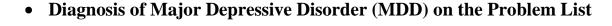
## Criteria Based Consultation Prescribing Program CRITERIA FOR DRUG COVERAGE

## vortioxetine (Trintellix)

Non-formulary **vortioxetine** (**Trintellix**) will be covered on the prescription drug benefit when the following criteria are met:



- AND -
- Prior adequate trial and failure of 4 formulary agents, unless contraindication, intolerance, or allergy
  - For MDD: 2 SSRIs and 2 other agents (bupropion, mirtazapine, TCA, SNRI or another SSRI)
  - OR -
- Patient is already stable on the drug
  - OR -
- Dose Change Only: Patient previously met criteria and is already taking the drug.



