



## Once-Daily TRINTELLIX: For Major Depressive Disorder in Adults<sup>1</sup>

### ONCE-DAILY DOSING WITH OR WITHOUT FOOD

- **10 mg once daily** is the recommended starting dose<sup>1</sup>
- Should then be increased to **20 mg once daily** as tolerated



- The efficacy and safety of doses above 20 mg/day have not been evaluated in controlled clinical trials
- 5 mg/day may be considered for patients who do not tolerate higher doses
- **Prior to initiating treatment with TRINTELLIX, screen patients for personal or family history of bipolar disorder, mania, or hypomania**
- **Although patients can abruptly discontinue therapy with TRINTELLIX, it is recommended that doses of 15 mg/day or 20 mg/day be reduced to 10 mg/day for 1 week prior to full discontinuation if possible**
  - In placebo-controlled trials, some patients experienced transient adverse reactions such as headache and muscle tension following abrupt discontinuation
- **The maximum recommended dose is 10 mg/day in known CYP2D6 poor metabolizers<sup>1</sup>**

For additional dosing information, please see the accompanying Full Prescribing Information.

### TRINTELLIX tablets are available as:



5 mg



10 mg



20 mg

Tablets not actual size.

### INDICATION

TRINTELLIX is indicated for the treatment of Major Depressive Disorder (MDD) in adults.

### IMPORTANT SAFETY INFORMATION

#### WARNING: SUICIDAL THOUGHTS & BEHAVIORS

- **Antidepressants increased the risk of suicidal thoughts and behaviors in pediatric and young adult patients in short-term studies.**
- **Closely monitor all antidepressant-treated patients for clinical worsening, and for emergence of suicidal thoughts and behaviors.**
- **TRINTELLIX is not approved for use in pediatric patients.**

### CONTRAINDICATIONS

- **Hypersensitivity:** Hypersensitivity to vortioxetine or any component of the TRINTELLIX formulation. Hypersensitivity reactions including anaphylaxis, angioedema, and urticaria have been reported in patients treated with TRINTELLIX.
- **Monoamine Oxidase Inhibitors (MAOIs):** Do not use MAOIs intended to treat psychiatric disorders with TRINTELLIX or within 21 days of stopping treatment with TRINTELLIX, due to an increased risk of serotonin syndrome. Do not use TRINTELLIX within 14 days of stopping an MAOI intended to treat psychiatric disorders.
- **Linezolid and Methylene Blue:** Do not start TRINTELLIX in a patient being treated with MAOIs such as linezolid or intravenous methylene blue, due to an increased risk of serotonin syndrome.

