



## Prior Authorization Approval Criteria

### *Cymbalta (duloxetine)*

<b>Generic name:</b>	Duloxetine
<b>Brand name:</b>	Cymbalta
<b>Medication class:</b>	Selective serotonin and norepinephrine reuptake inhibitor (SSNRI)
<b>FDA-approved uses:</b>	Major depressive disorder Diabetic neuropathic pain Generalized anxiety disorder Fibromyalgia
<b>Available dosage form:</b>	20 mg, 30 mg, and 60 mg capsules
<b>Usual dose range:</b>	Total daily dose of 40 mg to 60mg may be administered in one or two doses.
<b>Duration of therapy:</b>	Indefinite
<b>Approximate monthly cost:</b> (based on AWP 2008)	40 mg daily = \$236.25 60 mg daily = \$132.50

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

Major depressive disorder or generalized anxiety disorder:

- The indicated diagnosis (including any applicable labs and /or tests) and medication usage must be supported by documentation from the patient's medical records.
- Must be 18 years of age or older
- Clinically diagnosed major depressive disorder or generalized anxiety disorder
- Failed or intolerant to 2 generic SSRIs

Diabetic neuropathic pain or fibromyalgia:

- The indicated diagnosis (including any applicable labs and /or tests) and medication usage must be supported by documentation from the patient's medical records.
- Must be 18 years of age or older
- Clinically diagnosed diabetic neuropathic pain or fibromyalgia
- Failed or intolerant to Treatments by formulary medications from 2 different drug classes

**Contraindications:**

- Known hypersensitivity to duloxetine
- Concomitant use of monoamine oxidase inhibitors (MAOIs)
- Uncontrolled narrow-angle glaucoma due to increased risk of mydriasis

**Not approved if:**

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

**Step therapy requirements:** 1 generic SSRI or gabapentin

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

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

Adopted: 11/15/04  
Revised: 6/18/08