

**Texas Prior Authorization Program
Clinical Criteria**

Drug/Drug Class**Cymbalta (Duloxetine)****Clinical Criteria Information Included in this Document**

- **Drugs requiring prior authorization:** the list of drugs requiring prior authorization for this clinical criteria
- **Prior authorization criteria logic:** a description of how the prior authorization request will be evaluated against the clinical criteria rules
- **Logic diagram:** a visual depiction of the clinical criteria logic
- **Supporting tables:** a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes)
- **References:** clinical publications and sources relevant to this clinical criteria

Note: Click the hyperlink to navigate directly to that section.

Revision Notes

Annual review by staff

Updated criteria logic and diagram to allow for approval for clients with a diagnosis of fibromyalgia that are ages 13 and older

Updated references



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Drugs Requiring Prior Authorization

The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.

Label Name	GCN
CYMBALTA 20MG CAPSULE	23161
CYMBALTA 30MG CAPSULE	23162
CYMBALTA 60MG CAPSULE	23164
DULOXETINE HCL DR 20MG CAPSULE	23161
DULOXETINE HCL DR 30MG CAPSULE	23162
DULOXETINE HCL DR 40MG CAPSULE	38728
DULOXETINE HCL DR 60MG CAPSULE	23164



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Clinical Criteria Logic

1. Is the client greater than or equal to (\geq) 7 years of age?
 Yes – Go to #2
 No – Deny
2. Does the client have a diagnosis of **generalized anxiety disorder (GAD)** in the last 730 days?
 Yes – Go to #9
 No – Go to #3
3. Is the client greater than or equal to (\geq) 13 years of age?
 Yes – Go to #4
 No – Deny
4. Does the client have a diagnosis of **fibromyalgia** in the last 730 days?
 Yes – Go to #8
 No – Go to #5
5. Is the client greater than or equal to (\geq) 18 years of age?
 Yes – Go to #6
 No – Deny
6. Does the client have a diagnosis of **major depressive disorder (MDD)** in the last 730 days?
 Yes – Go to #9
 No – Go to #7
7. Does the client have a diagnosis of **diabetic neuropathy or chronic musculoskeletal pain** in the last 730 days?
 Yes – Go to #8
 No – Deny
8. Is the requested dose less than or equal to (\leq) 60mg/day?
 Yes – Go to #10
 No – Deny
9. Is the requested dose less than or equal to (\leq) 120mg/day?
 Yes – Go to #10
 No – Deny
10. Has the client had **monoamine oxidase inhibitor (MAOI)** therapy in the last 30 days?
 Yes – Deny
 No – Go to #11

