Trintellix®
vortioxetine

VORTIOXETINE IS RECOMMENDED AS
1st
A FIRST-LINE TREATMENT
FOR MDD IN THE 2023 CANMAT GUIDELINES.[3‡]

ARE YOUR PATIENTS WEIGHING THEIR OPTIONS?

PrTrintellix® (vortioxetine) is indicated for the treatment of Major Depressive Disorder (MDD) in adults.[1]

Need samples or more information about TRINTELLIX? **Connect with us at trintellix.ca/contactus**

59.1 MILLION PATIENTS TREATED WORLDWIDE
with TRINTELLIX and counting[4*†]

CANMAT=Canadian Network for Mood and Anxiety Treatments
* Clinical significance is unknown.

† Estimated treatment time was calculated based on 3 months to 2 years.
‡ See guidelines for complete recommendations.

TRINTELLIX: Demonstrated efficacy data in MDD with an excellent tolerability profile[1-3]

DEMONSTRATED TO TREAT MULTIPLE SYMPTOMS OF MDD[1-3*†‡]

Depressive symptoms (MADRS total score)

Demonstrated
60%
improvement
(-18.8 vs -11.7)

from baseline at 8 weeks with TRINTELLIX 20 mg vs 37% with placebo ($p<0.0001$)[1,2*†]

Anxiety symptoms (HAM-A score)

Demonstrated
51%
improvement
(-11.4 vs -8.41)

from baseline at 6 weeks with TRINTELLIX 10 mg vs 37% with placebo ($p<0.001$)[6§]

Cognitive function symptoms (DSST score)

Demonstrated
61%
improvement
vs placebo
(4.6 vs 2.85)

from baseline at 8 weeks with TRINTELLIX 10 to 20 mg ($p=0.019$)[3*‡]

* The starting and recommended dose of TRINTELLIX is 10 mg once daily for adults <65 years of age. See the Product Monograph for complete dosing and administration information.

DSST=Digit Symbol Substitution Test; HAM-A=Hamilton Anxiety Rating Scale; MADRS=Montgomery-Åsberg Depression Rating Scale; MDD=major depressive disorder; SDS=Sheehan Disability Scale

DEMONSTRATED IMPROVEMENT IN OVERALL FUNCTION (SDS score)

from baseline at 8 weeks with TRINTELLIX 20 mg vs placebo (secondary endpoint):

Up to **87%** improvement in **OVERALL FUNCTION** (-8.4 vs -4.5; p=0.0005)[2*†]

Up to **82%** improvement in function at **HOME** (-3.1 vs -1.7; p<0.0001)[2*†]

Up to **82%** improvement in function in a **SOCIAL SETTING** (-3.1 vs -1.7; p<0.0001)[2*†]

Up to **86%** improvement in function at **WORK** (-2.6 vs -1.4; p=0.0059)[2*†]

* The starting and recommended dose of TRINTELLIX is 10 mg once daily for adults <65 years of age. See the Product Monograph for complete dosing and administration information.

TRINTELLIX HAS AN EXCELLENT TOLERABILITY PROFILE

The most commonly observed adverse events in patients with MDD treated with TRINTELLIX in 6- to 8-week placebo-controlled studies (incidence ≥5% and at least twice the rate of placebo) were nausea, constipation and vomiting.[1]

Low incidence of self-reported sexual side effects demonstrated

The incidence of self-reported sexual side effects was low and similar to placebo in clinical short- and long-term studies with TRINTELLIX (5-20 mg/day).[1]

- Incidences for TRINTELLIX and placebo, respectively, were: libido decreased (0.7%, 0.6%), orgasm abnormal (0.3%, 0.2%), anorgasmia (0.2%, 0%), loss of libido (0.2%, 0%), disturbance in sexual arousal (<0.1%, 0%), orgasm sensation decreased (<0.1%, <0.1%), sexual dysfunction (<0.1%, <0.1%).
- In males only: ejaculation delayed (0.5%, 0.1%), erectile dysfunction (0.3%, 0.4%), ejaculation disorder (<0.1%, 0%); in females only: vulvovaginal dryness (<0.1%, 0%).

