

Levomilnacipran

Fetzima

An SNRI antidepressant for adults. A steady routine and follow-up help treatment work.

From Jeffrey Panko, PMHNP-BC's education collection ·

Draft for review · Clinical content has not been revalidated for this website.

Swallow ER capsules whole

Keep blood-pressure and pulse checks

Diagram: SERT and NET inhibition. More norepinephrine activity does not prove a better energy response.

What it is used for

Levomilnacipran treats major depression in adults. It is not approved for children, anxiety disorders or fibromyalgia. Other uses need a separate discussion.

It is not interchangeable with milnacipran (Savella). Ask which symptoms you are treating and how you will judge progress.

How it works

It slows the reuptake of serotonin and norepinephrine, helping these chemical signals remain available. Changes over time may improve depression.

Its laboratory effects do not establish that it is better for low energy or concentration than other antidepressants. Your own response matters.

What to expect over time

EARLY DAYS

Nausea, sweating or sleep changes may appear before benefit. Report troublesome effects; do not simply push through them.

OVER WEEKS

Mood and daily function may improve gradually. Keep follow-up even if change is slow; do not increase doses yourself.

STAYING WELL

Continue the agreed plan when you feel better. Call before running out or stopping; sudden changes can cause withdrawal.

Taking your medication

Take once daily at the same time, with or without food. Food may help nausea. Swallow capsules whole: do not open, chew or crush them.

Follow your prescribed dose schedule. Kidney function and some medicines lower the maximum dose. Do not copy someone else's plan or adjust it yourself.

Avoid alcohol. Do not drive until you know the effects. If sleep is disrupted, ask about timing; do not skip doses to change your schedule.

When to get help

Emergency: fever with confusion or stiff/twitching muscles, seizure, collapse, chest pain, severe eye pain with vision changes, or major bleeding.

Get urgent help: inability to urinate, severe confusion or weakness. Report a racing heart, unusual bleeding or new urinary difficulty promptly.

Call promptly: suicidal thoughts, worsening mood or unusually high energy with little sleep. For immediate danger or severe breathing trouble, call 911.

Early side effects

Nausea, constipation, dry mouth, sweating and sleep changes can occur. Food, appropriate fluids, fiber and activity may help; ask if symptoms persist.

Other effects to discuss

Sexual effects, a faster pulse or higher blood pressure deserve review. Tell your clinician what bothers you; there may be ways to adjust treatment.

What to keep track of

Keep blood-pressure, pulse and mood checks, especially after dose changes. Kidney function affects dosing; sodium tests may be needed for symptoms or risk factors. Bring your full medicine list. Suicide-risk monitoring matters at every age, particularly through age 24 and early in treatment. Report pregnancy or feeding plans and new urinary problems.

Before you start

Tell your team about high blood pressure, heart-rhythm problems, kidney disease, difficulty urinating, narrow-angle glaucoma, bipolar symptoms, seizures, bleeding or low sodium. Review all medicines and supplements, including other antidepressants. Mention an allergy to levomilnacipran or milnacipran. Discuss pregnancy or breastfeeding before starting when possible.

Medicines & interactions

MAOI antidepressants

Wait at least 14 days after an MAOI before starting levomilnacipran, and at least 7 days after levomilnacipran before an MAOI. Get a written switching plan; never cross-taper yourself.

Linezolid or IV methylene blue

Tell the treating team you take levomilnacipran before these are considered. Urgent treatment requires a specific supervised plan because of serotonin-syndrome risk.

Other serotonin medicines

Other antidepressants, tramadol, dextromethorphan, triptans, lithium, buspirone and St. John's wort can add risk. Check every prescription and cough or supplement product first.

Medicines that raise drug levels

Some antifungals and antibiotics, including ketoconazole and clarithromycin, lower the allowed dose. Kidney limits may be lower still. A pharmacist should review new medicines.

Bleeding and blood-pressure risks

Aspirin, ibuprofen, naproxen and blood thinners can increase bleeding risk. Stimulants may add to pulse or blood-pressure effects. Do not stop prescribed medicines on your own.

Everyday tips

Pair your dose with a daily routine and use a reminder.

Keep a short record of sleep, mood and bothersome effects.

Ask before adding any pain, cough or supplement product.

Call early if cost or refills could interrupt treatment.

Your questions, answered

What if I miss a dose?

Take it when remembered unless the next dose is nearly due; then skip it. Never double. If several doses were missed, ask how to restart.

How do I stop?

Arrange a gradual taper. Do not open capsules or switch to alternate-day dosing yourself. Your team can plan smaller steps if needed. Report dizziness, nausea or electric-shock sensations.

Will it work for fatigue?

Depression-related energy may improve, but the mechanism does not guarantee that result. Review mood, sleep and daily function together at follow-up.

Pregnancy or breastfeeding?

Discuss treatment and untreated-illness risks; do not stop on your own. Pregnancy and milk data are limited. If breastfeeding, report infant sleepiness, fussiness, poor feeding or poor weight gain.

Storage & safety

Keep tightly closed at room temperature, away from excess heat and moisture, secured from children and pets. Never share; use pharmacy take-back. Overdose: Poison Help 1-800-222-1222. Collapse, seizure or breathing trouble: 911. U.S. crisis support: 988.

A final reminder

Read the Medication Guide with your care team; this summary does not list every precaution.

About this information

For general information only; not a substitute for individualized medical advice. This sheet does not cover every risk or interaction. Ask your prescriber or pharmacist before changing how you take this medication.

Sources

1. https://www.rxabbvie.com/content/dam/rxabbvie/pdf/fetzima_pi.pdf
 2. <https://medlineplus.gov/druginfo/meds/a613048.html>
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