

## **Program: Savella (milnacipran HCL)**

### **DESCRIPTION**

The purpose of this document is to provide approval criteria and guidelines for prior authorization of benefits (PAB) of Savella (milnacipran HCL)  
Claims submitted without obtaining prior authorization of benefits will reject on the pharmacy claim system.

### **Applicable lines of business**

RlteCare and Managed Pharmacy

### **Impacted Formulary Medications**

Savella (milnacipran HCL) 12.5mg, 25mg, 50mg, 100mg, titration pack  
May be subject to Quantity Limits

### **APPROVAL DURATION AND QUANTITY LIMITS**

Approval Duration: 1 year

### **APPROVAL CRITERIA:**

I. Patient has a diagnosis of Fibromyalgia and meets ALL of the following criteria:

A. Patient has widespread pain (on the left and right side of the body and above and below the waist) AND axial skeletal pain (cervical spine or anterior chest or thoracic spine or low back) present for at least 3 months; **AND**

B. Pain in at least 11 of 18 specific tender point sites after digital palpitation with an approximate force of 4kg. Tender point sites are bilateral and include the following:

1. Occiput
2. Low Cervical
3. Trapezius
4. Supraspinatus
5. Second rib
6. Lateral epicondyle
7. Gluteal
8. Greater trochanter
9. Knee;

#### **AND**

C. Trial of one of the following medications that is FDA approved or medically accepted for the treatment of fibromyalgia within the previous 180 days:

1. Cyclobenzaprine; **OR**
2. Tricyclic antidepressants; **OR**
3. Fluoxetine; **OR**
4. Lyrica (prior authorization may be required) **OR**
5. Cymbalta (prior authorization may be required)

Note: For a tender point to be considered "positive" the patient must state that the palpitation was painful. "Tender" is not considered painful.

### **Look Back Criteria in Claims System**

Not applicable