

Effective Date: 06/01/2023
Reviewed: 03/2023
Scope: Medicaid

TRINTELLIX (vortioxetine)

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met, and the member has no exclusions to the prescribed therapy.

FDA-Approved Indications

Trintellix is indicated for the treatment of major depressive disorder (MDD) in adults.

All other indications are considered experimental/investigational and not medically necessary

II. CRITERIA FOR APPROVAL

Major Depressive Disorder (MDD)

An authorization of 12 months may be granted when all the following criteria are met:

1. Member is 18 years of age or older
2. Member has a diagnosis of major depressive disorder (MDD)
3. The member has documentation of a failure or intolerance to at least two formulary antidepressants (e.g., citalopram, duloxetine, escitalopram, fluoxetine, sertraline, venlafaxine)

III. CONTINUATION OF THERAPY

Trintellix will continue to pay after the initial approval if there is at least one paid claim of at least a 30-day supply within the last 365 days for the respective drug.

IV. QUANTITY LIMIT

Trintellix 5mg, 10mg, 20mg: 1 tablet per day