

**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); provided when applicable
- [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

Added ICD-10 codes M609 and M791 to Table 4

Added GCNs for Eldepryl (15600, 15603), Nardil (16417), Parnate (16418), and rasagiline (27081, 24654) to the MAOI supporting table

Added GCNs for Luvox (16347, 16348, 16349) and Tagamet (46750, 46751, 46740, 92568, 46752, 46753) to the potent CYP1A2 inhibitor table

Added GCNs for Drizalma (46703, 46713, 46714, 46715) to the Drugs Requiring PA table

Updated references



Cymbalta (Duloxetine)

Drugs Requiring Prior Authorization

The listed GCNs may not be an indication of Texas Medicaid Formulary coverage. To learn the current formulary coverage, visit txvendordrug.com/formulary/formulary-search.

Drugs Requiring Prior Authorization	
Label Name	GCN
CYMBALTA 20MG CAPSULE	23161
CYMBALTA 30MG CAPSULE	23162
CYMBALTA 60MG CAPSULE	23164
DRIZALMA SPRINKLE DR 20 MG CAP	46703
DRIZALMA SPRINKLE DR 30 MG CAP	46713
DRIZALMA SPRINKLE DR 40 MG CAP	46714
DRIZALMA SPRINKLE DR 60 MG CAP	46715
DULOXETINE HCL DR 20MG CAPSULE	23161
DULOXETINE HCL DR 30MG CAPSULE	23162
DULOXETINE HCL DR 40MG CAPSULE	38728
DULOXETINE HCL DR 60MG CAPSULE	23164

