

# STEP THERAPY CRITERIA

**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 treatment 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 gabapentin, immediate-release pregabalin, duloxetine, or amitriptyline 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
- AND**
- The patient has experienced an inadequate treatment response, intolerance, or contraindication to duloxetine

### REFERENCES

1. Savella [package insert]. Irvine, CA: Allergan USA, Inc; December 2017.
2. AHFS DI (Adult and Pediatric) [database online]. Hudson, OH: Lexi-Comp, Inc.; [http://online.lexi.com/lco/action/index/dataset/complete\\_ashp](http://online.lexi.com/lco/action/index/dataset/complete_ashp) [available with subscription]. Accessed April 2018.
3. Micromedex Solutions [database online]. Greenwood Village, CO: Truven Health Analytics Inc. Updated periodically. [www.micromedexsolutions.com](http://www.micromedexsolutions.com) [available with subscription]. Accessed April 2018.
4. Sommer, C. Fibromyalgia: A Clinical Update. *Pain: Clinical Updates* 2010;18(4):1-4.