

Clinical Policy Title:	vortioxetine
Policy Number:	RxA.857
Drug(s) Applied:	Trintellix
Original Policy Date:	9/12/2024
Last Review Date:	12/11/2025
Line of Business Policy Applies to:	All lines of business (except Medicare)

Criteria

I. Initial Approval Criteria

A. Major depressive disorder (must meet all):

1. Diagnosis of major depressive disorder;
2. Trial and failure of at least 30 days within the last 12 months of at least three (3) antidepressants from at least three (3) different mechanisms of action, unless contraindicated or adverse effects are experienced:
 - a. Selective serotonin reuptake inhibitors (e.g., sertraline, citalopram);
 - b. Serotonin and norepinephrine reuptake inhibitors (e.g., duloxetine, venlafaxine);
 - c. Tricyclic antidepressants (e.g., amitriptyline, doxepin);
 - d. Monoamine oxidase inhibitors (e.g., phenelzine, tranylcypromine);
 - e. Bupropion;
 - f. Mirtazapine;
 - g. Trazodone.

Approval Duration

All lines of business (except Medicare): 12 months

II. Continued Therapy Approval

A. Major depressive disorder (must meet all):

1. Member is currently receiving medication that has been authorized by RxAdvance or the member has met initial approval criteria.

Approval Duration

All Lines of Business (except Medicare): 12 months

References

VA/DoD Clinical Practice Guideline. (2022). The Management of Major Depressive Disorder. Washington, DC: U.S. Government Printing Office. Available at: <https://www.healthquality.va.gov/guidelines/MH/mdd/VADODMDDCPGFinal508.pdf>. Accessed December 5, 2024.

Review/Revision History	Review/Revision Date	P&T Approval Date
Policy established.	12/05/2024	12/05/2024
Policy updated:	2/26/2025	

This clinical policy has been developed to authorize, modify, or determine coverage for individuals with similar conditions. Specific care and treatment may vary depending on individual need and benefits covered by the plan. This policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding payment or results. This document may contain prescription brand name drugs that are trademarks of pharmaceutical manufacturers that are not affiliated with RxAdvance.

1. Removed: Prescribed in combination with an oral antidepressant;		
Policy was reviewed	12/11/2025	12/11/2025