**Cymbalta (Duloxetine)****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?

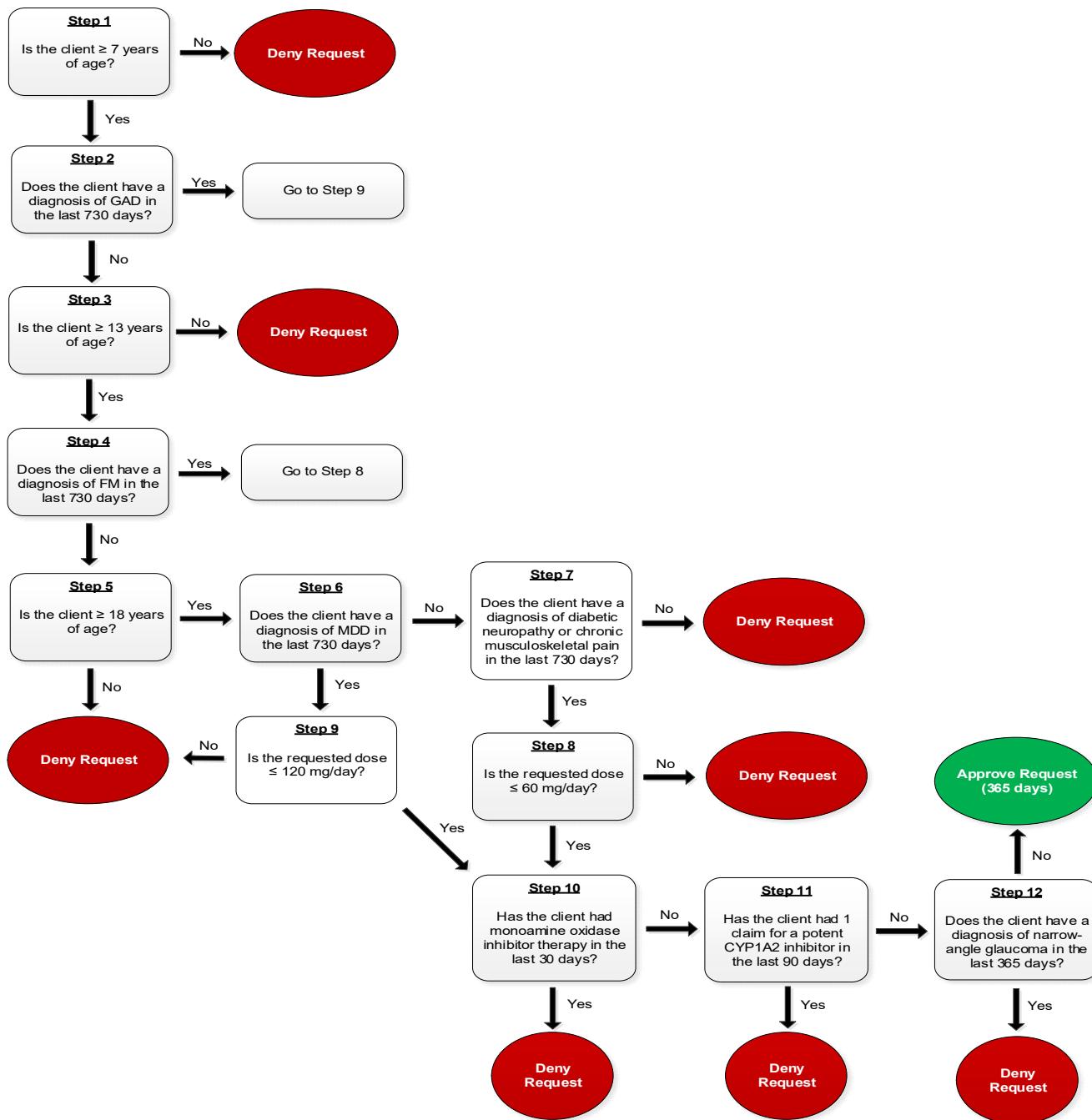
Yes – Deny

No – Approve (365 days)



Cymbalta (Duloxetine)

Clinical Criteria Logic Diagram





Cymbalta (Duloxetine)
Clinical Criteria Supporting Tables

Table 2 (diagnosis of Generalized Anxiety Disorder)

Required diagnosis: 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

Table 2 (diagnosis of Generalized Anxiety Disorder)**Required diagnosis: 1****Look back timeframe: 730 days**

ICD-10 Code	Description
F4481	DISSOCIATIVE IDENTITY DISORDER
F4489	OTHER DISSOCIATIVE AND CONVERSION DISORDERS
F449	DISSOCIATIVE AND CONVERSION DISORDER, UNSPECIFIED

Table 4 (diagnosis of Fibromyalgia)**Required diagnosis: 1****Look back timeframe: 730 days**

ICD-10 Code	Description
M609	MYOSITIS, UNSPECIFIED
M791	MYALGIA
M797	FIBROMYALGIA

Table 6 (diagnosis of Major Depressive Disorder)**Required diagnosis: 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

Table 6 (diagnosis of Major Depressive Disorder)**Required diagnosis: 1****Look back timeframe: 730 days**

ICD-10 Code	Description
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

Table 7 (diagnosis of Diabetic Neuropathy or Chronic Musculoskeletal Pain)**Required diagnosis: 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

Table 7 (diagnosis of Diabetic Neuropathy or Chronic Musculoskeletal Pain)**Required diagnosis: 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

Table 7 (diagnosis of Diabetic Neuropathy or Chronic Musculoskeletal Pain)**Required diagnosis: 1****Look back timeframe: 730 days**

ICD-10 Code	Description
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

Table 10 (Monoamine Oxidase Inhibitor (MAOI) therapy)**Required quantity: 1****Look back timeframe: 30 days**

GCN	Label Name
27081	AZILECT 0.5MG TABLET
24654	AZILECT 1MG TABLET
15600	ELDEPRYL 5 MG TABLET
15603	ELDEPRYL 5 MG CAPSULE
26614	EMSAM 12MG/24 HOURS PATCH
26612	EMSAM 6MG/24 HOURS PATCH
26613	EMSAM 9MG/24 HOURS PATCH
26870	LINEZOLID 100MG/5ML SUSP

Table 10 (Monoamine Oxidase Inhibitor (MAOI) therapy)**Required quantity: 1****Look back timeframe: 30 days**

GCN	Label Name
26870	LINEZOLID 600MG TABLET
26873	LINEZOLID 600MG/300ML IV SOLN
16416	MARPLAN 10MG TABLET
16417	NARDIL 15MG TABLET
16418	PARNATE 10MG TABLET
16417	PHENELZINE SULFATE 15MG TABLET
27081	RASAGILINE MESYLATE 0.5 MG TAB
24654	RASAGILINE MESYLATE 1 MG TAB
15603	SELEGILINE 5MG CAPSULE
15600	SELEGILINE 5MG TABLET
16418	TRANYLCYPROMINE SULFATE 10MG TABLET
22783	ZELAPAR 1.25MG ODT TABLET
26871	ZYVOX 100MG/5ML SUSPENSION
26870	ZYVOX 600MG TABLET
26873	ZYVOX 600MG/300ML IV SOLN

Table 11 (claim for a potent CYP1A2 inhibitor)**Required quantity: 1****Look back timeframe: 90 days**