TRINTELLIX was associated with higher incidences of treatment-emergent sexual dysfunction compared with placebo, when evaluated by the Arizona Sexual Experience (ASEX) scale.[1]

- In females: TRINTELLIX 5 mg/day 22% (N=65), 10 mg/day 23% (N=94), 20 mg/day 34% (N=67), placebo 20% (N=135).
- In males: TRINTELLIX 5 mg/day 16% (N=67), 10 mg/day 20% (N=86), 20 mg/day 29% (N=59), placebo 14% (N=162).

Physicians should routinely inquire about possible sexual side effects during treatment with TRINTELLIX.[1]

No clinically meaningful effect demonstrated on body weight

Mean weight change from baseline in a long-term (24-64 weeks), placebo-controlled study: +0.4 kg for TRINTELLIX 5 or 10 mg/day, +0.1 kg for placebo.[1]

No clinically significant effect demonstrated on ECG parameters

TRINTELLIX has not been associated with any clinically significant effect on ECG parameters, including QT, QTc, PR and QRS intervals, or with any arrhythmogenic potential in clinical studies.[1]

Discontinuation rates from short-term (up to 8 weeks) placebo-controlled studies

Discontinuation due to adverse events was 6% with TRINTELLIX vs 4% with placebo. The most common reason for discontinuation of TRINTELLIX was nausea (1.1% with TRINTELLIX 5 mg, 1.4% with TRINTELLIX 10 mg and 3.3% with TRINTELLIX 20 mg vs 0.3% for placebo). Discontinuation due to nausea was most common during the initial weeks of treatment.[1]

ECG=electrocardiogram

CONVENIENT ONCE-DAILY DOSING

5 mg

Decrease to a minimum of **5 mg** once daily may be considered for patients who do not tolerate higher doses.[1]

10 mg

STARTING AND RECOMMENDED DOSE

10 mg once daily **in patients <65 years of age**.[1]

20 mg

Depending on individual patient response, the dose may be increased to a maximum of **20 mg** once daily, as tolerated.[1]

Patients ≥65 years of age

5 mg once-daily starting dose

Caution is advised when treating elderly patients with doses >10 mg/day due to limited efficacy and safety data from patients of 65 years of age or older who were treated with these doses in controlled clinical trials.[1]

May be taken with or without food[1]

COVERED

by most private insurance plans and public formularies across Canada (restrictions may apply)[7]*

* TRINTELLIX is eligible for reimbursement by Non-Insured Health Benefits, Veterans Affairs Canada and Correctional Service Canada, and for formulary coverage in the following provinces and territories: Quebec, Ontario, Alberta, Manitoba, Saskatchewan, New Brunswick, Newfoundland and Labrador, Nova Scotia, Prince Edward Island, Northwest Territories, Yukon and British Columbia (special authorization). Refer to provincial formularies for more information.

Safety Information

Clinical use:

Efficacy in providing symptomatic relief of MDD demonstrated in trials of up to 8 weeks' duration; efficacy in maintaining an antidepressant response demonstrated for up to 24 weeks.

Physicians who elect to use TRINTELLIX for extended periods should periodically re-evaluate the usefulness of the drug for individual patients.

The lowest effective dose of 5 mg/day should always be used as the starting dose in elderly patients (≥65 years of age).

Not indicated in pediatric patients.

Contraindication:

- Combined use with monoamine oxidase inhibitors (MAOIs)

Most serious warnings and precautions:

- **Increased risk of self-harm, harm to others, suicidal thinking and behaviour:** Closely monitor for clinical worsening and for emergence of agitation type and/or suicidal thoughts and behaviours.

Other relevant warnings and precautions:

- Dependence/tolerance
- Discontinuation symptoms
- Caution when driving or operating machinery
- Abnormal bleeding
- Potential for increased risk of postpartum hemorrhage
- Caution in moderate or severe hepatic impairment
- Bone fracture risk
- Caution in patients who have a history of seizures or in patients with unstable epilepsy
- Serotonin toxicity/neuroleptic malignant syndrome
- Cognitive and motor disturbances
- Angle-closure glaucoma
- Caution in patients with a history of mania/hypomania and discontinue use in any patient entering a manic phase
- Aggression/agitation
- Caution with concurrent use of electroconvulsive therapy (ECT)
- Hyponatremia
- Caution in patients with severe renal insufficiency
- Sexual dysfunction
- Not recommended during breastfeeding
- Dosage adjustment in elderly patients

For more information:

Consult the Product Monograph at www.trintellixmonograph.ca for important information about contraindications, warnings, precautions, adverse reactions, interactions, dosing instructions and conditions of clinical use not discussed in this piece.

