

# US Family Health Plan Medical Necessity Form for Cymbalta (Duloxetine)

To be completed and signed by the prescriber. To be used only for prescriptions which are to be filled through the Department of Defense (DoD) US Family Health Plan pharmacy program (USFHP).

- Cymbalta, Aplenzin, Lexapro, Paxil CR, Pristiq, Prozac Weekly, and Sarafem are non-formulary antidepressants on the DoD Uniform Formulary. Formulary antidepressants include Effexor / Effexor XR (venlafaxine); citalopram, fluoxetine, paroxetine immediate release, and sertraline; bupropion immediate/sustained/extended release; mirtazapine; and nefazodone. Formulary medications on the DoD Uniform Formulary that are medically accepted for treatment of fibromyalgia include the tricyclic antidepressants (e.g. amitriptyline) and cyclobenzaprine (Flexeril ). Cymbalta is non-formulary, but available to most beneficiaries at a \$22 cost share.
- You do NOT need to complete this form in order for non-active duty beneficiaries (spouses, dependents, and retirees) to obtain Cymbalta at the \$22 non-formulary cost share. The purpose of this form is to provide information that will be used to determine if the use of Cymbalta instead of a formulary medication is medically necessary. If Cymbalta is determined to be medically necessary, non-active duty beneficiaries may obtain it at the \$9 formulary cost share.

<b>MAIL ORDER</b>	If the prescription is to be filled through the USFHP Mail Order Pharmacy, check here <input type="checkbox"/>	<b>RETAIL</b>	If the prescription is to be filled at a retail pharmacy, check here <input type="checkbox"/>
	<ul style="list-style-type: none"> <li>• The completed form and the prescription may be faxed to <b>1-617-562-5296</b> OR</li> <li>• The patient may attach the completed form to the prescription and mail it to: <b>Attn: Pharmacy, 77 Warren Street, Brighton, MA 02135</b></li> </ul>		<ul style="list-style-type: none"> <li>• The provider may call: <b>1-877-880-7007</b></li> <li>OR</li> <li>• The completed form may be faxed to <b>1-617-562-5296</b></li> </ul>

**Step 1 Please complete patient and physician information (Please Print)**

<b>1</b>	Patient Name: _____	Physician Name: _____
	Address: _____	Address: _____
	Sponsor ID: _____	Phone #: _____
	Date of Birth: _____	Secure Fax: _____

**Step 2**

<b>Please explain why the patient cannot be treated with a formulary medication.</b>		
1. What is the patient being treated for? <input type="checkbox"/> Depression, generalized anxiety disorder, or another psychiatric condition – please go to Question 2 <input type="checkbox"/> Neuropathic pain – please go to Question 4 (on the second page) <input type="checkbox"/> Fibromyalgia – please go to Question 5 (on the second page)		
<b>Depression, generalized anxiety disorder, or another psychiatric condition</b> (Note: an adequate trial is in general considered to be at least 6 weeks in duration.)		
2. Does the patient require treatment with a SNRI (e.g., due to failure of SSRI therapy)?	<input type="checkbox"/> Yes Please go to Question 3	<input type="checkbox"/> No Please go to Question 6
3. Is the patient being treated for depression, generalized anxiety disorder, or another psychiatric condition and has the patient failed an adequate trial of the formulary SNRI venlafaxine (Effexor or Effexor XR), been unable to tolerate venlafaxine, or have a contraindication that precludes taking venlafaxine? <b>Please explain below:</b>	<input type="checkbox"/> Yes Please explain below, then sign and date at the bottom of page 2	<input type="checkbox"/> No Please go to Question 6

<b>Neuropathic pain</b>		
4. Is the patient being treated for neuropathic pain and has the patient failed an adequate trial, been unable to tolerate, or have contraindications that preclude taking at least one medication from at least two of the following four drug classes? <b>Please explain below.</b>	<input type="checkbox"/> Yes Please explain below, then sign and date.	<input type="checkbox"/> No Please go to Question 6
<b>Class (example)</b>	<b>Explanation - describe the therapeutic failure, intolerance, or contraindication</b>	
tricyclic antidepressants (e.g., amitriptyline)		
SNRI antidepressants (venlafaxine)		
Anticonvulsants (e.g., gabapentin)		
opioids (e.g., tramadol)		
<b>Fibromyalgia</b>		
5. Has the patient been diagnosed with fibromyalgia AND failed an adequate trial, been unable to tolerate, or have contraindications that preclude taking tricyclic antidepressants (e.g., amitriptyline) and cyclobenzaprine? <b>Please explain below.</b>	<input type="checkbox"/> Yes Please explain below, then sign and date.	<input type="checkbox"/> No Please go to Question 6
<b>Class (example)</b>	<b>Explanation - describe the therapeutic failure, intolerance, or contraindication</b>	
tricyclic antidepressants (e.g., amitriptyline)		
cyclobenzaprine (Flexeril)		
6. Has the patient has previously responded to Cymbalta, and changing to a formulary medication would incur unacceptable risk? (e.g., patient is currently stabilized on therapy and changing to a formulary medication would present a risk of destabilization.) <b>Please explain below, then sign &amp; date at the bottom of the page.</b>		

**Step 3** I certify the above is correct and accurate to the best of my knowledge. Please Sign and Date:

\_\_\_\_\_

Prescriber Signature

\_\_\_\_\_

Date