

DULOXETINE (CYMBALTA)

Provider Tip Sheet

DOSING INFORMATION

- Week 1: Obtain blood pressure and weight. Consider BMP for baseline sodium in older adults. Start: 30 mg qday.
- Week 2: Increase dose to the Initial and Typical Target Dose of 60 mg qday or 30 mg bid, if tolerated. Max Dose: 120 mg qday (little evidence that higher doses are beneficial). Discontinuation: 25% per week to 25% per month depending on length of treatment in order to minimize withdrawal symptoms and relapse.

MONITORING

- Blood pressure, weight. Consider posttreatment BMP to rule out hyponatremia in older adults.

GENERAL INFORMATION

- Mechanism of Action: Serotonin/Norepinephrine Reuptake Inhibitor (SNRI).
- FDA Indications: MDD, GAD, diabetic peripheral neuropathic pain, fibromyalgia; chronic musculoskeletal pain.
- Off-Label Indications: Second-line ADHD, other pain, other anxiety.
- Pharmacokinetics: $T_{1/2} = 12$ hrs. Common Side effects (MDD & GAD): nausea (25%), dry mouth (15%), diarrhea (10%), constipation (10%), fatigue (10%), dizziness (10%), somnolence (10%), insomnia (10%), decreased appetite (7%), hyperhidrosis (6%), vomiting (5%), agitation (5%). Black Box Warning: Increased SI in patients < 25 y/o.
- Contraindications: Use of a MAOI within 14 days of stopping Cymbalta, concurrent use of a MAOI including drugs with significant MAOI activity (e.g., linezolid), use of Cymbalta within 14 days of stopping a MAOI, use in patients with uncontrolled narrow angle glaucoma.
- Warnings and Precautions: Suicidality, hepatotoxicity (should not be prescribed in patients with substantial alcohol use or evidence of chronic liver disease), orthostatic hypotension and syncope, serotonin syndrome, abnormal bleeding, severe skin reactions, discontinuation symptoms, manic switch, seizures, increased BP, use with 1A2 inhibitors or thioridazine, hyponatremia, hepatic insufficiency and severe renal impairment, use caution in patient with controlled narrow-angle glaucoma and with slow gastric emptying, elevation in fasting blood glucose and HbA1C, urinary hesitance and retention.
- Metabolism/ Pharmacogenomics: Metabolized by 1A2 and 2D6. Significant drug-drug interactions: 2D6 inhibitor. Avoid co-administration with potent 1A2 inhibitors (e.g., fluvoxamine); and use cautiously with 2D6 inhibitors (e.g., fluoxetine and paroxetine). Potential for abnormal bleeding with NSAIDs or anticoagulants; Check all drug/drug interactions before prescribing.
- Dosage Form: Capsule (Do not cut, crush or chew). Generic available: Yes

Continued on page 2

Support

We are committed to the care and well-being of our members. We are also committed to working with you as a partner to develop the best possible treatment plans for all patients.

Please view the Provider section of our website at ambetterofnorthcarolina.com for additional tools and resources. You may also contact your Provider Engagement Administrator directly, or contact Provider Relations for assistance at **1-833-863-1310**.

This document is an informational resource designed to assist licensed healthcare practitioners in caring for their patients. Healthcare practitioners should use their professional judgment in using the information provided. Duloxetine (Cymbalta) measures are not a substitute for the care provided by licensed healthcare practitioners and patients are urged to consult with their healthcare practitioner for appropriate treatment.