

Program: Lexapro

DESCRIPTION

The purpose of this document is to provide approval criteria and guidelines for prior authorization of benefits (PAB) for Lexapro prior to being a covered benefit. Claims submitted without obtaining prior authorization of benefits will reject on the pharmacy claim system.

Applicable lines of business

RlteCare and Managed Pharmacy

Formulary

Lexapro

APPROVAL DURATION AND QUANTITY LIMITS

Approval Duration: Lifetime

APPROVAL CRITERIA

I. Requests for Lexapro may be approved if the patient meets the following criteria:

- A. Patient has had an inadequate treatment response to or adverse event with a trial of citalopram and one other generic SSRI medication **OR**
- B. Patient is currently being treated with Lexapro in the last 60 days.

Look Back Criteria in Claims System

365 day look back for a 5 days supply of citalopram and one other generic SSRI medication **OR** 60 day look back for continuation of current therapy; if yes, approve, if no, reject for PA