The Product Monograph is also available by calling 1-800-586-2325.

DSM-IV-TR=*Diagnostic and Statistical Manual of Mental Disorders*, 4th edition, text revision; DSST=Digit Symbol Substitution Test; HAM-A=Hamilton Anxiety Rating Scale; MADRS=Montgomery-Åsberg Depression Rating Scale; MDD=major depressive disorder; MDE=major depressive episode; SDS=Sheehan Disability Scale

† Double-blind, fixed-dose, placebo-controlled study of 608 patients aged 18-75 years with a primary diagnosis of recurrent MDD according to DSM-IV-TR criteria, a current MDE >3 months' duration and a MADRS total score ≥26. Patients were randomized to TRINTELLIX 15 mg, 20 mg (10 mg/day during Weeks 1 and 15 or 20 mg/day from Weeks 2 to 8) or placebo for 8 weeks. Mean baseline MADRS total scores were 31.5 for placebo, 31.8 for TRINTELLIX 15 mg and 31.2 for TRINTELLIX 20 mg. Mean baseline SDS total scores were 19.8 for placebo, 20.6 for TRINTELLIX 15 mg and 20.7 for TRINTELLIX 20 mg. Mean baseline SDS work scores were 6.3 for placebo, 6.8 for TRINTELLIX 15 mg and 6.9 for TRINTELLIX 20 mg. Mean baseline SDS social scores were 6.8 for placebo, 6.9 for TRINTELLIX 15 mg and 6.8 for TRINTELLIX 20 mg. Mean baseline SDS family scores were 6.9 for placebo, 6.7 for TRINTELLIX 15 mg and 7.0 for TRINTELLIX 20 mg.

‡ Double-blind, fixed-dose, placebo-controlled, active-reference study of 429 patients aged 18-65 with MDD presenting with a current MDE according to DSM-IV-TR criteria and a MADRS total score ≥30 at baseline. Patients were randomized to TRINTELLIX 5 or 10 mg for 6 weeks or placebo. Mean baseline HAM-A total scores were 22.9 for placebo and 22.3 for TRINTELLIX 10 mg.

§ Double-blind, parallel-group, placebo-controlled, active-reference study of 602 patients aged 18-65 years with a DSM-IV-TR diagnosis of MDD, a current MDE ≥3 months' duration, a MADRS total score ≥26, in addition to self-reported subjective cognitive dysfunction with a baseline score of <70 on the DSST. Patients were randomized to TRINTELLIX 10 or 20 mg once daily (n=198) or placebo (n=194) for 8 weeks. Duloxetine 60 mg once daily (n=207) was included as the active-reference arm to demonstrate assay sensitivity to traditional antidepressant outcomes. Mean baseline DSST scores were 43.5 for placebo, 42.3 for TRINTELLIX 10-20 mg and 43.4 for duloxetine 60 mg.

References: 1. TRINTELLIX Product Monograph. Lundbeck Canada Inc., May 27, 2024. **2.** Boulenger JP, *et al*. Efficacy and safety of vortioxetine (Lu AA21004), 15 and 20 mg/day: a randomized, double-blind, placebo-controlled, duloxetine-referenced study in the acute treatment of adult patients with major depressive disorder. *Int Clin Psychopharmacol* 2014;29(3):138-49. **3.** Mahableshwarkar AR, *et al*. A randomized, placebo-controlled, active-reference, double-blind, flexible-dose study of the efficacy of vortioxetine on cognitive function in major depressive disorder. *Neuropsychopharmacology* 2015;40(8):2025-37. **4.** Data on file. Lundbeck Canada Inc. April 2024. **5.** Lam RW, *et al*. Canadian Network for Mood and Anxiety Treatments (CANMAT) 2023 Update on Clinical Guidelines for Management of Major Depressive Disorder in Adults. *Can J Psychiatry* 2024:1-47. **6.** Alvarez E, *et al*. A double-blind, randomized, placebo-controlled, active reference study of Lu AA21004 in patients with major depressive disorder. *Int J Neuropsychopharmacol* 2012;15(5):589-600. **7.** Data on file: TRINTELLIX Coverage Canada. Lundbeck. December 2021.

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REVIEWED BY PAAB

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Pr Trintellix® vortioxetine

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