

REQUEST FOR PRIOR AUTHORIZATION-Continued
Duloxetine (Cymbalta®), Milnacipran (Savella™), Pregabalin (Lyrica®)

Post-Herpetic Neuralgia (Lyrica®): A diagnosis of post-herpetic neuralgia with the following documented trials:

A trial and therapy failure at a therapeutic dose with at least **two** drugs from two distinct therapeutic classes from the following: tricyclic antidepressant (amitriptyline, nortriptyline), topical lidocaine, valproate, carbamazepine, or gabapentin.

Preferred Drug Trial #1 Name/Dose: _____ Trial start date: _____ Trial end date: _____

Reason for Failure: _____

Preferred Drug Trial #2 Name/Dose: _____ Trial start date: _____ Trial end date: _____

Reason for Failure: _____

Diabetic Peripheral Neuropathy (Cymbalta® or Lyrica®): A diagnosis of diabetic peripheral neuropathy with the following documented trials:

A trial and therapy failure at a therapeutic dose with at least **two** drugs from two distinct therapeutic classes from the following: tricyclic antidepressant (amitriptyline, nortriptyline), topical lidocaine, tramadol, or gabapentin.

Preferred Drug Trial #1 Name/Dose: _____ Trial start date: _____ Trial end date: _____

Reason for Failure: _____

Preferred Drug Trial #2 Name/Dose: _____ Trial start date: _____ Trial end date: _____

Reason for Failure: _____

Partial Onset Seizures, as adjunct therapy (Lyrica®):

Major Depressive Disorder or Generalized Anxiety Disorder (Cymbalta®):

Other Diagnosis of Use: _____

Other relevant information: _____

Attach lab results and other documentation as necessary.

Prescriber Signature: _____ Date of Submission: _____

***MUST MATCH PRESCRIBER LISTED ABOVE**

IMPORTANT NOTE: In evaluating requests for prior authorization the consultant will consider the treatment from the standpoint of medical necessity only. If approval of this request is granted, this does not indicate that the member continues to be eligible for Medicaid. It is the responsibility of the provider who initiates the request for prior authorization to establish by inspection of the member's Medicaid eligibility card and, if necessary by contact with the county Department of Human Services, that the member continues to be eligible for Medicaid.