Medication Audit Criteria and Guidelines

Venlafaxine (Effexor®, Effexor® ER)

PEFC Approved: August 2019

Indications

- Attention deficit hyperactivity disorder
- Binge-Eating Disorder
- Bipolar Disorder – Depressed Phase
- Depressive Disorders
- Dysthymia
- Generalized Anxiety Disorder
- Obsessive-Compulsive Disorder
- Panic Disorder
- Post-Traumatic Stress Disorder
- Social Anxiety Disorder

Black Box Warning

- Increased risk of suicidal thinking and behavior in children, adolescents and young adults (≤ 24 years) taking antidepressants. Monitor for worsening and emergence of suicidal thoughts and behaviors.

Contraindications

Absolute

- Concomitant use of a monoamine oxidase inhibitor (intended to treat psychiatric disorders) or within 7 days of venlafaxine discontinuation
- History of anaphylactic reaction or similarly severe significant hypersensitivity to the medication prescribed or desvenlafaxine
- Initiating venlafaxine therapy while on linezolid or intravenous methylene blue
- Use of venlafaxine within 14 days of discontinuing an MAOI (intended to treat psychiatric disorders

Relative

- Hypertension or history of hypertension
- Pregnancy/nursing mothers

Precautions

- Bipolar disorder in the absence of a mood stabilizer
- Concomitant use with aspirin, NSAIDs, warfarin or other anticoagulants
- Diagnosis of a seizure disorder or history of seizures
- Discontinuation syndrome
- Hepatic function impairment
- Renal function impairment
- Suicidal thoughts and behaviors in children, adolescents, and young adults (≤ 24 years)

Adverse Reactions

Side Effects Which Require Medical Attention

- Blood pressure alteration, especially hypertension
- Delirium
- Headache

- Sexual dysfunction
- Visual disturbances

Pregnancy and Breastfeeding

- See relative contraindications
- Review product-specific labeling. Consider risks/benefits in reviewing medication-specific labeling

Drug Interactions of Major Significance

- Concomitant use of a monoamine oxidase inhibitor (intended to treat psychiatric disorders) or within 7 days of venlafaxine discontinuation
- Drugs that interfere with hemostasis (NSAIDs, aspirin, and warfarin)
- Initiating venlafaxine therapy while on linezolid or intravenous methylene blue
- SSRIs or other serotonergic drugs
- Use of venlafaxine within 14 days of discontinuing an MAOI (intended to treat psychiatric disorders

See Table A: Cytochrome P450 Drug Metabolism/Inhibition

Venlafaxine:

Substrate of 2D6

Special Populations

Age-Specific Considerations

- Safety and efficacy have not been established in children younger than 18 years
- Geriatric – no adjustment necessary
- Renal impairment, mild to moderate – decrease usual dosage by 25% to 50%
- Hepatic impairment, mild to moderate – decrease usual dosage by 50% or more

- Hemodialysis – decrease usual dosage by 50%
- Pregnancy, third trimester – consider tapering

Patient Monitoring Parameters

- Blood pressure during dosage titration and as clinically indicated
- Height and weight – baseline, monthly and as clinically indicated (children, adolescents)
- Hepatic function – baseline and as clinically indicated
- Lipid screening [total cholesterol, low- and high-density lipoprotein (LDL and HDL) cholesterol, and triglycerides] – Yearly if lipid levels are in the normal range, every 6 months if the LDL level is > 130 mg/dl.

  If no lipid screening has been done within the last year, then a lipid profile should be obtained within 30 days of initiation of the drug.
- Monitor for emergence of suicidal ideation or behavior
- Pregnancy test— baseline and as clinically indicated
- Sodium level in high-risk patients (e.g., older than 65 years, previous history of antidepressant-induced hyponatremia, low body weight, concomitant use of thiazides or other hyponatremia-inducing agents, experiencing symptoms of hyponatremia), baseline, 4 weeks and as clinically indicated

Dosing

- See HHSC Psychiatric Drug Formulary for dosage guidelines.
- Exceptions to maximum dosage must be justified as per medication rule.