blue of california

levomilnacipran (FETZIMA)

Diagnosis Considered for Coverage:

- Major depressive disorder

Coverage Criteria:

For diagnosis listed above:

- Inadequate response or intolerable side effect with TWO preferred* antidepressant drugs, OR contraindication to all preferred antidepressant drugs **and**
- Dose does not exceed 120 mg per day

*Preferred antidepressants for PLUS formulary	
amitriptyline	maprotiline
amoxapine	mirtazapine
bupropion/bupropion SR/bupropion XL	nefazodone
citalopram	nortriptyline
clomipramine	paroxetine/paroxetine CR
desipramine	phenelzine
desvenlafaxine	protriptyline
doxepin	sertraline
duloxetine	tranylcypromine
escitalopram	trazodone
fluoxetine/fluoxetine delayed release	trimipramine maleate
fluvoxamine	venlafaxine tablet
imipramine	venlafaxine ER capsule/tablet

Coverage Duration: one year

Effective Date: 5/31/2023