

Serotonin and Serotonin-Norepinephrine Modulators
Effective 10/01/2022

Plan	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		<input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Specialty Limitations	N/A		
Contact Information	Specialty Medications		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	N/A		

Overview

Prescriptions that meet the initial step therapy requirements will adjudicate automatically at the point of sale. If the prescription does not meet the initial step therapy requirements, the prescription will deny with a message indicating that prior authorization (PA) is required. Refer to the criteria below and submit a PA request for the members who do not meet the initial step therapy requirements at the point of sale.

Initial Step-Therapy Requirements:

First-Line: Medications listed on first-line are covered without prior-authorization.

Second-Line: Second-line medications will pay if the member has filled three (3) first-line medications as described below or a second-line medication within the past 180 days.

Coverage Guidelines

FIRST-LINE	SECOND-LINE
Generic SSRIs Generic SNRIs duloxetine (generic for Cymbalta)	Fetzima (levomilnacipran SR) capsules Trintellix (vortioxetine) Vilazodone (generic for Viibryd)

Generic SSRIs: citalopram, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline

Generic SNRIs: venlafaxine IR tablets, venlafaxine SR tablets, venlafaxine SR capsules, desvenlafaxine fumarate SR, desvenlafaxine SR

Limitations

- The following quantity limits apply:

Citalopram 10mg	90 tablets per 30 days
Citalopram 20mg	75 tablets per 30 days

Citalopram 40mg	45 tablets per 30 days
Desvenlafaxine ER 25mg, 50mg, 100mg	30 tablets per 30 days
Duloxetine 20mg	60 capsules per 30 days
Duloxetine 30mg, 60mg	30 capsules per 30 days
Escitalopram 5mg, 10mg	30 tablets per 30 days
Escitalopram 20mg	45 tablets per 30 days
Fetzima 20mg, 40mg, 80mg 120mg	30 capsules per month
Fetzima titration pack	1-time fill
Fluoxetine 10mg capsules/tablets	90 capsules/tablets per 30 days
Fluoxetine 20mg capsules	150 capsules per 30 days
Fluvoxamine 25mg	45 tablets per 30 days
Fluvoxamine 50mg	75 tablets per 30 days
Fluvoxamine 100mg	90 tablets per 30 days
Paroxetine 10mg, 20mg	45 tablets per 30 days
Paroxetine 30mg	75 tablets per 30 days
Paroxetine 40mg	60 tablets per 30 days
Paroxetine ER 12.5mg	30 tablets per 30 days
Paroxetine ER 25mg, 37.5mg	60 tablets per 30 days
Sertraline 25mg, 50mg	75 tablets per 30 days
Sertraline 100mg	90 tablets per 30 days
Trintellix 5mg, 10mg, 20mg	30 tablets per 30 days
Venlafaxine ER 37.5mg, 75mg, 150mg capsules	60 capsules per 30 days
Venlafaxine 25mg, 37.5mg, 50mg, 75mg, 100mg tablet	90 tablets per 30 days
Venlafaxine ER 37.5mg, 75mg, 150mg tablet	60 tablets per 30 days
Venlafaxine ER 225mg tablet	30 tablets per 30 days
Viiibryd 10mg, 20mg, 40mg	30 tablets per 30 days

References

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3. Venlafaxine hydrochloride extended-release tablets [prescribing information]. Bridgewater, NJ: Trigen Laboratories; October 2017.
4. Neurontin (gabapentin) [prescribing information]. New York, NY: Pfizer; February 2018
5. Pristiq (desvenlafaxine) [prescribing information]. Philadelphia, PA: Wyeth Pharmaceuticals; March 2018
6. Khedezla (desvenlafaxine) [prescribing information]. Morristown, NJ: Pernix Therapeutics, LLC; January 2017.
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Review History

07/22/2020: Created; merged SSRI and SNRI ST criteria into one ST program; removed post UM questions from SSRI and SNRI ST; added QL to Limitations. Effective 10/01/2020.

7/20/2022: Reviewed and Updated for July P&T. Added vilazodone as 2nd line agent. Brand Viibryd is moved to non-formulary. Effective 10/01/2022.

