



Montana Healthcare Programs  
Drug Prior Authorization Coverage Criteria

Celexa™ (citalopram)

**Review Criteria**

- Subject to Preferred Drug List requirements
- Doses greater than 40mg per day (up to 60mg per day maximum) will be considered if member has been titrated appropriately and provider acknowledges that member will be followed closely due to QT prolongation concerns that have occurred at high doses

Limitations:

- 10mg tablet – 1.5 per day
- 20mg tablet – 1.5 per day
- 40mg tablet – 1 per day