

# RMHP DRUG BRIEF – PRISTIQ

## A statement of clinical and pharmacoeconomic value

### RMHP Statement:

Pristiq (desvenlafaxine) is the active metabolite of venlafaxine. There is no pharmacological rationale for an efficacy advantage and it is prudent to try venlafaxine ext. rel. first. Pristiq has not been shown to confer an efficacy or side effect advantage over venlafaxine. There seems to be little science behind prescribing Pristiq vs. venlafaxine ext. rel.

Years of clinical trial data, including Star\*D, have failed to establish an efficacy advantage for one antidepressant over another. Star\*D confirms a trial of up to 12 weeks may be necessary to fully evaluate the efficacy of an antidepressant. In the event of failure, the choice of subsequent agent can be independent of the pharmacologic class, as it appears an agent from the same or different class has an equal likelihood of inducing remission. Choice should be made on basis of side effects and cost to foster the highest level of adherence.

Cypriani *et al* suggest sertraline, citalopram, and escitalopram may have some slight evidence of an efficacy or side effect advantage overall and appear to be agents of first choice for many patients.

Cost: Pristiq \$160/mo | venlafaxine ext. rel \$40/mo

### FROM Prescriber's Letter (2/2009; vol 16; #250202)

Reps and ads are painting a rosy picture of how Pristiq compares to venlafaxine (Effexor XR, etc).

*Pristiq* is desvenlafaxine...an active metabolite of venlafaxine.

It was hoped that this metabolite would be as effective and better tolerated...but this hasn't panned out.

In fact, European regulators say it seems less effective for depression...and isn't better tolerated.

Another claim is that dosing is easier.

This is true for INITIAL dosing. Most patients start and stay on 50 mg/day instead of having to titrate up. Higher doses don't work better...and cause more side effects.

But dosing is NOT easier when it's time to stop *Pristiq*. Both *Pristiq* and venlafaxine should be tapered slowly over 4 weeks or more to reduce discontinuation symptoms.

But *Pristiq* tablets can't be cut...and it doesn't come in a lower strength tablet for tapering. So, when stopping *Pristiq*, increase the dosing INTERVAL...by skipping one day the first week, two the second, etc, or even slower if needed.

Let patients know that it's normal to see an empty ghost tablet in the stool with *Pristiq*.

*Pristiq* costs a little less than *Effexor XR*...but it's still more than generic venlafaxine. Many observers say the new *Pristiq* is a way to get patients on to a branded product...before *Effexor XR* goes generic next year.

### FROM The Medical Letter (May 19, 2008 (Issue 1286) p. 37)

CONCLUSION — Desvenlafaxine (*Pristiq*) might be modestly effective for treatment of depression, but no published data are available on use of the 50-mg dose recommended by the manufacturer. There is no evidence that the drug is more effective than venlafaxine, which is available generically, or any SSRI.

Provided to you in an effort to empower prescribers to be good stewards of health care spending while being simultaneously grounded in evidence