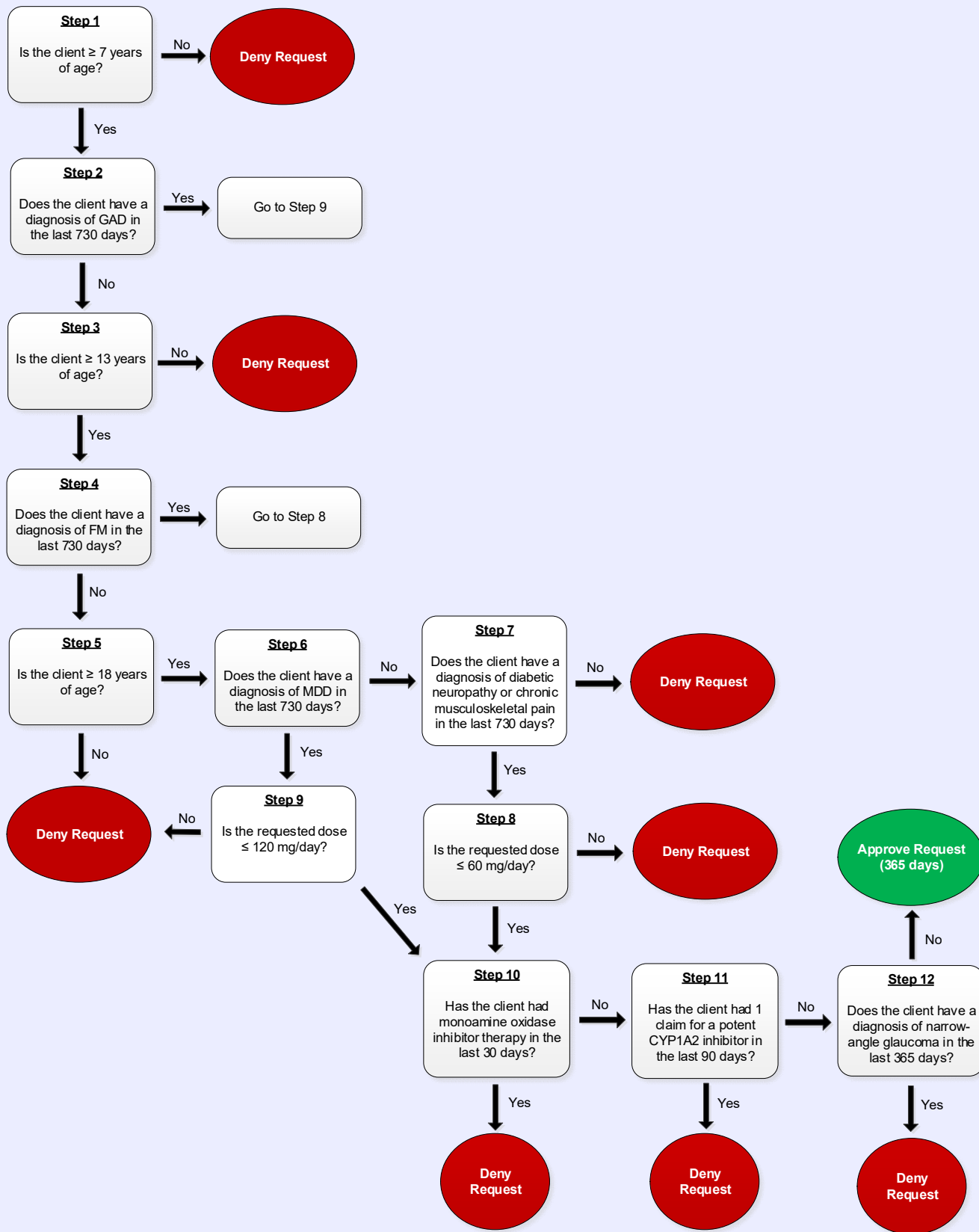
11. Has the client had 1 claim for a **potent CYP1A2 inhibitor** in the last 90 days?
[] Yes – Deny
[] No – Go to #12
12. Does the client have a diagnosis of **narrow angle glaucoma** in the last 365 days?
[] Yes – Deny
[] No – Approve (365 days)



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Clinical Criteria Logic Diagram

(Please see diagram on next page.)





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Clinical Criteria Supporting Tables

Step 2 (diagnosis of Generalized Anxiety Disorder) Required quantity: 1 Look back timeframe: 730 days	
ICD-10 Code	Description
F4000	AGORAPHOBIA, UNSPECIFIED
F4001	AGORAPHOBIA WITH PANIC DISORDER
F4002	AGORAPHOBIA WITHOUT PANIC DISORDER
F4010	SOCIAL PHOBIA, UNSPECIFIED
F4011	SOCIAL PHOBIA, GENERALIZED
F408	OTHER PHOBIC ANXIETY DISORDERS
F409	PHOBIC ANXIETY DISORDER, UNSPECIFIED
F410	PANIC DISORDER WITHOUT AGORAPHOBIA
F411	GENERALIZED ANXIETY DISORDER
F413	OTHER MIXED ANXIETY DISORDERS
F418	OTHER SPECIFIED ANXIETY DISORDERS
F419	ANXIETY DISORDER, UNSPECIFIED
F42	OBSESSIVE-COMPULSIVE DISORDER
F440	DISSOCIATIVE AMNESIA
F441	DISSOCIATIVE FUGUE
F442	DISSOCIATIVE STUPOR
F444	CONVERSION DISORDER WITH MOTOR SYMPTOM OR DEFICIT
F445	CONVERSION DISORDER WITH SEIZURES OR CONVULSIONS
F446	CONVERSION DISORDER WITH SENSORY SYMPTOM OR DEFICIT
F447	CONVERSION DISORDER WITH MIXED SYMPTOM PRESENTATION
F4481	DISSOCIATIVE IDENTITY DISORDER
F4489	OTHER DISSOCIATIVE AND CONVERSION DISORDERS
F449	DISSOCIATIVE AND CONVERSION DISORDER, UNSPECIFIED

Step 4 (diagnosis of Fibromyalgia) Required quantity: 1 Look back timeframe: 730 days	
ICD-10 Code	Description
M797	FIBROMYALGIA

