



## Prior Authorization Approval Criteria

### *Lexapro (escitalopram)*

<b>Generic name:</b>	escitalopram
<b>Brand name:</b>	Lexapro
<b>Medication class:</b>	Antidepressant
<b>FDA-approved uses:</b>	Treatment of major depressive disorder (MDD), generalized anxiety disorder (GAD).
<b>Available dosage forms:</b>	5 mg, 10 mg, and 20 mg tablets
<b>Usual dose:</b>	10 mg to 20 mg once a day
<b>Approximate cost:</b>	\$67.59 per prescription (based on a blended figure of all strengths)
<b>Duration of therapy:</b>	Indefinite

**Criteria for use** (*bullet points below are all inclusive unless otherwise noted*):

- Clinically diagnosed major depressive disorder (MDD), generalized anxiety disorder (GAD).
  - Must have tried citalopram for at least 4 weeks and failed
- Or
- Was intolerant to citalopram

**Contraindications:**

- Hypersensitivity to escitalopram or citalopram hydrochloride or to any excipients in the formulation.
- Concomitant use in patients taking MAOIs.
- Concomitant use in patients taking pimozide.

**Not approved if:**

- Patient has any contraindications to the use of Lexapro.
- Patient does not meet the above stated criteria.

**Step therapy requirements:**

- Citalopram

FCHP Pharmacy and Therapeutics Committee approval: \_\_\_\_\_

Date: \_\_\_\_\_

Adopted: 03/11/09