Premier Health Plan

POLICY AND PROCEDURE

POLICY TITLE: ***Viibryd (vilazodone) and Trintellix (vortioxetine)***
DEPARTMENT: **Clinical Pharmacy Services- Utilization Management**
ORIGINAL DATE: ***April 2011 (as adopted from UPMC Health Plan)***

Last P & T Committee Approval Date: February *2018*

Product Applicability: *mark all applicable products below:*

COMMERCIAL	[ ] HMO [ ] PPO *Products*: [ ] Small [ ] Indiv. [ ] Large *Exchange*: [ ] Shop [ ] Indiv. [x] All
OTHER	[x] Self-funded/ASO

PURPOSE

The purpose of this policy is to define the prior authorization process for Viibryd (vilazodone) and Trintellix (vortioxetine)

Viibryd (vilazodone), a selective-serotonin receptor reuptake inhibitor and a 5-HT1A receptor partial agonist, is indicated for the treatment of major depressive disorder (MDD).

Trintellix (vortioxetine), a serotonin receptor reuptake inhibitor, a 5-HT3 receptor antagonist, and a 5-HT1A receptor agonist, is indicated for the treatment of major depressive disorder (MDD).

DEFINITIONS

MAOI – a drug in the Monoamine Oxidase Inhibitor class of medications that is FDAapproved to treat major depressive disorder

SNRI – a drug in the Serotonin-Norepinephrine Reuptake Inhibitor class of medications that is FDA-approved to treat major depressive disorder

SSRI – a drug in the Selective Serotonin Reuptake Inhibitor class of medications that is FDA-approved to treat major depressive disorder

POLICY

It is the policy of the Health Plan to maintain a prior authorization process that promotes appropriate utilization of specific drugs with potential for misuse or limited indications. This process involves a review using Food and Drug Administration (FDA) criteria to make a determination of Medical Necessity, and approval by the Pharmacy & Therapeutics Committee of the criteria for prior authorization, as described in RX.002 Pharmacy and Therapeutics Committee and RX.003-Prior Authorization Process.

The drug, Viibryd (vilazodone) and Trintellix (vortioxetine), is subject to the prior authorization process.

PROCEDURE

Initial Authorization Criteria:

Must meet all of the criteria listed below:

- Must be age 18 years or older
- Must have a diagnosis of major depressive disorder
- Must have chart documentation which shows that the member has failed or has intolerance to at least one drug in each of the following classes:
    - Generic selective serotonin reuptake inhibitor (SSRI)
    - Generic serotonin and norepinephrine reuptake inhibitor (SNRI)
- Must not be on concomitant therapy with a MAOI intended to treat psychiatric disorders.
    - Must not be used within 14 days of stopping a MAOI intended to treat psychiatric disorders.
- Must not be used in combination with linezolid or intravenous methylene blue

Limitations:

Length of Authorization (if above criteria met)	
Initial Authorization	Up to duration of member's membership with plan
Reauthorization	N/A
Quantity Level Limit	
Viibryd	• 1 starter kit per lifetime • 30 tablets per 30 days
Trintellix	30 tablets per 30 days

If the established criteria are not met, the request is referred to a Medical Director for review.

REFERENCES

1. Viibryd [package insert]. New Haven, CT: Trovis Pharmaceuticals LLC.; January 2011.
2. http://clinicaltrials.gov/ct2/show/NCT00683592
3. Khan A, Cutler A, Kajdasz D et al. Efficacy and Tolerability of Vilazodone, a Dual-Acting Serotonergic Antidepressant, in the treatment of Patients With Major Depressive Disorder (MDD). Poster NR4-2 presented at the 163rd Annual Meeting of the American Psychiatric Association, May 22-26, 2010, New Orleans, Louisiana. http://www.clda.com/mediainfo/pdf/P3U-10-0311_Vilazodone%208-week%20study_Final_5.13.10.pdf (Accessed 2011 Feb 25).
4. Croft HA, Kajdasz DK, Whalen H et al. The Safety and Tolerability of Vilazodone in Patients With Major Depressive Disorder. Poster 107 presented at the 23rd Annual U.S. Psychiatric and Mental Health Congress; November 18-21, 2010; Orlando, FL. http://www.clda.com/mediainfo/pdf/P3U-10-1629_US%20Psych%20Integ%20Safety_F4_FINAL_11.17.10.pdf. (Accessed 2011 Feb 25).
5. Rickels K, Athanasiou M, Robinson DS et al. Evidence for efficacy and tolerability of vilazodone in the treatment of major depressive disorder: a randomized, double-blind placebo-controlled trial. J Clin Psych. 2009;70(3):326-33.
6. Trintellix [package insert]. Deerfield, IL: Takeda Pharmaceuticals America, Inc. and Lundbeck A/S; May 2016
7. American Psychiatric Association (APA). Practice guideline for the treatment of patients with major depressive

RECORD RETENTION

Records Retention for Evolent Health documents, regardless of medium, are provided within the Evolent Health records retention policy and as indicated in CORP.028.E Records Retention Policy and Procedure.

REVIEW HISTORY

DESCRIPTION OF REVIEW / REVISION	DATE APPROVED
Annual review	*02/16, 02/17, 02/18*
Product name change from Brintellix to Trintellix	*06/16*
Criteria Update	*07/17*