**Serotonin-Norepinephrine Reuptake Inhibitors**  
Effective February 20, 2019

<table>
<thead>
<tr>
<th>Plan</th>
<th>Program Type</th>
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<tbody>
<tr>
<td>☒ MassHealth</td>
<td>☐ Prior Authorization</td>
</tr>
<tr>
<td>☒ Commercial/Exchange</td>
<td>☐ Quantity Limit</td>
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<table>
<thead>
<tr>
<th>Benefit</th>
<th>Step Therapy</th>
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<tbody>
<tr>
<td>☒ Pharmacy Benefit</td>
<td>☒</td>
</tr>
<tr>
<td>☐ Medical Benefit (NLX)</td>
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<table>
<thead>
<tr>
<th>Specialty Limitations</th>
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<tr>
<th>Specialty Medications</th>
<th>All Plans</th>
<th>Phone: 866-814-5506</th>
<th>Fax: 866-249-6155</th>
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<tr>
<th>Non-Specialty Medications</th>
<th>MassHealth</th>
<th>Phone: 877-433-7643</th>
<th>Fax: 866-255-7569</th>
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<tr>
<td>Commercial</td>
<td>Phone: 800-294-5979</td>
<td>Fax: 888-836-0730</td>
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<td>Exchange</td>
<td>Phone: 855-582-2022</td>
<td>Fax: 855-245-2134</td>
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<th>Medical Specialty Medications (NLX)</th>
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<th>Phone: 844-345-2803</th>
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<tr>
<th>Exceptions</th>
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**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 first-line medications as described below or a second-line medication within the past 180 days.

**Coverage Guidelines**

<table>
<thead>
<tr>
<th>FIRST-LINE</th>
<th>SECOND-LINE</th>
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<tbody>
<tr>
<td><strong>Depression</strong></td>
<td>Preferred generic SSRIs(^*)</td>
</tr>
<tr>
<td></td>
<td>Preferred generic SNRIs(^*)</td>
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<tr>
<td><strong>Peripheral Neuropathy &amp; Neuropathic Pain</strong></td>
<td>tricyclic antidepressants</td>
</tr>
<tr>
<td></td>
<td>gabapentin</td>
</tr>
<tr>
<td><strong>Fibromyalgia</strong></td>
<td>gabapentin</td>
</tr>
<tr>
<td></td>
<td>tricyclic antidepressants</td>
</tr>
<tr>
<td></td>
<td>cyclobenzaprine</td>
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</table>

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AllWays Health Partners includes AllWays Health Partners, Inc. and AllWays Health Partners Insurance Company
| Musculoskeletal Pain | Preferred generic SSRI ± Preferred generic SNRIs | acetaminophen (APAP, Tylenol) generic NSAIDs tricyclic antidepressants cyclobenzaprine tramadol Preferred generic SSRI ± Preferred generic SNRIs | duloxetine (Cymbalta) |

| Preferred generic SSRIs: citalopram, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline |

| Preferred generic SNRIs: venlafaxine IR tablets, venlafaxine SR tablets, venlafaxine SR capsules |

If a member does not meet the initial step therapy requirements, then approval of a second-line medication will be granted if the member meets the following criteria:

**Duloxetine (Cymbalta)**

**Depression or Generalized Anxiety**

1. Member is at risk of harm to self or others
   
   OR
   
   1. Member has been started and stabilized on duloxetine for at least 30 days (excluding the use of samples)
   
   OR
   
   1. Member has a diagnosis of depression or generalized anxiety disorder AND
   
   2. Member has had a documented side effect, allergy or treatment failure with at least one of the following:
      a. fluoxetine
      b. paroxetine
c. citalopram
d. escitalopram
e. sertraline
f. fluvoxamine
   
   AND
   
   3. Member has had a documented side effect, allergy or treatment failure with a venlafaxine product

**Peripheral Neuropathy/Neuropathic pain**

1. Member has been started and stabilized on duloxetine for at least 30 days (excluding the use of samples)
   
   OR
   
   1. Member has a diagnosis of peripheral neuropathy/neuropathic pain AND
   
   2. Member has had a documented side effect, allergy or treatment failure with at least one tricyclic antidepressant (e.g., amitriptyline, desipramine, imipramine, etc.) AND
   
   3. Member has had a documented side effect, allergy or treatment failure with gabapentin

**Depression and Peripheral Neuropathy/Neuropathic pain**
1. Member has a diagnosis of depression AND peripheral neuropathy/neuropathic pain

**Fibromyalgia**
1. Member has been started and stabilized on duloxetine for at least 30 days (excluding the use of samples)
   OR
1. Member has a diagnosis of fibromyalgia **AND**
2. Member has had a documented side effect, allergy or treatment failure at least one (1) agent from three different categories (total of 3 required trials):
   a. tricyclic antidepressants (e.g., amitriptyline, desipramine, imipramine, etc.)
   b. SSRI’s (e.g., citalopram, fluoxetine, paroxetine, sertraline, etc.)
   c. cyclobenzaprine
   d. gabapentin
   **AND**
3. Member has had a documented side effect, allergy or treatment failure with a venlafaxine product