Step 6 (diagnosis of Major Depressive Disorder)	
Required quantity: 1	
Look back timeframe: 730 days	
ICD-10 Code	Description
F320	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, MILD
F321	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, MODERATE
F322	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, SEVERE WITHOUT PSYCHOTIC FEATURES
F323	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, SEVERE WITH PSYCHOTIC FEATURES
F324	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, IN PARTIAL REMISSION
F325	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, IN FULL REMISSION
F3281	PREMENSTRUAL DYSPHORIC DISORDER
F3289	OTHER SPECIFIED DEPRESSIVE EPISODES
F329	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, UNSPECIFIED
F330	MAJOR DEPRESSIVE DISORDER, RECURRENT, MILD
F331	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE
F332	MAJOR DEPRESSIVE DISORDER, RECURRENT SEVERE WITHOUT PSYCHOTIC FEATURES
F333	MAJOR DEPRESSIVE DISORDER, RECURRENT, SEVERE WITH PSYCHOTIC SYMPTOMS
F3340	MAJOR DEPRESSIVE DISORDER, RECURRENT, IN REMISSION, UNSPECIFIED
F3341	MAJOR DEPRESSIVE DISORDER, RECURRENT, IN PARTIAL REMISSION
F3342	MAJOR DEPRESSIVE DISORDER, RECURRENT, IN FULL REMISSION
F338	OTHER RECURRENT DEPRESSIVE DISORDERS
F339	MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED
F341	DYSTHYMIC DISORDER

Step 7 (diagnosis of Diabetic Neuropathy or Chronic Musculoskeletal Pain)	
Required quantity: 1	
Look back timeframe: 730 days	
ICD-10 Code	Description
E0840	DIABETES MELLITUS DUE TO UNDERLYING CONDITION WITH DIABETIC NEUROPATHY, UNSPECIFIED
E0842	DIABETES MELLITUS DUE TO UNDERLYING CONDITION WITH DIABETIC POLYNEUROPATHY
E0940	DRUG OR CHEMICAL INDUCED DIABETES MELLITUS WITH NEUROLOGICAL COMPLICATIONS WITH DIABETIC NEUROPATHY, UNSPECIFIED
E0942	DRUG OR CHEMICAL INDUCED DIABETES MELLITUS WITH NEUROLOGICAL COMPLICATIONS WITH DIABETIC POLYNEUROPATHY

Step 7 (diagnosis of Diabetic Neuropathy or Chronic Musculoskeletal Pain)	
Required quantity: 1	
Look back timeframe: 730 days	
ICD-10 Code	Description
E1040	TYPE 1 DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSPECIFIED
E1042	TYPE 1 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY
E1140	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSPECIFIED
E1142	TYPE 2 DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY
E1340	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC NEUROPATHY, UNSPECIFIED
E1342	OTHER SPECIFIED DIABETES MELLITUS WITH DIABETIC POLYNEUROPATHY
G990	AUTONOMIC NEUROPATHY IN DISEASES CLASSIFIED ELSEWHERE
M6080	OTHER MYOSITIS, UNSPECIFIED SITE
M60811	OTHER MYOSITIS, RIGHT SHOULDER
M60812	OTHER MYOSITIS, LEFT SHOULDER
M60819	OTHER MYOSITIS, UNSPECIFIED SHOULDER
M60821	OTHER MYOSITIS, RIGHT UPPER ARM
M60822	OTHER MYOSITIS, LEFT UPPER ARM
M60829	OTHER MYOSITIS, UNSPECIFIED UPPER ARM
M60831	OTHER MYOSITIS, RIGHT FOREARM
M60832	OTHER MYOSITIS, LEFT FOREARM
M60839	OTHER MYOSITIS, UNSPECIFIED FOREARM
M60841	OTHER MYOSITIS, RIGHT HAND
M60842	OTHER MYOSITIS, LEFT HAND
M60849	OTHER MYOSITIS, UNSPECIFIED HAND
M60851	OTHER MYOSITIS, RIGHT THIGH
M60852	OTHER MYOSITIS, LEFT THIGH
M60859	OTHER MYOSITIS, UNSPECIFIED THIGH
M60861	OTHER MYOSITIS, RIGHT LOWER LEG
M60862	OTHER MYOSITIS, LEFT LOWER LEG
M60869	OTHER MYOSITIS, UNSPECIFIED LOWER LEG
M60871	OTHER MYOSITIS, RIGHT ANKLE AND FOOT
M60872	OTHER MYOSITIS, LEFT ANKLE AND FOOT
M60879	OTHER MYOSITIS, UNSPECIFIED ANKLE AND FOOT
M6088	OTHER MYOSITIS, OTHER SITE
M6089	OTHER MYOSITIS, MULTIPLE SITES
M609	MYOSITIS, UNSPECIFIED
M791	MYALGIA

