



Montana Healthcare Programs
Drug Prior Authorization Coverage Criteria

Lexapro™ (escitalopram)

Review Criteria

- Subject to Preferred Drug List requirements
- Doses up to 60mg will be considered if member has been titrated to dose, in a reasonable fashion, over an appropriate amount of time

Limitations:

- 10mg tablet – 1.5 per day
- 20mg tablet – 2 per day