Premier Health Plan

POLICY AND PROCEDURE

POLICY TITLE: ***Venlafaxine Extended-Release (ER) Tablet Step Therapy***
DEPARTMENT: **Clinical Pharmacy Services – Utilization Management**
ORIGINAL DATE: ***October 2018***

Last P & T Committee Approval Date: October 2018

Product Applicability: *mark all applicable products below:*

COMMERCIAL	[ ] HMO [ ] PPO *Products*: [ ] Small [ ] Indiv. [ ] Large *Exchange*: [ ] Shop [ ] Indiv. [x] All
OTHER	[x] Self-funded/ASO

PURPOSE

The purpose of this policy is to define the prior authorization process for venlafaxine extended-release (ER) tablets.

Venlafaxine is an oral antidepressant agent of the Serotonin-Norepinephrine Reuptake Inhibitor class. Venlafaxine is a 'dual' inhibitor; it inhibits serotonin reuptake at select receptors and, unlike the pure selective serotonin reuptake inhibitors (SSRIs), inhibits the reuptake of norepinephrine. It appears to be effective in treating patients with melancholia, a severe form of depression. Venlafaxine has been studied for the treatment of panic disorder, post-traumatic stress disorder, and the treatment of hot flashes in patients who cannot or do not want to take hormone replacement therapy. The side effect and drug interaction profile of venlafaxine is very similar to that of the SSRIs.

DEFINITIONS

N/A

POLICY

It is the policy of the Health Plan to maintain a prior authorization process that promotes

appropriate utilization of specific drugs with potential for misuse or limited indications. This process involves a review using Food and Drug Administration (FDA) criteria to make a determination of Medical Necessity, and approval by the Pharmacy & Therapeutics Committee of the criteria for prior authorization, as described in RX.002 Pharmacy and Therapeutics Committee and RX.003-Prior Authorization Process.

The drug, venlafaxine extended-release (ER) tablet, is subject to the step therapy prior authorization process.

PROCEDURE

Initial Authorization Criteria:

Must meet all of the criteria listed below:

- Must have documentation of a previous trial and failure to venlafaxine ER capsules
- If the requested medication is a brand-name product with generics available
    - Must have documentation of a previous trial and failure to the corresponding generic product

Limitations:

Length of Authorization (if above criteria met)	
Initial Authorization	Up to duration of member's membership with plan
Reauthorization	N/A
Quantity Level Limit	
N/A	

If the established criteria are not met, the request is referred to a Medical Director for review.

REFERENCES:

1. Effexor XR (venlafaxine extended-release capsules) package insert. Philadelphia, PA: Wyeth Pharmaceuticals, Inc; 2017 Dec.
2. Effexor (venlafaxine) package insert. Philadelphia, PA: Wyeth Pharmaceuticals, Inc.; 2017 Dec.

RECORD RETENTION

Records Retention for Evolent Health documents, regardless of medium, are provided within the Evolent Health records retention policy and as indicated in CORP.028.E Records Retention Policy and Procedure.

REVIEW HISTORY

DESCRIPTION OF REVIEW / REVISION	DATE APPROVED
New Policy	*10/18*