



**Serotonin and Serotonin-Norepinephrine Modulators**  
Effective 10/01/2022

<b>Plan</b>	<input type="checkbox"/> MassHealth <input checked="" type="checkbox"/> Commercial/Exchange	<b>Program Type</b>	<input type="checkbox"/> Prior Authorization
<b>Benefit</b>	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		<input checked="" type="checkbox"/> Quantity Limit <input checked="" type="checkbox"/> Step Therapy
<b>Specialty Limitations</b>	N/A		
<b>Contact Information</b>	<b>Specialty Medications</b>		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	<b>Non-Specialty Medications</b>		
	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
	<b>Medical Specialty Medications (NLX)</b>		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
<b>Exceptions</b>	N/A		

**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 three (3) first-line medications as described below or a second-line medication within the past 180 days.

**Coverage Guidelines**

FIRST-LINE	SECOND-LINE
Generic SSRIs Generic SNRIs duloxetine (generic for Cymbalta)	Fetzima (levomilnacipran SR) capsules Trintellix (vortioxetine) Vilazodone (generic for Viibryd)

Generic SSRIs: citalopram, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline

Generic SNRIs: venlafaxine IR tablets, venlafaxine SR tablets, venlafaxine SR capsules, desvenlafaxine fumarate SR, desvenlafaxine SR

**Limitations**

- The following quantity limits apply:

Citalopram 10mg	90 tablets per 30 days
Citalopram 20mg	75 tablets per 30 days
Citalopram 40mg	45 tablets per 30 days

Desvenlafaxine ER 25mg, 50mg, 100mg	30 tablets per 30 days
Duloxetine 20mg	60 capsules per 30 days
Duloxetine 30mg, 60mg	30 capsules per 30 days
Escitalopram 5mg, 10mg	30 tablets per 30 days
Escitalopram 20mg	45 tablets per 30 days
Fetzima 20mg, 40mg, 80mg 120mg	30 capsules per month
Fetzima titration pack	1-time fill
Fluoxetine 10mg capsules/tablets	90 capsules/tablets per 30 days
Fluoxetine 20mg capsules	150 capsules per 30 days
Fluvoxamine 25mg	45 tablets per 30 days
Fluvoxamine 50mg	75 tablets per 30 days
Fluvoxamine 100mg	90 tablets per 30 days
Paroxetine 10mg, 20mg	45 tablets per 30 days
Paroxetine 30mg	75 tablets per 30 days
Paroxetine 40mg	60 tablets per 30 days
Paroxetine ER 12.5mg	30 tablets per 30 days
Paroxetine ER 25mg, 37.5mg	60 tablets per 30 days
Sertraline 25mg, 50mg	75 tablets per 30 days
Sertraline 100mg	90 tablets per 30 days
Trintellix 5mg, 10mg, 20mg	30 tablets per 30 days
Venlafaxine ER 37.5mg, 75mg, 150mg capsules	60 capsules per 30 days
Venlafaxine 25mg, 37.5mg, 50mg, 75mg, 100mg tablet	90 tablets per 30 days
Venlafaxine ER 37.5mg, 75mg, 150mg tablet	60 tablets per 30 days
Venlafaxine ER 225mg tablet	30 tablets per 30 days
Viibryd 10mg, 20mg, 40mg	30 tablets per 30 days

## References

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3. Venlafaxine hydrochloride extended-release tablets [prescribing information]. Bridgewater, NJ: Trigen Laboratories; October 2017.
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### **Review History**

07/22/2020: Created; merged SSRI and SNRI ST criteria into one ST program; removed post UM questions from SSRI and SNRI ST; added QL to Limitations. Effective 10/01/2020.

7/20/2022: Reviewed and Updated for July P&T. Added vilazadone as 2<sup>nd</sup> line agent. Brand Viibryd is moved to non-formulary. Effective 10/01/2022

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