

# 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:

- **Diagnosis of Major Depressive Disorder (MDD) on the Problem List**
  - 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.**