

## 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-HT<sub>3</sub>, 5-HT<sub>1D</sub>, and 5-HT<sub>7</sub> receptors; agonizes 5-HT<sub>1A</sub> receptors; and is a 5-HT<sub>1B</sub> 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