Non-formulary levomilnacipran (Fetzima®) 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^, 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
^ Formulary TCAs = nortriptyline, desipramine, amitriptyline.