**Musculoskeletal Pain (Osteoarthritis or Low Back Pain)**
1. Member has been started and stabilized on duloxetine for at least 30 days (excluding the use of samples)
   OR
1. Member has a diagnosis of musculoskeletal pain (osteoarthritis or low back pain) **AND**
2. Member has had a documented side effect, allergy, or treatment failure with at least two (2) preferred, generic NSAID products **AND**
3. Member has had a documented side effect, allergy or treatment failure with at least two (2) additional agents from different classes including:
   a. tricyclic antidepressants (e.g., amitriptyline, desipramine, imipramine, etc.)
   b. tramadol (Ultram)
   c. cyclobenzaprine
   d. SSRI’s (e.g., citalopram, fluoxetine, paroxetine, sertraline, etc.)
   e. SNRI’s (venlafaxine IR tabs, venlafaxine SR tablets, venlafaxine SR capsules, desvenlafaxine, etc.)

**Pristiq (desvenlafaxine succinate SR), Khedezla (desvenlafaxine SR), desvenlafaxine SR tablets, Fetzima (levomilnacipran) capsules, & desvenlafaxine fumarate SR tablets**
1. Member is at risk of harm to self or others
   OR
1. Member has been started and stabilized on the requested medication for at least 30 days (excluding the use of samples)
   OR
1. Member has a diagnosis of depression **AND**
2. Member has had a documented side effect, allergy or treatment failure with at least one of the following:
   a. fluoxetine
   b. paroxetine
c. citalopram  
d. escitalopram  
e. sertraline  
f. fluvoxamine

AND

3. Member has had a documented side effect, allergy or treatment failure with a venlafaxine product

Pharmacist note: Patients being treated with tamoxifen should not be concomitantly treated with fluoxetine, paroxetine, sertraline, etc. due to the potential decrease in plasma concentrations of the active metabolites of tamoxifen. Citalopram & fluvoxamine do not appear to have this interaction. Step therapy rules would still require a trial through venlafaxine prior to a non-preferred SNRI.

Limitations

1. Musculoskeletal Pain (Osteoarthritis or Low Back Pain) may be approved for up to 12 months
2. All other diagnosis/indication may be approved up to 36 months
3. The following quantity limits apply:

<table>
<thead>
<tr>
<th>Medicine</th>
<th>Quantity per month</th>
</tr>
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<tbody>
<tr>
<td>DESVENLAFAX TAB 100MG ER</td>
<td>30 tablets</td>
</tr>
<tr>
<td>DESVENLAFAX TAB 25MG ER</td>
<td>30 tablets</td>
</tr>
<tr>
<td>DESVENLAFAX TAB 50MG ER</td>
<td>30 tablets</td>
</tr>
<tr>
<td>DULOXETINE CAP 20MG</td>
<td>60 capsules</td>
</tr>
<tr>
<td>DULOXETINE CAP 30MG</td>
<td>30 capsules</td>
</tr>
<tr>
<td>DULOXETINE CAP 60MG</td>
<td>30 capsules</td>
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<tr>
<td>FETZIMA CAP 120MG</td>
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<td>FETZIMA CAP 80MG</td>
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</tr>
<tr>
<td>FETZIMA CAP TITRATIO</td>
<td>1-time fill</td>
</tr>
</tbody>
</table>

References

1. Cymbalta (duloxetine) [prescribing information]. Indianapolis, IN: Eli Lilly and Company; January 2017
2. Fetzima (levomilnacipran) [prescribing information]. Irvine, CA: Allergan USA Inc; December 2017
4. Neurontin (gabapentin) [prescribing information]. New York, NY: Pfizer; February 2018
5. Pristiq (desvenlafaxine) [prescribing information]. Philadelphia, PA: Wyeth Pharmaceuticals; March 2018
7. Cyclobenzaprine [prescribing information]. Boca Raton, FL: Virtue Rx LLC; December 2017

Review History
06/27/05 – Reviewed
02/27/06 – Reviewed
03/05/07 – Reviewed
07/2007 – Change look-back to 360 days
02/25/08 – Updated
09/22/08 – Fibro
10/23/08 – Venlafaxine SR
11/24/08 – Pristiq
02/23/09 – Reviewed
02/22/10 – Updated
07/19/10 – Gen. Effexor XR & gen venlafax tabs
02/28/11 – Cymbalta MuscSkel pain
02/27/12 – Updated
02/25/13 – Updated
06/03/13 – Venlafaxine SR caps to preferred
01/13/14 – Khedezla & desvenlafaxine ER tabs
04/07/14 – Feb 2014 P&T updates & Fetzima; 12/2/13 file);
08/04/14 – Duloxetine generic
02/23/15 – Reviewed
02/26/18 – Reviewed
02/20/19 – Updated

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