



## Prior Authorization Approval Criteria

### *Effexor XR (venlafaxine, extended release)*

<b>Generic name:</b>	Venlafaxine, extended release
<b>Brand name:</b>	Effexor XR
<b>Medication class:</b>	Antidepressant
<b>FDA-approved uses:</b>	Treatment of major depressive disorder (MDD), generalized anxiety disorder (GAD), social anxiety disorder (SAD), and panic disorder (PD)
<b>Available dosage forms:</b>	37.5 mg, 75 mg, and 150 mg capsules
<b>Usual dose range:</b>	75 mg/day, may be increased up to 225 mg/day
<b>Duration of therapy:</b>	Indefinite
<b>Approximate monthly cost:</b>	\$163.00/prescription (based on a blended figure of all strengths)

**Criteria for use** (*bullet points below are all inclusive unless otherwise noted*):

- Must be clinically diagnosed with major depressive disorder (MDD), generalized anxiety disorder (GAD), social anxiety disorder (SAD), or panic disorder (PD)
- Must have tried for at least 4 weeks and failed **at least 2 SSRI's**, such as citalopram, fluoxetine, paroxetine, or sertraline.

**OR**

- Intolerant to at least 2 SSRI's, such as, citalopram, fluoxetine, paroxetine, or sertraline.

**Contraindications:**

- Hypersensitivity to venlafaxine hydrochloride or to any excipients in the formulation.
- Concomitant use in patients taking MAOIs.

**Not approved if:**

- Patient has any contraindications to the use of Effexor XR.
- Patient does not meet the above-stated criteria.

**Step therapy requirement:** 2 generic SSRIs

**Note:** Per package inserts, steady state is achieved in approximately:

- Citalopram: 1 week
- Fluoxetine: at least 4 weeks
- Paroxetine: 10 days
- Sertraline: 1 week

FCHP Pharmacy and Therapeutics Committee approval: \_\_\_\_\_

Date: \_\_\_\_\_

Adopted: 12/12/07  
Revised: 1/22/08, 12/08