (MDD) on Problem List
   - AND -
   • 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)
   - AND -
   • 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
   - OR -
   • New Member: after trial of venlafaxine, and desvenlafaxine succinate

2. Dose change only: Patient previously met criteria and is already taking the drug.

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