

# Criteria Based Consultation Prescribing Program

## CRITERIA FOR DRUG COVERAGE

### levomilnacipran (Fetzima<sup>®</sup>)

Non-formulary **levomilnacipran (Fetzima<sup>®</sup>)** will be covered on the prescription drug benefit when the following criteria are met:

#### 1. **Diagnosis of Major Depressive Disorder (MDD) on Problem List**

- AND -

- Patient 18 years of age or older

- AND -

- Prior adequate trial and failure of 4 agents including 2 formulary SSRIs\*, an SNRI (venlafaxine or duloxetine) and 1 other agent (bupropion, mirtazapine, formulary TCA<sup>^</sup>, or another SSRI, SNRI)

- OR -

- Patient is already stable on the drug

- OR -

**Dose change only: Patient previously met criteria and is already taking the drug.**

\* **Formulary SSRIs** = citalopram, fluoxetine, paroxetine, sertraline, escitalopram

<sup>^</sup> **Formulary TCAs** = nortriptyline, desipramine, amitriptyline.