

Effective Date: 06/01/2023
Reviewed: 03/2023, 03/2024, 6/2025
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

#### V. REFERENCES

1. Trintellix [Prescribing information]. Deerfield, IL: Takeda Pharmaceuticals America, Inc.; March 2025. Accessed June 2025