Venlafaxine besylate extended-release tablet
Effective 03/01/2023

Plan	☒ MassHealth PUF ☐Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☐ Medical Benefit (NLX)		
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
Venlafaxine besylate extended release is indicated for the treatment of major depressive disorder (MDD) and generalize anxiety disorder (GAD).

The **Pediatric Behavioral Health Medication Initiative** may apply to members <18 years of age due to polypharmacy, age, and/or drug restrictions. As indicated within this guideline, please refer to the **Pediatric Behavioral Health Medication Initiative** guideline to assess appropriateness of therapy.

Coverage Guidelines
Authorization may be reviewed on a case by case basis for members who are new to the plan currently receiving treatment with requested medication excluding when the product is obtained as samples or via manufacturer's patient assistance programs.

OR

Authorization will be granted when all the following criteria has been met, and documentation has been submitted:

1. Appropriate diagnosis
2. Appropriate dosing
3. Medical records documenting inadequate response (defined as at least 4 weeks of therapy) or adverse reaction to venlafaxine extended-release capsules

Continuation of Therapy
Reauthorization by physician will infer a positive response to therapy.

Limitations
1. Initial approvals and reauthorizations will be granted for 12 months

Appendix

MassHealth Pediatric Behavioral Health Medication Initiative

The Pediatric Behavioral Health Medication Initiative requires prior authorization for members <18 of age for behavioral health medication classes and/or specific medication combinations (i.e., polypharmacy) that have limited evidence for safety and efficacy in the pediatric population. The aspects of the **Pediatric Behavioral Health Medication Initiative** that may apply to the antidepressant guideline include the following:

1. Behavioral health medication polypharmacy (pharmacy claims for 4 or more behavioral health medications [i.e., alpha2 agonists, antidepressants, antipsychotics, atomoxetine, benzodiazepines, buspirone, cerebral stimulants, donepezil, hypnotic agents, memantine, modafinil, mood stabilizers, naltrexone, and viloxazine] filled within a 45-day period)
2. Antidepressant polypharmacy (overlapping pharmacy claims for 2 or more antidepressants for ≥60 days within a 90-day period)
3. Antidepressant pharmacy claim for pediatric members less than 6 years old

Please refer to the **Pediatric Behavioral Health Medication Initiative** guideline to assess appropriateness of therapy when reviewing prior authorization requests for pediatric members <18 years of age.

Review History

01/11/23 - Reviewed and created for Jan P&T; matched MH UPPL to be in compliance with MassHealth unified formulary requirements. Effective 3/1/23.

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