

SENTARA HEALTH MANAGEMENT

OUTPATIENT PHARMACY STEP-EDIT/ PRIOR AUTHORIZATION REQUEST FORM*

Directions: *The prescribing physician must sign and clearly print name (preprinted stamps not valid) on this request. All other information may be filled in by office staff and faxed to 757-552-7516 or 1-800-750-9692. No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct.*

Drug Name: Cymbalta® (duloxetine)

- Cymbalta is a selective inhibitor of both serotonin and norepinephrine reuptake, which is also, called an SSNRI.
- Contraindicated with concomitant use of monoamine oxidase inhibitors (MAOIs).
- Contraindicated in patients with uncontrolled narrow angle glaucoma due to increased risk of mydriasis.
- Studies have shown Cymbalta to be as safe and effective when compared to routine care in the management of patients with diabetic peripheral neuropathic pain.

Diagnosis:
(Check One)

- Major Depressive Disorders
- OR**
- Diabetic Neuropathic Pain
- AND**
- Tried and failed therapy with Effexor XR:
(Effexor XR requires trial and failure of one SSRI)

OR

- Patient initiated therapy with Cymbalta while covered under another insurance plan and recently converted to Sentara/Optima coverage (subject to verification by Sentara/Optima).

Please note: Use of samples to initiate therapy does not meet step edit/ preauthorization criteria.

Patient: _____

Member Number: _____

SIGNED DATE _____

Physician Name _____ **Phone Number** _____

Physician Signature _____ **Fax Number** _____

Pharmacy Name Pharmacy Tel # _____

(IF AVAILABLE)

* Approved by the Pharmacy and Therapeutics Committee on 09/20/2007