

Criteria Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

vortioxetine (Brintellix[®])

Non-formulary **vortioxetine (Brintellix[®])** 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 SSRI and 2 other agents (bupropion, mirtazapine, TCA, venlafaxine 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.**