UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2020 P 3044-10
Program	Step Therapy – Antidepressants
Medication/Therapeutic Class	Trintellix (vortioxetine) and Fetzima (Levomilnacipran)
P&T Approval Date	11/2014, 11/2015, 5/2016, 5/2017, 9/2017, 5/2018, 5/2019, 5/2020
Effective Date	8/1/2020; Oxford only: 8/1/2020

1. Background:

Step therapy type programs have been utilized to encourage use of lower cost alternatives for certain therapeutic classes. This program requires a trial of at least three step one medications before providing coverage for Trintellix or Fetzima. If a member has three step one medications in claim's history in the previous 180 days then Trintellix or Fetzima will automatically process. Members with a history of Trintellix or Fetzima as documented in claims history will be allowed continued coverage of their current therapy. Members new to therapy will be required to meet the below criteria.

2. Coverage Criteria[a]:

Initial Authorization

A. Trintellix or **Fetzima** will be approved based upon **ONE** of the following:

1. History of failure after at least 4 weeks of therapy, contraindication, or intolerance to at least **THREE** of any formulation of the following (document date of trials):

   a. bupropion
   b. citalopram
   c. duloxetine
   d. escitalopram
   e. fluoxetine
   f. fluvoxamine
   g. paroxetine
   h. sertraline
   i. venlafaxine IR/ER (capsules)

-OR-

2. The requested medication was initiated during a recent inpatient mental health hospitalization, and the member is stabilized on the requested medication

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-OR-

3. Member is new to the plan and currently stabilized on the requested medication (as evidenced by coverage effective date of less than or equal to 120 days)

Authorization will be issued for 12 months.

[a] State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.

3. Other Clinical Programs:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limits may also be in place.

4. References:

1. Fetzima [Package Insert]. St. Louis, MO: Forest Pharmaceuticals, Inc.; October 2019.
2. Trintellix [Package Insert]. Deerfield, IL: Takeda Pharmaceuticals, America; July 2019.
3. American Psychiatric Association. Practice guideline for the treatment of patients with major depressive disorder, third edition. Oct. 2010. Available at: http://psychiatryonline.org/pb/assets/raw/sitewide/practice_guidelines/guidelines/mdd.pdf

Program	Step Therapy – Antidepressants
Change Control	
Date	Change
11/2014	New program.
11/2015	Updated references. Added Maryland Continuation of Care.
5/2016	Updated Brintellix name due to name change.
7/2016	Added Indiana and West Virginia coverage information.
11/2016	Administrative change. Added California coverage information.
5/2017	Annual review. Updated references. Added requirement to document duration of medication trial, in addition to the currently required name and date of the three medications previously tried. Removed reference to Trintellix's original name Brintellix. Updated state mandate reference language.
9/2017	Added reauthorization criteria to allow for continuation of therapy. Added note for Trintellix exclusion.

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5/2018	Removed note for Trintelix exclusion. Coverage restored.
5/2019	Revised documentation requirements. Added self-look back for auto adjudication.
5/2020	Updated references.

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