Vilazodone

Adjudication Guideline

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Approved by:	Responsible:	Related Adjudication Guidelines:
Daman	Pharmaceutical Standards & Governance	NA

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1. Abstract

1.1 For Members

Vilazodone is a prescription drug and should be used under the supervision of a doctor experienced in diagnosing and treating indicated for the treatment of major depressive disorder (MDD) in adults.

1.2 For Medical Professionals

Vilazodone is used to treat depression in adults. It is an antidepressant and belongs to a group of medicines known as selective serotonin reuptake inhibitors (SSRIs). Vilazodone works by increasing the activity of a chemical called serotonin in the brain.

2. Scope

The scope of this adjudication rule is to highlight the medical indications, and coverage details for Vilazodone as per the policy terms and conditions of each health insurance plan administered by Daman.

3. Adjudication Policy

3.1 Eligibility / Coverage Criteria

Vilazodone is a serotonin partial agonist reuptake inhibitor indicated for the treatment of:

1. Major Depressive Disorder.

Dosage and Administration:

- The recommended target dosage for Vilazodone is 20 mg to 40 mg orally once daily with food.

- To achieve the target dosage, titrate Vilazodone as follows:
  - Start with an initial dosage of 10 mg once daily with food for 7 days,
  - Then increase to 20 mg once daily with food.
  - The dose may be increased up to 40 mg once daily with food after a minimum of 7 days between dosage increases.

Missed dose:

It should be taken as soon as the patient remembers. If it is almost time for the next dose, the patient should skip the missed dose and take the next dose at the regular time. Two doses should not be taken at the same time.

Dosage forms and strengths available:

- Tablets: 40mg formulation.

Major Depressive Disorder treatment with Vilazodone:

1. Diagnosis of major depressive disorder.
2. Age ≥ 18 years.
3. Failure of two of the following for at least 6 weeks
   - SSRI (selective serotonin reuptake inhibitor),
   - SNRI (serotonin norepinephrine reuptake inhibitor),
   - bupropion,
   - mirtazapine.
4. Dose does not exceed 40 mg (1 tablet) per day.

Dose Continuation:

1. Currently receiving medication or has previously met initial approval criteria.
2. is responding positively to therapy.
3. If request is for a dose increase, new dose does not exceed 40 mg (1 tablet) per day.

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Special warnings and precautions for use:

Prior to initiating treatment with Vilazodone or another antidepressant, screen patients for a personal or family history of bipolar disorder, mania, or hypomania.

Most common adverse reactions (incidence ≥ 5% and at least twice the rate of placebo): diarrhoea, nausea, vomiting, and insomnia.

WARNINGS AND PRECAUTIONS

- Concomitant use of monoamine oxidase inhibitors (MAOIs) or use within 14 days of stopping MAOIs.
- Patients taking, or within 14 days of stopping, monoamine oxidase inhibitors (MAOIs), including MAOIs such as linezolid or intravenous methylene blue, because of an increased risk of serotonin syndrome.

Paediatric Use:

- The safety and effectiveness of Vilazodone have not been established in paediatric patients for the treatment of major depressive disorder (MDD).

3.2 Requirements for Coverage

- Failure to submit, upon request or when requesting a clinical history, indication the need for testing will result in rejection of claim.
- Kindly code the ICD-10 and the CPT codes to the highest level of specificity
- Eligible clinician specialities

Eligible clinical specialities
Psychiatry

3.3 Non-Coverage

- Not covered for visitor plan
- Age less than 18 years

3.4 Payment and Coding Rules

- Kindly apply DOH payment rules and regulations and relevant coding manuals for ICD, Drugs.

4. Denial Codes

Regulator denial codes with description are elaborated for reference. These are specialized codes directed by regulator, that explains the reason of rejection of the service by DAMAN to the providers.

Code	Code Description
CODE-010	Activity/diagnosis inconsistent with clinician specialty
MNEC-004	Service is not clinically indicated based on good clinical practice
MNEC-003	Diagnoses are not covered
AUTH-001	Prior approval is required and was not obtained
CODE-014	Activity/diagnosis is inconsistent with the patient's age/gender

5. Appendices

5.1 References

1. https://www.accessdata.fda.gov/drugsatfda_docs/label/2021/022567s022lbl.pdf
2. https://www.rcpsych.ac.uk/mental-health/treatments-and-wellbeing/antidepressants

5.2 Revision History

Date	Version No.	Change(s)
30/09/2023	V1	Release of V1.0
19/10/2024	V2	Guideline review – No changes
30/07/2025	V3	Guideline review – No changes
08/07/2026	V4	Guideline review – No changes

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