



Effective Date 4/1/2024
 Next Review Date... 4/1/2025
 Coverage Policy Number IP0416

Citalopram 30 mg Oral Capsule

Table of Contents

Overview 1
 Medical Necessity Criteria 1
 Reauthorization Criteria 2
 Authorization Duration 2
 Conditions Not Covered..... 2
 Background..... 2
 References 3

Related Coverage Resources

INSTRUCTIONS FOR USE

The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document always supersedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

Overview

This policy supports medical necessity review for citalopram 30 mg oral capsule.

Medical Necessity Criteria

Employer Group Plans Non-Covered Products and Criteria:

Non-Covered Product	Criteria
citalopram 30 mg capsule	<p>ONE of the following are met:</p> <ol style="list-style-type: none"> 1. Direct the individual to citalopram 10 mg or 20 mg tablets 2. Approve, if according to the prescriber, there is a significant clinical concern such that the individual is unable to use to the citalopram 10mg and/or 20 mg tablets

When coverage is available and medically necessary, the dosage, frequency, duration of therapy, and site of care should be reasonable, clinically appropriate, and supported by evidence-based literature and adjusted based upon severity, alternative available treatments, and previous response to therapy.

Reauthorization Criteria

Continuation of citalopram 30 mg oral capsules are considered medically necessary when the above medical necessity criteria are met AND there is documentation of beneficial response.

Authorization Duration

Initial approval duration is up to 12 months.
Reauthorization approval duration is up to 12 months.

Conditions Not Covered

Any other use is considered experimental, investigational or unproven.

Background

OVERVIEW

The selective serotonin reuptake inhibitors (SSRIs) are a pharmacologic class of agents with antidepressant action and efficacy in the treatment of a wide range of mood and anxiety disorders (see Table 1).¹⁻¹⁴

Table 1. FDA-Approved Indications.¹⁻¹⁴

Brand (generic)	MDD	OCD	Panic Disorder	Bulimia Nervosa	PTSD	SAD	GAD	PMDD	VMS
Brisdelle® (paroxetine mesylate 7.5 mg capsules, generic)									X
Celexa® (citalopram tablets and oral solution, generic) and citalopram capsules	X								
Fluoxetine delayed-release capsules (generic to Prozac® Weekly™)	X*								
Fluvoxamine extended-release capsules (generic only)		X†				X			
Fluvoxamine (generic only)		X†							
Lexapro® (escitalopram tablets and oral solution, generic)	X ^a						X		
Paxil® (paroxetine HCl tablets and oral suspension, generic)	X	X	X		X	X	X		
Paxil CR® (paroxetine HCl controlled-release tablets, generic)	X		X			X		X	
Pexeva® (paroxetine mesylate tablets)	X	X	X				X		
Prozac® (fluoxetine capsules, tablets, and oral solution, generic)	X†	X†	X	X					
Sarafem® (fluoxetine capsules and tablets, generic only)								X	
Trintellix™ (formerly Brintellix®) [vortioxetine tablets]	X								
Viibryd® (vilazodone tablets)	X								

Zercapli™ (sertraline capsules)	X	X†						
Zoloft® (sertraline tablets and oral suspension, generic)	X	X†	X		X	X		X

MDD – Major Depressive Disorder; OCD – Obsessive compulsive disorder; PTSD – Posttraumatic stress disorder; SAD – Social anxiety disorder; GAD – Generalized anxiety disorder; PMDD – Premenstrual dysphoric disorder; VMS – Vasomotor symptoms; † FDA-approved indication includes children and adolescents; † FDA-approved indication includes adolescents 12 to 17 years of age; CR – Controlled release; HCl – Hydrochloride; * Approved for the prevention of relapse during the continuation treatment phase of depression.

References

1. Prozac capsules, tablet, oral solution, Prozac Weekly capsules [prescribing information]. Indianapolis, IN: Lilly; October 2021.
2. Paxil tablets and oral suspension [prescribing information]. Weston, FL: Apotex; September 2021.
3. Zoloft tablets, oral concentrate [prescribing information]. New York, NY: Pfizer; September 2021.
4. Celexa tablets and oral solution [prescribing information]. Irvine, CA: Allergan; February 2022.
5. Paxil CR controlled-release tablets [prescribing information]. Weston, FL: Apotex; September 2021.
6. Lexapro tablets/oral solution [prescribing information]. Irvine, CA: Allergan; September 2021.
7. Pexeva paroxetine mesylate tablets [prescribing information]. Roswell, GA: Sebela; September 2021.
8. Fluvoxamine maleate tablets [prescribing information]. Baudette, MN: ANI Pharmaceuticals; September 2021.
9. Sarafem tablets [prescribing information]. Irvine, CA: Allergan; September 2021.
10. Luvox CR extended-release capsules [prescribing information]. Palo Alto, CA: Jazz Pharmaceuticals; January 2017.
11. Viibryd tablets [prescribing information]. Madison, NJ: Allergan; September 2021.
12. Trintellix (formerly Brintellix) tablets [prescribing information]. Lexington, MA and Deerfield, IL: Takeda and Lundbeck; September 2021.
13. Brisdelle capsules [prescribing information]. Roswell, GA: Sebela; September 2021.
14. Sertraline capsules [prescribing information]. Morristown, NJ: Almatica; October 2021.
15. Citalopram capsules [prescribing information]. Morristown, NJ: Almatica; January 2022.

“Cigna Companies” refers to operating subsidiaries of Cigna Corporation. All products and services are provided exclusively by or through such operating subsidiaries, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Evernorth Behavioral Health, Inc., Cigna Health Management, Inc., and HMO or service company subsidiaries of Cigna Health Corporation. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc. © 2024 Cigna.