Pharmacy Medical Necessity Guidelines

Brintellix™ (Vortioxetine)

Effective: 8/27/14

OVERVIEW

FDA-APPROVED INDICATIONS

Brintellix™ is indicated for the treatment of major depressive disorder.

PHARMACY COVERAGE GUIDELINES

Tufts Health Plan – Network Health may authorize coverage of Brintellix™ (Vortioxetine) for members when the following criterion is met and limitations do not apply:

- The member tried and failed therapy with two antidepressants, one of which must be an SSRI.

For quantities that exceed the quantity limit,

- The requested strength and quantity is a clinically appropriate dose for the patient’s condition, AND
- There is documented clinical justification for the requested quantity.

LIMITATIONS

Quantity Limit: One tablet per day

CODES

None

REFERENCES


**APPROVAL HISTORY**

- June 12, 2104: Reviewed by the Pharmacy and Therapeutics Committee

**BACKGROUND, PRODUCT, AND DISCLAIMER INFORMATION**

Pharmacy Medical Necessity Guidelines have been developed for determining coverage for Tufts Health Plan – Network Health benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. They are used in conjunction with the applicable *Member Handbook* and in coordination with the member’s physician(s). Pharmacy Medical Necessity Guidelines are developed for selected therapeutic classes or drugs found to be safe but proven to be effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in the Tufts Health Plan – Network Health service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. Tufts Health Plan – Network Health reviews Pharmacy Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

Pharmacy Medical Necessity Guidelines apply to all fully insured Tufts Health Plan – Network Health offerings unless otherwise noted in this policy or the applicable *Member Handbook*. Check the applicable *product formulary in the Pharmacy section of our website* to determine if the drug requires you to get prior authorization.

For *Tufts Health Unify* (Medicare-Medicaid One Care for people ages 21 – 64), please refer to *Tufts Health Unify Prior Authorization Medical Necessity Guidelines*. 2
Treating providers are solely responsible for the medical advice and treatment of members. The use of this policy is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization and utilization management guidelines, when applicable, and adherence to plan policies and procedures and claims editing logic.