

## **Program: Effexor XR (venlafaxine hydrochloride)**

### **DESCRIPTION**

The purpose of this document is to provide approval criteria and guidelines for the prior authorization of benefits (PAB) for Effexor XR (venlafaxine hydrochloride). Claims submitted without obtaining prior authorization of benefits will reject on the pharmacy claim system.

### **Applicable lines of business**

RlteCare and Managed Pharmacy

### **Impacted Formulary Medications**

Effexor XR (venlafaxine hydrochloride) 37.5mg, 75mg, 150mg capsules

### **APPROVAL DURATION:**

Approval Duration for approval criteria: 1 year

### **APPROVAL CRITERIA:**

**Requests for Effexor XR (venlafaxine hydrochloride) may be approved if the following criteria is met:**

**I.** Requests for Effexor XR (venlafaxine hydrochloride) may be approved if the following criteria is met:

**A.** Patient has tried, failed or is intolerant to two generic antidepressants, one of which is an SSRI; **OR**

**B.** Patient is currently being treated with the requested Non-Preferred brand name SNRI agent in the last 60 days

### **Look Back Criteria in Claims System**

Look back 60 days for a 5 days supply of a Non-preferred brand name SNRI, if yes approve, if no reject for PA.

Look back 180 days for a 5 days supply of two generic antidepressants, one must be a SSRI, if yes approve, if no reject for PA.