Step 10 (Monoamine Oxidase Inhibitor therapy)	
Required quantity: 1	
Look back timeframe: 30 days	
Label Name	GCN
AZILECT 0.5MG TABLET	27081
AZILECT 1MG TABLET	24654
EMSAM 12MG/24 HOURS PATCH	26614
EMSAM 6MG/24 HOURS PATCH	26612
EMSAM 9MG/24 HOURS PATCH	26613
LINEZOLID 100MG/5ML SUSP	26870
LINEZOLID 600MG TABLET	26870
LINEZOLID 600MG/300ML IV SOLN	26873
MARPLAN 10MG TABLET	16416
PHENELZINE SULFATE 15MG TABLET	16417
SELEGILINE 5MG CAPSULE	15603
SELEGILINE 5MG TABLET	15600
TRANLYCPROMINE SULFATE 10MG TABLET	16418
ZELAPAR 1.25MG ODT TABLET	22783
ZYVOX 100MG/5ML SUSPENSION	26871
ZYVOX 600MG TABLET	26870
ZYVOX 600MG/300ML IV SOLN	26873

Step 11 (claim for a potent CYP1A2 inhibitor)	
Required quantity: 1	
Look back timeframe: 90 days	
Label Name	GCN
CIMETIDINE 200MG TABLET	46750
CIMETIDINE 300MG TABLET	46751
CIMETIDINE 300MG/5ML SOLN	46740
CIMETIDINE 400MG TABLET	46752
CIMETIDINE 800MG TABLET	46753
CIPRO 10% SUSPENSION	47057
CIPRO 250MG TABLET	47050
CIPRO 5% SUSPENSION	47056
CIPRO 500MG TABLET	47051
CIPROFLOXACIN 200MG/20ML VIAL	23076
CIPROFLOXACIN 250MG/5ML SUSP	47056
CIPROFLOXACIN 400MG/40ML VIAL	23075
CIPROFLOXACIN 500MG/5ML SUSP	47057

Step 11 (claim for a potent CYP1A2 inhibitor)	
Required quantity: 1	
Look back timeframe: 90 days	
Label Name	GCN
CIPROFLOXACIN ER 1000MG TAB	20315
CIPROFLOXACIN ER 500MG TAB	18898
CIPROFLOXACIN HCL 100MG TABLET	47053
CIPROFLOXACIN HCL 250MG TAB	47050
CIPROFLOXACIN HCL 500MG TAB	47051
CIPROFLOXACIN HCL 750MG TAB	47052
CIPROFLOXACIN-D5W 200MG/100ML	52121
CIPROFLOXACIN-D5W 400MG/200ML	52122
FLUVOXAMINE ER 100MG CAPSULE	99481
FLUVOXAMINE ER 150MG CAPSULE	99482
FLUVOXAMINE MALEATE 100MG TAB	16349
FLUVOXAMINE MALEATE 25MG TAB	16347
FLUVOXAMINE MALEATE 50MG TAB	16348

Step 12 (diagnosis of Narrow Angle Glaucoma)	
Required quantity: 1	
Look back timeframe: 365 days	
ICD-10 Code	Description
H40031	ANATOMICAL NARROW ANGLE, RIGHT EYE
H40032	ANATOMICAL NARROW ANGLE, LEFT EYE
H40033	ANATOMICAL NARROW ANGLE, BILATERAL
H40039	ANATOMICAL NARROW ANGLE, UNSPECIFIED EYE
H4020X0	UNSPECIFIED PRIMARY ANGLE-CLOSURE GLAUCOMA, STAGE UNSPECIFIED
H4020X1	UNSPECIFIED PRIMARY ANGLE-CLOSURE GLAUCOMA, MILD STAGE
H4020X2	UNSPECIFIED PRIMARY ANGLE-CLOSURE GLAUCOMA, MODERATE STAGE
H4020X3	UNSPECIFIED PRIMARY ANGLE-CLOSURE GLAUCOMA, SEVERE STAGE
H4020X4	UNSPECIFIED PRIMARY ANGLE-CLOSURE GLAUCOMA, INDETERMINATE STAGE
H40219	ACUTE ANGLE-CLOSURE GLAUCOMA, UNSPECIFIED EYE
H402210	CHRONIC ANGLE-CLOSURE GLAUCOMA, RIGHT EYE; STAGE UNSPECIFIED
H402211	CHRONIC ANGLE-CLOSURE GLAUCOMA, RIGHT EYE; MILD STAGE
H402212	CHRONIC ANGLE-CLOSURE GLAUCOMA, RIGHT EYE; MODERATE STAGE
H402213	CHRONIC ANGLE-CLOSURE GLAUCOMA, RIGHT EYE; SEVERE STAGE

