

STEP THERAPY CRITERIA

DRUG CLASS	PAIN MANAGEMENT
BRAND NAME (generic)	SAVELLA (milnacipran)
Status: CVS Caremark Criteria	
Type: Initial Step Therapy; Post Step Therapy Prior Authorization	

POLICY

FDA-APPROVED INDICATIONS

Savella is indicated for the management of fibromyalgia.
Savella is not approved for use in pediatric patients.

INITIAL STEP THERAPY

If the patient has filled a prescription for at least a 30 day supply of immediate-release pregabalin or duloxetine within the past 120 days under a prescription benefit administered by CVS Caremark, then the requested drug will be paid under that prescription benefit. If the patient does not meet the initial step therapy criteria, then the claim will reject with a message indicating that a prior authorization (PA) is required. The prior authorization criteria would then be applied to requests submitted for evaluation to the PA unit.

COVERAGE CRITERIA

The requested drug will be covered with prior authorization when the following criteria are met:

- The requested drug is being prescribed for the treatment of fibromyalgia in a patient 18 years of age or older
AND
- The patient has experienced an inadequate treatment response to duloxetine
OR
- The patient has experienced an intolerance to duloxetine
OR
- The patient has a contraindication that would prohibit a trial of duloxetine

REFERENCES

1. Savella [package insert]. Irvine, CA: Allergan USA, Inc; February 2022.
2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Hudson, Ohio: UpToDate, Inc.; 2022; Accessed April 11, 2022.
3. Micromedex (electronic version). IBM Watson Health, Greenwood Village, Colorado, USA. Available at: <https://www.micromedexsolutions.com>. Accessed April 12, 2022.
4. Sommer, C. Fibromyalgia: A Clinical Update. *Pain: Clinical Updates* 2010;18(4):1-4.