

PRIOR AUTHORIZATION CRITERIA

DRUG CLASS	PAIN MANAGEMENT
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BRAND NAME (generic)

SAVELLA (milnacipran)
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Status: CVS Caremark Criteria Type: Initial Prior Authorization
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POLICY

FDA-APPROVED INDICATIONS

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

COVERAGE CRITERIA

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

- Savella is being prescribed for the management of fibromyalgia in patients 18 years of age or older

REFERENCES

1. Savella [package insert]. Irvine, CA: Allergan USA, Inc.; August 2016.
2. AHFS DI (Adult and Pediatric) [database online]. Hudson, OH: Lexi-Comp, Inc.; http://online.lexi.com/lco/action/index/dataset/complete_ashp [available with subscription]. Accessed July 2017.
3. Micromedex Solutions [database online]. Greenwood Village, CO: Truven Health Analytics Inc. Updated periodically. www.micromedexsolutions.com [available with subscription]. Accessed July 2017.