Step 12 (diagnosis of Narrow Angle Glaucoma)	
Required quantity: 1	
Look back timeframe: 365 days	
ICD-10 Code	Description
H402214	CHRONIC ANGLE-CLOSURE GLAUCOMA, RIGHT EYE; INDETERMINATE STAGE
H402220	CHRONIC ANGLE-CLOSURE GLAUCOMA, LEFT EYE; STAGE UNSPECIFIED
H402221	CHRONIC ANGLE-CLOSURE GLAUCOMA, LEFT EYE; MILD STAGE
H402222	CHRONIC ANGLE-CLOSURE GLAUCOMA, LEFT EYE; MODERATE STAGE
H402223	CHRONIC ANGLE-CLOSURE GLAUCOMA, LEFT EYE; SEVERE STAGE
H402224	CHRONIC ANGLE-CLOSURE GLAUCOMA, LEFT EYE; INDETERMINATE STAGE
H402230	CHRONIC ANGLE-CLOSURE GLAUCOMA, BILATERAL; STAGE UNSPECIFIED
H402231	CHRONIC ANGLE-CLOSURE GLAUCOMA, BILATERAL; MILD STAGE
H402232	CHRONIC ANGLE-CLOSURE GLAUCOMA, BILATERAL; MODERATE STAGE
H402233	CHRONIC ANGLE-CLOSURE GLAUCOMA, BILATERAL; SEVERE STAGE
H402234	CHRONIC ANGLE-CLOSURE GLAUCOMA, BILATERAL; INDETERMINATE STAGE
H402290	CHRONIC ANGLE-CLOSURE GLAUCOMA, UNSPECIFIED EYE; STAGE UNSPECIFIED
H402291	CHRONIC ANGLE-CLOSURE GLAUCOMA, UNSPECIFIED EYE; MILD STAGE
H402292	CHRONIC ANGLE-CLOSURE GLAUCOMA, UNSPECIFIED EYE; MODERATE STAGE
H402293	CHRONIC ANGLE-CLOSURE GLAUCOMA, UNSPECIFIED EYE; SEVERE STAGE
H402294	CHRONIC ANGLE-CLOSURE GLAUCOMA, UNSPECIFIED EYE; INDETERMINATE STAGE
H40231	INTERMITTENT ANGLE-CLOSURE GLAUCOMA, RIGHT EYE
H40232	INTERMITTENT ANGLE-CLOSURE GLAUCOMA, LEFT EYE
H40233	INTERMITTENT ANGLE-CLOSURE GLAUCOMA, BILATERAL
H40239	INTERMITTENT ANGLE-CLOSURE GLAUCOMA, UNSPECIFIED EYE
H40241	RESIDUAL STAGE OF ANGLE-CLOSURE GLAUCOMA, RIGHT EYE
H40242	RESIDUAL STAGE OF ANGLE-CLOSURE GLAUCOMA, LEFT EYE
H40243	RESIDUAL STAGE OF ANGLE-CLOSURE GLAUCOMA, BILATERAL
H40249	RESIDUAL STAGE OF ANGLE-CLOSURE GLAUCOMA, UNSPECIFIED EYE



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Clinical Criteria References

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Publication History

The Publication History records the publication iterations and revisions to this document. Notes for the *most current revision* are also provided in the **Revision Notes** on the first page of this document.

Publication Date	Notes
01/30/2014	Presented to DUR Board
01/30/2014	Initial publication and posting to website
09/19/2014	Updated step 2 to '30 days supply of a monoamine oxidase inhibitor (MAOI) in the last 30 days' on the written criteria and visio
01/30/2015	Approved by the Texas HHSC DUR Board
04/03/2015	Updated to include ICD-10s
05/08/2017	Annual review by staff Updated age check in criteria logic Added check for potent CYP1A2 inhibitors in criteria logic Updated logic diagram Removed ICD-9/10s (removed Factitious disorder; Phobia, unspecified; hysteria) in Table 2 Added Table 9 Updated references
03/27/2019	Updated to include formulary statement (The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search .) on each 'Drug Requiring PA' table
01/30/2020	Added GCN for generic Irenka to drug table
10/18/2022	Annual review by staff Updated criteria logic and diagram to allow for approval for clients with a diagnosis of fibromyalgia that are ages 13 and older Updated references