



- **Pristiq®**
 - Tablets (extended release): 25 mg, 50 mg, 100 mg
- **Desvenlafaxine**
 - Tablets (extended release): 25 mg, 50 mg, 100 mg

If you or someone you know is in crisis, please call/text 988 to speak with a trained crisis counselor 24/7 and/or call 911 for emergency services. A help line and other resources are also available through the National Alliance on Mental Illness at nami.org.



What is desvenlafaxine and what does it treat?

Desvenlafaxine is an antidepressant medication that works in the brain. It is approved for the treatment of major depressive disorder (MDD).

Symptoms of depression include:

- Depressed mood - feeling sad, empty, or tearful
- Feeling worthless, guilty, hopeless, and helpless
- Loss of interest or pleasure in your usual activities
- Sleep and eat more or less than usual (for most people it is less)
- Low energy, trouble concentrating, or thoughts of death (suicidal thinking)
- Psychomotor agitation ('nervous energy')
- Psychomotor retardation (feeling like you are moving and thinking in slow motion)
- Suicidal thoughts or behaviors

Desvenlafaxine may also be helpful when prescribed "off-label" for menopausal flushing or neuropathy due to diabetes. "Off-label" means that it hasn't been approved by the Food and Drug Administration for this condition. Your mental health provider should justify his or her thinking in recommending an "off-label" treatment. They should be clear about the limits of the research around that medication and if there are any other options.

What is the most important information I should know about desvenlafaxine?

Do not stop taking desvenlafaxine, even when you feel better. With input from you, your health care provider will assess how long you will need to take the medicine.

Missing doses of desvenlafaxine may increase your risk for relapse in your symptoms.

Stopping desvenlafaxine abruptly may result in one or more of the following withdrawal symptoms: irritability, nausea, dizziness, vomiting, nightmares, headache, and/or paresthesias (prickling, tingling sensation on the skin). If your health care provider determines that stopping desvenlafaxine is appropriate for you, they will work with you to gradually reduce the dose to prevent withdrawal symptoms.

Depression is also a part of bipolar illness. People with bipolar disorder who take antidepressants may be at risk for "switching" from depression into mania. Symptoms of mania include "high" or irritable mood, very high self-esteem, decreased need for sleep, pressure to keep talking, racing thoughts, being easily distracted, frequently involved in activities with a large risk for bad consequences (for example, excessive buying sprees).

Medical attention should be sought if serotonin syndrome is suspected. Please refer to serious side effects for signs/symptoms.

All FDA warnings are at the end of this fact sheet. Please consult them before taking this medication.

Are there specific concerns about desvenlafaxine and pregnancy?

If you are planning on becoming pregnant, notify your health care provider to best manage your medications. People living with MDD who wish to become pregnant face important decisions. Untreated MDD has risks to the fetus, as well as the mother. It is important to discuss the risks and benefits of treatment with your doctor and caregivers. For women who take antidepressant medications during weeks 13 through the end of their pregnancy (second and third trimesters), there is a risk that the baby can be born before it is fully developed (before 37 weeks).

Caution is advised with breastfeeding since desvenlafaxine does pass into breast milk.

What should I discuss with my health care provider before taking desvenlafaxine?

- Symptoms of your condition that bother you the most
- If you have thoughts of suicide or harming yourself
- Medications you have taken in the past for your condition, whether they were effective or caused any adverse effects
- If you experience side effects from your medications, discuss them with your provider. Some side effects may pass with time, but others may require changes in the medication.
- Any other psychiatric or medical problems you have, including a history of bipolar disorder
- All other medications you are currently taking (including over the counter products, herbal and nutritional supplements) and any medication allergies you have
- Other non-medication treatment you are receiving, such as talk therapy or substance abuse treatment. Your provider can explain how these different treatments work with the medication.
- If you are pregnant, plan to become pregnant, or are breastfeeding
- If you drink alcohol or use drugs

How should I take desvenlafaxine?

Desvenlafaxine is usually taken one time per day with or without food.

Typically, patients begin at a low dose of medicine, and the dose is increased slowly over several weeks.

The dose usually ranges from 50 mg to 100 mg. Only your health care provider can determine the correct dose for you.

The tablets should be swallowed whole. They should not be chewed, crushed, or broken.

If you are taking desvenlafaxine, you should not take other medications that include venlafaxine (Effexor®).

Consider using a calendar, pillbox, alarm clock, or cell phone alert to help you remember to take your medication. You may also ask a family member or friend to remind you or check in with you to be sure you are taking your medication.

What happens if I miss a dose of desvenlafaxine?

If you miss a dose of desvenlafaxine take it as soon as you remember, unless it is closer to the time of your next dose. Discuss this with your health care provider. Do not double your next dose or take more than what is prescribed.

