

## New Hampshire Medicaid Fee-for-Service Program

### Cymbalta® Criteria

Approval Date: December 3, 2019

#### Medications

Brand Name	Generic Name	Dosage Strengths
Cymbalta®	duloxetine	20 mg, 30 mg, 60 mg

#### Criteria for Approval

1. Diagnosis of a depressive disorder;
  - a. For diagnosis of a depressive disorder, Cymbalta® requires additional Preferred Drug list Prior Approval (PA); **OR**
2. Diagnosis of generalized anxiety disorder (GAD); **OR**
3. Diagnosis of diabetic peripheral neuropathy (DPN); **AND**
  - a. Trial and failure of, or contraindication to, any tricyclic antidepressants or gabapentin treatment; **OR**
4. Diagnosis of Fibromyalgia; **AND**
  - a. Physical Fitness Intervention (e.g., physical therapy, exercise); **AND**
  - b. Failure of, or not be a candidate for, treatment with one of the following two:
    - i. Amitriptyline 50 mg daily; **OR**
    - ii. Cyclobenzaprine 30 mg daily; **AND**
5. No concurrent therapy of these medications (duloxetine, pregabalin, milnacipran) beyond 30 days
6. Diagnosis of chronic musculoskeletal pain, which includes chronic lower back pain or chronic pain due to osteoarthritis; **AND**
  - a. Trial and failure of, or contraindication to, treatment with:
    - i. Acetaminophen (not to exceed 4 grams/day); **AND**
    - ii. At least one non-steroidal anti-inflammatory drug (NSAIDs); **AND**
    - iii. Cyclooxygenase – 2 inhibitors.

## Criteria for Denial

1. Criteria for approval not met.
2. For diagnosis of DPN, no medications for diabetes in the claims history.
3. Concurrent therapy of pregabalin or milnacipran beyond 30 days.

**Length of Authorization:** 1 year

## References

Available upon request.

## Revision History

Reviewed by	Reason for Review	Date
Pharmacy & Therapeutic Committee	Update	9/05/2006
Commissioner	Approval	9/29/2006
Pharmacy & Therapeutic Committee	Update	11/06/2008
Commissioner	Approval	12/01/2008
DUR Board	Revision	03/22/2010
Commissioner	Revision	04/30/2010
DUR Board	Revisions to separate fibromyalgia criteria	6/22/2010
Commissioner	Revisions to separate fibromyalgia criteria	08/03/2010
DUR Board	Revision	03/23/2011
Commissioner	Revision	06/07/2011
DUR Board	Revisions to separate fibromyalgia criteria	10/19/2011
Commissioner	Revisions to separate fibromyalgia criteria	04/12/2012
DUR Board	Revision	10/11/2016
Commissioner	Approval	11/22/2016
DUR Board	Update	09/27/2018
Commissioner Designee	Approval	11/27/2018
DUR Board	Update	10/28/2019
Commissioner Designee	Approval	12/03/2019