



STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

DULOXETINE

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
DULOXETINE HCL	DRIZALMA SPRINKLE		46703 46713 46714 46715	GPI-14 (5818002510H120) (5818002510H130) (5818002510H140) (5818002510H160)	

GUIDELINES FOR USE

1. Does the patient have **ONE** of the following diagnoses?

- Major depressive disorder
- Diabetic peripheral neuropathy
- Fibromyalgia
- Chronic musculoskeletal pain

If yes, continue to #2.

If no, continue to #3.

2. Does the patient meet **ALL** of the following criteria?

- The patient is 18 years of age or older
- The patient had a trial of generic duloxetine
- The patient cannot swallow duloxetine capsules

If yes, **approve the requested strength for 12 months by GPID or GPI-14 with the following quantity limits:**

- **20 mg, 30 mg, 40 mg: #1 per day.**
- **60 mg: #2 per day.**

If no, do not approve.

DENIAL TEXT: See the denial text at the end of the guideline.

3. Does the patient have a diagnosis of generalized anxiety disorder and meet **ALL** of the following criteria?

- The patient is 7 years of age or older
- The patient had a trial of generic duloxetine
- The patient cannot swallow duloxetine capsules

If yes, **approve the requested strength for 12 months by GPID or GPI-14 with the following quantity limits:**

- **20 mg, 30 mg, 40 mg: #1 per day.**
- **60 mg: #2 per day.**

If no, do not approve.

DENIAL TEXT: See the denial text at the end of the guideline.

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GUIDELINES FOR USE (CONTINUED)

DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

Our guideline named **DULOXETINE (Drizalma Sprinkle)** requires the following rule(s) be met for approval:

- A. You have ONE of the following diagnoses:
 1. Major depressive disorder (a type of mental illness)
 2. Generalized anxiety disorder (a type of mental illness)
 3. Diabetic peripheral neuropathy (a type of nerve damage caused by high blood sugar)
 4. Fibromyalgia (a type of pain disorder)
 5. Chronic musculoskeletal pain (severe pain relating to muscles and bones)
- B. **If you have major depressive disorder, diabetic peripheral neuropathy, fibromyalgia, or chronic musculoskeletal pain, approval also requires:**
 1. You are 18 years of age or older
 2. You had a trial of generic duloxetine
 3. You cannot swallow duloxetine capsules
- C. **If you have generalized anxiety disorder, approval also requires:**
 1. You are 7 years of age or older
 2. You had a trial of generic duloxetine
 3. You cannot swallow duloxetine capsules

Your doctor told us [INSERT PT SPECIFIC INFO PROVIDED]. We do not have information showing you [INSERT UNMET CRITERIA]. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Drizalma Sprinkle.

REFERENCES

- Drizalma Sprinkle [Prescribing Information]. Cranbury, NJ: Sun Pharmaceutical Industries, Inc.; July 2021.

Library	Commercial	NSA
Yes	Yes	No

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