

DIVISION OF HEALTH CARE FINANCING AND POLICY
NEVADA MEDICAID
DRUG USE REVIEW (DUR) BOARD
PROPOSED PRIOR AUTHORIZATION CRITERIA

Cymbalta® (duloxetine) is a covered benefit of Nevada Medicaid for recipients who meet the criteria for coverage.

1. Coverage and Limitations:

Authorization will be given if the following criteria are met and documented:

Must meet at least one diagnosis listed below:

1. Chronic Musculoskeletal Pain, must meet criteria:
 - a. Must meet **one** of the following:
 - i. The recipient has experienced an inadequate response or adverse event to at least two oral or topical non-steroidal anti-inflammatory drugs (NSAIDs).
 - ii. The recipient has an allergy or contraindication to all NSAIDs.
2. Fibromyalgia
3. Neuropathic Pain associated with Diabetic Peripheral Neuropathy
4. Generalized Anxiety Disorder
 - a. Must meet the following:
 - i. The recipient has experienced an inadequate response or adverse event to at least two antidepressants from any of the following classes: selective serotonin reuptake inhibitors, tricyclic antidepressants, serotonin and norepinephrine reuptake inhibitors or buspirone.
5. Major Depressive Disorder

2. PA Guidelines:

Prior Authorization approval will be 1 year.

3. Quantity Limitations:

N/A