**Please see additional Important Safety Information on reverse side and accompanying Full Prescribing Information.**

## IMPORTANT SAFETY INFORMATION (continued)

### WARNINGS AND PRECAUTIONS

- **Suicidal Thoughts and Behaviors in Adolescents and Young Adults:** Monitor all antidepressant-treated patients for clinical worsening and emergence of suicidal thoughts and behaviors, especially during the initial few months of drug therapy, and at times of dosage changes. Counsel family members or caregivers of patients to monitor for changes in behavior and to alert the healthcare provider. Consider changing the therapeutic regimen, including possibly discontinuing TRINTELLIX, in patients whose depression is persistently worse, or who are experiencing emergence of suicidal thoughts and behaviors. In pooled analyses of placebo-controlled trials of antidepressants, the incidence of suicidal thoughts and behaviors in antidepressant-treated patients ages 24 and younger was greater than in placebo-treated patients.
- **Serotonin Syndrome:** The development of a potentially life-threatening serotonin syndrome has been reported with serotonergic antidepressants, including TRINTELLIX, when used alone but more often when used concomitantly with other serotonergic drugs (including triptans, tricyclic antidepressants, opioids [e.g., fentanyl and tramadol], lithium, tryptophan, buspirone, and St. John's Wort), and with drugs that impair metabolism of serotonin (in particular, MAOIs, both those intended to treat psychiatric disorders and also others, such as linezolid and intravenous methylene blue). Serotonin syndrome symptoms may include mental status changes (e.g., agitation, hallucinations, delirium, and coma), autonomic instability (e.g., tachycardia, labile blood pressure, dizziness, diaphoresis, flushing, hyperthermia), neuromuscular symptoms (e.g., tremor, rigidity, myoclonus, hyperreflexia, incoordination), seizures, and/or gastrointestinal symptoms (e.g., nausea, vomiting, diarrhea). Monitor patients for emergence of serotonin syndrome. If concomitant use of serotonergic antidepressants, including TRINTELLIX, is clinically warranted, make patients aware of a potential increased risk for serotonin syndrome, particularly during treatment initiation and dose increases. If symptoms occur, immediately discontinue TRINTELLIX and any concomitant serotonergic agents, and initiate supportive symptomatic treatment.
- **Increased Risk of Bleeding:** The use of drugs that interfere with serotonin reuptake inhibition, including TRINTELLIX, may increase the risk of bleeding events. Concomitant use of aspirin, nonsteroidal anti-inflammatory drugs (NSAIDs), warfarin, and other anticoagulants may add to this risk. Inform patients about the increased risk of bleeding when TRINTELLIX is coadministered with NSAIDs, aspirin, or other drugs that affect coagulation or bleeding.
- **Activation of Mania/Hypomania:** In patients with bipolar disorder, treating a depressive episode with TRINTELLIX or another antidepressant may precipitate a mixed/manic episode. Prior to initiating treatment with TRINTELLIX, screen patients for any personal or family history of bipolar disorder, mania, or hypomania.
- **Discontinuation Syndrome:** Adverse reactions have been reported upon abrupt discontinuation of treatment with TRINTELLIX at doses of 15 mg/day and 20 mg/day. A gradual reduction in dosage rather than abrupt cessation is recommended whenever possible.
- **Angle-Closure Glaucoma:** The pupillary dilation that occurs following use of many antidepressant drugs, including TRINTELLIX, may trigger an angle-closure attack in a patient with anatomically narrow angles who does not have a patent iridectomy.
- **Hyponatremia:** Hyponatremia has occurred as a result of treatment with serotonergic drugs, including TRINTELLIX, and in many cases appears to be the result of the syndrome of inappropriate antidiuretic hormone secretion (SIADH). Elderly patients and patients taking diuretics or who are otherwise volume-depleted can be at greater risk. Symptoms of hyponatremia include headache, difficulty concentrating, memory impairment, confusion, weakness, and unsteadiness, which can lead to falls. More severe and/or acute cases have included hallucination, syncope, seizure, coma, respiratory arrest, and death. Discontinue TRINTELLIX in patients with symptomatic hyponatremia and institute appropriate medical intervention.
- **Sexual Dysfunction:** Use of serotonergic antidepressants, including TRINTELLIX, may cause symptoms of sexual dysfunction. In male patients, serotonergic antidepressant use may result in ejaculatory delay or failure, decreased libido, and erectile dysfunction. In female patients, use may result in decreased libido and delayed or absent orgasm.

### ADVERSE REACTIONS

The most commonly observed adverse reactions for TRINTELLIX in 6- to 8-week placebo-controlled studies (incidence  $\geq 5\%$  and at least twice the rate of placebo) were: nausea, constipation, and vomiting.

### DRUG INTERACTIONS

Concomitant administration of TRINTELLIX and strong CYP2D6 inhibitors or strong CYP inducers may require a dose adjustment of TRINTELLIX.

### PREGNANCY

Exposure to serotonergic antidepressants, including TRINTELLIX, in late pregnancy may increase the risk for neonatal complications requiring prolonged hospitalization, respiratory support, and tube feeding, and/or persistent pulmonary hypertension of the newborn (PPHN). Monitor neonates who were exposed to TRINTELLIX in the third trimester for PPHN and drug discontinuation syndrome.

**Please see accompanying Full Prescribing Information, including Boxed WARNING regarding Suicidal Thoughts and Behaviors, located in pocket.**

Reference: 1. Trintellix (vortioxetine) prescribing information. Takeda Pharmaceuticals.



TRINTELLIX is a trademark of H. Lundbeck A/S registered with the U.S. Patent and Trademark Office and used under license by Takeda Pharmaceuticals America, Inc. TAKEDA and the TAKEDA logo are registered trademarks of Takeda Pharmaceutical Company Limited. ©2021 Takeda Pharmaceuticals U.S.A., Inc. All rights reserved. 877-825-3327. US-VOR-0841v1.0 10/21

