

**State of Idaho, Division of Medicaid**  
**Cymbalta® (duloxetine)**  
**PRIOR AUTHORIZATION FORM**  
**\*CONFIDENTIAL INFORMATION\***

Phone: 1-208-364-1829

One drug per form ONLY – Use black or blue ink

Fax: 1-208-364-1864

Patient Name: _____	Medicaid ID#: _____	D.O.B.: _____
Prescriber Name: _____	State License #: _____	Specialty: _____
Prescriber Phone: _____	Prescriber Fax: _____	
Pharmacy/Store#: _____	Phone: _____	Fax: _____

*Cymbalta will be approved for eligible participants*

- *with a diagnosis of Major Depressive Disorder or Generalized Anxiety Disorder who have failed treatment with an SSRI or Antidepressant, Other (bupropion, mirtazapine, venlafaxine, or nefazodone) up to a maximum dose of 60mg/day (or)*
- *up to 120mg/day for diagnosis of Diabetic Peripheral Neuropathy, who have tried and failed gabapentin therapy in the past 6 months.*

*Participants with a current history of Cymbalta use prior to 5/1/07 will be grandfathered.*

**Medication Requested:**    **CYMBALTA® 20mg\_\_\_\_\_ 30mg\_\_\_\_\_ 60mg\_\_\_\_\_ (QD or BID)**

*Dosing of Cymbalta up to maximum of 120mg/day will only be approved for a diagnosis = Diabetic Peripheral Neuropathy.*

**Diagnosis:**

**Major Depressive Disorder** (ICD-9 296.2x, 296.3x)

**Generalized Anxiety Disorder** (ICD-9 300.02)

Failure of SSRI or Antidepressant, Other:

▪ Medication: \_\_\_\_\_ Date: \_\_\_\_\_

**- OR -**

**Diabetic Peripheral Neuropathy** (ICD-9 250.6x, 357.2 & 357.20)

Failure of gabapentin in last 180 days? Trial dates: \_\_\_\_\_

**Other pertinent information for review:**

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***To ensure continuity of care, please make sure corresponding ICD-9 codes are submitted on professional office claims to Idaho Medicaid on a routine basis.***

**Prescriber Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*By signing, the prescriber agrees that documentation of above indication and medical necessity is available for review by Idaho Medicaid in patient's current medical chart.*

<b>For Medicaid Office Use Only</b>				
Date:	RPh:	Tech:	PA#:	
Approved	Denied	Comments:		

All current PA forms and criteria for use are available at: [www.medicaidpharmacy.idaho.gov](http://www.medicaidpharmacy.idaho.gov) (PA Criteria & Forms)