

HIGHLIGHTS OF PRESCRIBING INFORMATION

These highlights do not include all the information needed to use Venlafaxine Extended Release Tablets safely and effectively. See full prescribing information for Venlafaxine Extended Release Tablets.
Venlafaxine Extended Release Tablets (venlafaxine hydrochloride) Extended Release Tablets for Oral Use
Initial U.S. Approval: 1993

WARNING: Suicidality and Antidepressants
See full prescribing information for complete black warning.
Increased risk of suicidal thinking and behavior in children, adolescents and young adults taking antidepressants for major depressive disorder (MDD) and other psychiatric disorders. Venlafaxine Extended Release Tablets are not approved for use in pediatric patients. (5.1)

RECENT MAJOR CHANGES			
Warnings and Precautions, Serotonin Syndrome or Neuroleptic Malignant Syndrome (NMS)-like Reactions (5.3)			[01/2009]

INDICATIONS AND USAGE

Venlafaxine Extended Release Tablets are a selective serotonin and norepinephrine reuptake inhibitor (SNRI) indicated for:

- Major Depressive Disorder (MDD) (1, 2)
- Social Anxiety Disorder (SAD) (1, 2)

DOSE AND ADMINISTRATION

Initial Treatment (2.1)

Indication	Starting Dose	Dose Increase	Maximum Dose
Major Depressive Disorder	75 mg/day (in some patients, 37.5 mg/day for 4-7 days)	75 mg/day increments at intervals of 4 or longer	225 mg/day
Social Anxiety Disorder	75 mg/day	No benefit at higher doses	75 mg/day

- Venlafaxine extended-release tablets should be taken as a single daily dose with food in either the morning or evening at the same time each day. (2)
- Discontinuation: Gradual, individualized as necessary. (2.4)

DOSEAGE FORMS AND STRENGTHS

- 37.5 mg, 75 mg, 150 mg, and 225 mg tablets (3)

CONTRAINDICATIONS

- Concomitant use of monoamine oxidase inhibitors (4)

WARNINGS AND PRECAUTIONS

- Suicidality: Monitor for clinical worsening and suicide risk. (5.1)
- Monoamine Oxidase Inhibitors (MAOIs). Serious interactions possible. Concomitant use contraindicated. Avoidance of MAOIs recommended for at least 14 days before starting venlafaxine. A MAOI should not be restarted within 7 days after stopping venlafaxine. (5.2)
- Serotonin Syndrome, or Neuroleptic Malignant Syndrome (NMS)-like reactions: Serotonin syndrome or NMS-like reactions have been reported with SSRIs and SNRIs. Discontinue Venlafaxine extended-release tablets and initiate supportive treatment. (5.3)
- Sustained hypertension may occur. Blood pressure monitoring recommended. (5.4)
- Mydriasis may occur. Patients with raised intraocular pressure or those at risk of acute narrow-angle glaucoma should be monitored. (5.5)
- Abrupt discontinuation or dose reduction: Discontinuation symptoms may occur (generally self-limiting; serious symptoms possible). Dose reduction recommended to be gradual. (5.6)
- Activation of Mania/Hypomania has occurred. (5.11)
- Symptomatic hyponatremia may occur. (5.12)
- Seizures have been reported. Use with caution in patients with seizure history. (5.13)
- Abnormal bleeding (mostly with ecchymosis) has been reported. (5.14)
- Serum cholesterol: Clinically relevant cholesterol increases may occur. Cholesterol measurements should be taken at baseline and at a rate at least twice that of the placebo group were abnormal ejaculation, gastrointestinal complaints (nausea, dry mouth, and anorexia), CNS complaints (dizziness, somnolence, and abnormal dreams), and sweating. (5.16)
- Interstitial lung disease and eosinophilic pneumonia have been reported. (5.16)

ADVERSE REACTIONS

Major Depressive Disorder - Adverse events in short-term studies that occurred in at least 5% of the patients receiving venlafaxine extended-release capsules and at a rate at least twice that of the placebo group were abnormal ejaculation, gastrointestinal complaints (nausea, dry mouth, and anorexia), CNS complaints (dizziness, somnolence, and abnormal dreams), and sweating. Social Anxiety Disorder - Adverse events in short-term studies that occurred in at least 5% of the patients receiving venlafaxine extended-release capsules and at a rate at least twice that of the placebo group were asthenia,gastrointestinal complaints (anorexia, dry mouth, nausea), CNS complaints (anxiety, insomnia, libido decreased, nervousness, somnolence, dizziness), abnormalities of sexual function (abnormal ejaculation, orgasmic dysfunction, impotence), yawn, sweating, and abnormal dreams.

To report SUSPECTED ADVERSE REACTIONS, contact Upstate Pharma, LLC at 1-888-299-1053 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

DRUG INTERACTIONS

- MAOIs: concomitant use contraindicated (4). Avoid MAOIs 14 days before starting venlafaxine and 7 days after stopping venlafaxine (5.6).
- Caution: Caution in patients with pre-existing hypertension, in elderly patients and patients with hepatic dysfunction. (7.2)
- Haloperidol: Increase in haloperidol AUC and C_{max}. (7.4)
- Ketoconazole: Increase in venlafaxine and D-0-desmethylvenlafaxine AUC and C_{max}. Caution when using venlafaxine with substances that inhibit both CYP2D6 and CYP3A4. (7.7)
- Metoprolol: Possibly reduced blood pressure lowering effect with increased metoprolol plasma levels. Caution should be exercised with co-administration of venlafaxine and metoprolol. (7.8)
- CNS-active drugs: Caution when using venlafaxine with such drugs. (7.10)
- Serotonergic drugs (e.g., triptans, SSRIs, other SNRIs, linezolid, lithium, tramadol, or St. John's Wort): Potential for serotonin syndrome. Careful patient observation advised. (7.10)
- Tryptophan supplements: Concomitant use not recommended. (7.10)

USE IN SPECIFIC POPULATIONS

- Pregnancy: Use during pregnancy only if clearly needed. Neonates exposed to venlafaxine in the third trimester have developed complications requiring prolonged hospitalization, respiratory support, and tube feeding. Benefits and risk of venlafaxine use in the third trimester should be carefully considered. (2.3, 8.1)
- Nursing: Potential for serious adverse reactions in the infant. Discontinue nursing or drug, considering the importance of the drug to the mother. (8.3)
- Pediatric use: Not approved for use in pediatric patients. When considering use in a child or adolescent, balance potential risks with clinical need. (8.4)
- Hepatic impairment: Reduction of total daily dose by 50% recommended in patients with mild to moderate impairment. In patients with cirrhosis, further reduction may be necessary and dosing individualization may be desirable. (2.3, 8.6)
- Renal impairment: Reduction of daily dose by 25-50% recommended. Dosing individualization may be necessary. (2.3, 8.7)
- Hemodialysis: Reduction of daily dose by 50%. (2.3, 8.7)

See 17 for PATIENT COUNSELING INFORMATION and FDA-approved Medication Guide.

Revised: (08/2009)

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