Commercial/Healthcare Exchange PA Criteria

Effective: February 2014

Prior Authorization: Trintellix

Products Affected: Trintellix (vortioxetine) oral tablet

Medication Description:
Vortioxetine inhibits the reuptake of serotonin (5-HT); antagonizes 5-HT3, 5-HT1D, and 5-HT7 receptors; agonizes 5-HT1A receptors; and is a 5-HT1B receptor partial agonist

Covered Uses: Treatment of major depressive disorder (MDD) in adults

Exclusion Criteria:
1. Concomitant use of MAOIs intended to treat psychiatric disorders or within 14 days of stopping an MAOI intended to treat psychiatric disorders.

Required Medical Information:
1. Diagnosis
2. Previous medications tried/failed

Age Restrictions: 18 years of age and older

Prescriber Restrictions: N/A

Coverage Duration: 12 months

Other Criteria:
A. Patient has a diagnosis of major depressive disorder (MDD); AND
B. Patient has had an intolerance to, or treatment failure with, at least one generic SSRI (e.g. citalopram, fluoxetine, fluvoxamine, paroxetine HCl immediate-release, sertraline); **AND**
C. Patient has had an intolerance to, or treatment failure with, at least one SNRI (duloxetine, venlafaxine, desvenlafaxine).

References:
1. Product Information: TRINTELLIX oral tablets, vortioxetine oral tablets. Takeda Pharmaceuticals America Inc (per manufacturer), Deerfield, IL, 2019.

Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	2/2014
2	Update	Moved to updated template Revision History: 9/15, 1/16 (Spelled out SNRI and SSRI), 7/16 (added CYP450 language)	All	02/03/2020