GCN	Label Name
46750	CIMETIDINE 200MG TABLET
46751	CIMETIDINE 300MG TABLET
46740	CIMETIDINE 300MG/5ML SOLN

Table 11 (claim for a potent CYP1A2 inhibitor)**Required quantity: 1****Look back timeframe: 90 days**

GCN	Label Name
46752	CIMETIDINE 400MG TABLET
46753	CIMETIDINE 800MG TABLET
47057	CIPRO 10% SUSPENSION
47050	CIPRO 250MG TABLET
47056	CIPRO 5% SUSPENSION
47051	CIPRO 500MG TABLET
23076	CIPROFLOXACIN 200MG/20ML VIAL
23075	CIPROFLOXACIN 400MG/40ML VIAL
47056	CIPROFLOXACIN 250MG/5ML SUSP
47057	CIPROFLOXACIN 500MG/5ML SUSP
20315	CIPROFLOXACIN ER 1000MG TAB
18898	CIPROFLOXACIN ER 500MG TAB
47053	CIPROFLOXACIN HCL 100MG TABLET
47050	CIPROFLOXACIN HCL 250MG TAB
47051	CIPROFLOXACIN HCL 500MG TAB
47052	CIPROFLOXACIN HCL 750MG TAB
52121	CIPROFLOXACIN-D5W 200MG/100ML
52122	CIPROFLOXACIN-D5W 400MG/200ML
99481	FLUVOXAMINE ER 100MG CAPSULE
99482	FLUVOXAMINE ER 150MG CAPSULE
16349	FLUVOXAMINE MALEATE 100MG TAB
16347	FLUVOXAMINE MALEATE 25MG TAB
16348	FLUVOXAMINE MALEATE 50MG TAB

Table 11 (claim for a potent CYP1A2 inhibitor)**Required quantity: 1****Look back timeframe: 90 days**

GCN	Label Name
16347	LUVOX 25 MG TABLET
16348	LUVOX 50 MG TABLET
16349	LUVOX 100 MG TABLET
46750	TAGAMET 200 MG TABLET
46751	TAGAMET 300 MG TABLET
46740	TAGAMET 300 MG/5 ML LIQUID
92568	TAGAMET HB 200 MG/20 ML SUSP
46752	TAGAMET 400 MG TABLET
46753	TAGAMET 800 MG TABLET

Table 12 (diagnosis of Narrow Angle Glaucoma)**Required diagnosis: 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

Table 12 (diagnosis of Narrow Angle Glaucoma)**Required diagnosis: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
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
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

Table 12 (diagnosis of Narrow Angle Glaucoma)**Required diagnosis: 1****Look back timeframe: 365 days**

ICD-10 Code	Description
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

**Cymbalta (Duloxetine)****Clinical Criteria References**

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**Cymbalta (Duloxetine)****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	<ul style="list-style-type: none">Presented to DUR Board
01/30/2014	<ul style="list-style-type: none">Initial publication and posting to website
09/19/2014	<ul style="list-style-type: none">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	<ul style="list-style-type: none">Approved by the Texas HHSC DUR Board
04/03/2015	<ul style="list-style-type: none">Updated to include ICD-10s
05/08/2017	<ul style="list-style-type: none">Annual review by staffUpdated age check in criteria logicAdded check for potent CYP1A2 inhibitors in criteria logicUpdated logic diagramRemoved ICD-9/10s (removed Factitious disorder; Phobia, unspecified; hysteria) in Table 2Added Table 9Updated references
03/27/2019	<ul style="list-style-type: none">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	<ul style="list-style-type: none">Added GCN for generic Irenka to drug table
10/18/2022	<ul style="list-style-type: none">Annual review by staffUpdated criteria logic and diagram to allow for approval for clients with a diagnosis of fibromyalgia that are ages 13 and olderUpdated references
05/01/2024	<ul style="list-style-type: none">Annual review by staffUpdated references

Publication Date	Notes
01/31/2025	<ul style="list-style-type: none">• Annual review by staff• Added ICD-10 codes M609 and M791 to Table 4• Added GCNs for Eldepryl (15600, 15603), Nardil (16417), Parnate (16418), and rasagiline (27081, 24654) to the MAOI supporting table• Added GCNs for Luvox (16347, 16348, 16349) and Tagamet (46750, 46751, 46740, 92568, 46752, 46753) to the potent CYP1A2 inhibitor table• Added GCNs for Drizalma (46703, 46713, 46714, 46715) to the Drugs Requiring PA table• Updated references