UnitedHealthcare Individual & Family ACA Marketplace Plans
Clinical Pharmacy Program Guidelines for SNRIs

Program	Step Therapy
Medication	Fetzima (levomilnacipran)
Issue Date	9/2020
Pharmacy and Therapeutics Approval Date	3/2023
Effective Date	5/2023

1. Background:

Fetzima (levomilnacipran) is a serotonin norepinephrine reuptake inhibitor [SNRI] indicated for major depressive disorder [MDD].

Step Therapy programs are utilized to encourage the use of lower cost alternatives for certain therapeutic classes. This program requires a trial of at least three step one medications before providing coverage for Fetzima.

2. Coverage Criteria[a]:

Initial Authorization

A. Fetzima will be approved based upon **ONE** of the following:

1. History of failure, contraindication, or intolerance to at least **THREE** of the following generic formulations (document drug and date of trials):

   a. bupropion (non-smoking deterrent)
   b. citalopram
   c. duloxetine
   d. escitalopram
   e. fluoxetine
   f. fluvoxamine immediate release
   g. paroxetine
   h. sertraline tablets
   i. venlafaxine IR tablets
   j. venlafaxine ER capsules
   k. desvenlafaxine (generic Pristiq only)

-OR-

2. The requested medication was initiated during a recent inpatient mental health hospitalization, and the member is stabilized on the requested medication

-OR-

3. Member is new to the plan and currently stabilized on the requested medication (as evidenced by coverage effective date of less than or equal to 120 days)

Authorization will be issued for 12 months.

[a] State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.

3. Other Clinical Programs:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limits may also be in place.

4. References:

1. Fetzima [Package Insert]. St. Louis, MO: Forest Pharmaceuticals, Inc.; October 2019.
3. American Psychiatric Association. Practice guideline for the treatment of patients with major depressive disorder, third edition. Oct. 2010.

Program	Step Therapy – SNRIs
Change Control	
Date	Change
11/2014	New program.
11/2015	Updated references. Added Maryland Continuation of Care.
5/2016	Updated Brintellix name due to name change.
7/2016	Added Indiana and West Virginia coverage information.
11/2016	Administrative change. Added California coverage information.
5/2017	Annual review. Updated references. Added requirement to document duration of medication trial, in addition to the currently required name and date of the three medications previously tried. Removed reference to Trintellix's original name Brintellix. Updated state mandate reference language.
9/2017	Added reauthorization criteria to allow for continuation of therapy. Added note for Trintellix exclusion.
5/2018	Removed note for Trintelix exclusion. Coverage restored.
5/2019	Revised documentation requirements. Added self-look back for auto adjudication.
5/2020	Updated references.
10/2020	Renamed policy to SNRIs Step Therapy, revised background, removed Trintelix as a target, and revised step one medication list to drugs on

	formulary. Removed state mandate language as ST exemption will be granted with the continuation of therapy for new member clause.
11/2020	Updated ST alternatives to align build file and set up for UHC Value & Balance Exchange for 1/2021 implementation.
6/2021	Added documentation of first line drug tried.
8/2022	Added state mandate language, removed formulary box. Removed step therapy description from background.
3/2023	Updated reference.