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## Cymbalta (duloxetine) PRIOR AUTHORIZATION FORM

**Coverage Criteria:** Covered for the treatment of **major depressive disorder** when a patient has tried and been unresponsive to an 8-week trial of fluoxetine, paroxetine, citalopram or sertraline within the last 4 months of a Cymbalta request, or is a new member to Coventry Health Plans and has been receiving Cymbalta therapy for more than 4 weeks.  
Covered for the management of **diabetic peripheral neuropathic pain** when the severity of the physical pain compromises a patient's ability to function normally, and impacts their quality of life.

**PLEASE SEND COMPLETED FORM TO COVENTRY HEALTH CARE – PHARMACEUTICAL SERVICES**

**FAX: 866-738-9682/717-541-5909 PH: 877-215- 4100**

Requesting Physician:	Office Contact:
Call Center ID:	Plan ID: Benefit:
Office Fax Number:	Phone Number:

### MEMBER INFORMATION

Patient Name:	DOB:
Member ID#:	Date of Request:

### MEDICATION INFORMATION

1.	<b>Diagnosis:</b> <ul style="list-style-type: none"><li>o Major Depressive Disorder</li><li>o Diabetic Peripheral Neuropathic Pain*</li><li>o Other: _____</li></ul>
2.	<b>Dose requested:</b> _____
3.	<b>List other formulary agents tried:</b>  SSRI: _____ Date(s) used: _____ Outcome: _____ Drug: _____ Date(s) used: _____ Outcome: _____ Drug: _____ Date(s) used: _____ Outcome: _____ Drug: _____ Date(s) used: _____ Outcome: _____
Physician's Signature: _____	

CHCH 2018-1 (9/06)

\*For the diagnosis of diabetic peripheral neuropathic pain, the plan requires an unresponsive 2-week trial of 60mg per day dose before a 120mg per day regimen will be considered. (Doses up to 120mg per day have shown efficacy but were not statistically significant over the 60mg per day dose.)

**Visit our Website at [WWW.CVTY.COM](http://WWW.CVTY.COM)**

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