What should I avoid while taking desvenlafaxine?

Avoid drinking alcohol or using illegal drugs while you are taking antidepressant medications. They may decrease the benefits (e.g., worsen your condition) and increase adverse effects (e.g., sedation) of the medication.

What happens if I overdose with desvenlafaxine?

If an overdose occurs, call your doctor or 911. You may need urgent medical care. You may also contact the poison control center at 1-800-222-1222.

A specific treatment to reverse the effects of desvenlafaxine does not exist.

What are the possible side effects of desvenlafaxine?

Common side effects

Headache, nausea, vomiting, diarrhea, constipation, dry mouth, increased sweating, decreased appetite, tremor, dizziness, feeling nervous, restless, fatigue, or having trouble sleeping (insomnia). These will often improve over the first week or two as you continue to take the medication.

Sexual side effects, such as problems with orgasm or ejaculatory delay, and blood pressure increases often do not improve over time.

Rare/serious side effects

Increased heart rate, low blood pressure, changes in taste, increased liver enzymes, low sodium blood levels (symptoms of low sodium levels may include headache, weakness, difficulty concentrating and remembering), increased cholesterol, teeth grinding, muscle stiffness, increased frequency or difficulty urinating, angle closure glaucoma (symptoms of angle closure glaucoma may include eye pain, changes in vision, swelling or redness in or around eye), serotonin syndrome (symptoms may include shivering, diarrhea, confusion, severe muscle tightness, fever, seizures, and death), hypertensive crisis (severely elevated blood pressure), myocardial infarction (heart attack), Stevens-Johnson syndrome (severe rash)

SNRI antidepressants, including desvenlafaxine, may increase the risk of bleeding events. Combined use of aspirin, nonsteroidal anti-inflammatory drugs (e.g., ibuprofen, naproxen), warfarin, and other anti-coagulants may increase this risk. This may include symptoms such as gums that bleed more easily, nosebleed, or gastrointestinal bleeding. Some cases have been life threatening.

Are there any risks for taking desvenlafaxine for long periods of time?

To date, there are no known problems associated with long term use of desvenlafaxine. It is a safe and effective medication when used as directed.

What other medications may interact with desvenlafaxine?

Desvenlafaxine should not be taken with or within 2 weeks of taking monoamine oxidase inhibitors (MAOIs). These include phenelzine (Nardil®), tranylcypromine (Parnate®), isocarboxazid (Marplan®), rasagiline (Azilect®), and selegiline (Emsam®).

Although rare, there is an increased risk of serotonin syndrome when desvenlafaxine is used with other medications that increase serotonin, such as other antidepressants, migraine medications called “triptans” (e.g., Imitrex®), some pain medications (e.g., tramadol (Ultram®), amphetamines, and the antibiotic linezolid (Zyvox®).

Desvenlafaxine may **increase** the effects of other medications that can cause bleeding (e.g., ibuprofen (Advil®, Motrin®), warfarin (Coumadin®) and aspirin).

How long does it take for desvenlafaxine to work?

Sleep, energy, or appetite may show some improvement within the first 1-2 weeks. Improvement in these physical symptoms can be an important early signal that the medication is working. Depressed mood and lack of interest in activities may need up to 6-8 weeks to fully improve.

Summary of Black Box Warnings

Suicidal Thoughts or Actions in Children and Adults

Depression and certain other psychiatric disorders are themselves associated with increases in the risk of suicide. Patients with MDD, both adult and pediatric, may experience worsening of their depression and/or the emergence of suicidal ideation and behavior (suicidality) or unusual changes in behavior, whether or not they are taking antidepressant medications. This risk may persist until significant remission occurs.

In short-term studies, antidepressants increased the risk of suicidality in children, adolescents, and young adults when compared to placebo. Short-term studies did not show an increase in the risk of suicidality with antidepressants compared to placebo in adults beyond age 24. Adults aged 65 and older taking antidepressants have a decreased risk of suicidality. Patients, their families, and caregivers should be alert to the emergence of anxiety, restlessness, irritability, aggressiveness and insomnia. If these symptoms emerge, they should be reported to the patient's prescriber or health care professional. All patients being treated with antidepressants for any indication should watch for and notify their health care provider for worsening symptoms, suicidality and unusual changes in behavior, especially during the first few months of treatment.

Important Disclosure: This information is being provided as a community outreach effort of the American Association of Psychiatric Pharmacists. This information is for educational and informational purposes only and is not medical advice. This information contains a summary of important points and is not an exhaustive review of information about the medication. Always seek the advice of a physician or other qualified medical professional with any questions you may have regarding medications or medical conditions. Never delay seeking professional medical advice or disregard medical professional advice as a result of any information provided herein. The American Association of Psychiatric Pharmacists disclaims any and all liability alleged as a result of the information provided herein.