Overview
Savella® is a selective serotonin and norepinephrine reuptake inhibitor (SNRI) indicated for the management of fibromyalgia.

Coverage Guidelines
Authorization may be granted for members with a diagnosis of fibromyalgia who has been started and stabilized on Savella for at least 30 days excluding when the product is obtained as samples or via manufacturer’s patient assistance programs.

OR
Authorization may be granted for members when ALL the following criteria are met:
1. Member has a diagnosis of fibromyalgia
2. Member has had a documented side effect, allergy, or treatment failure with an SNRI such as a generic venlafaxine product (Effexor® XR caps/tabs, etc.), duloxetine (Cymbalta®), or a desvenlafaxine product [Pristiq®, Khedezla®, etc.]).
3. Member has had a documented side effect, allergy, or treatment failure with at least one agent from two different categories including:
   a. Tricyclic antidepressants (e.g., amitriptyline, doxepin, desipramine, imipramine, etc.)
   b. SSRI’s (e.g., citalopram, fluoxetine, paroxetine, sertraline, etc.)
   c. Cyclobenzaprine
   d. Gabapentin

Limitations
1. Initial approvals will be granted for 36 months.
2. The following quantity limits apply:

<table>
<thead>
<tr>
<th>Specialty Medications</th>
<th>Phone: 866-814-5506</th>
<th>Fax: 866-249-6155</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Plans</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Non-Specialty Medications</th>
</tr>
</thead>
<tbody>
<tr>
<td>MassHealth</td>
</tr>
<tr>
<td>Phone: 877-433-7643</td>
</tr>
<tr>
<td>Commercial</td>
</tr>
<tr>
<td>Phone: 800-294-5979</td>
</tr>
<tr>
<td>Exchange</td>
</tr>
<tr>
<td>Phone: 855-582-2022</td>
</tr>
</tbody>
</table>

   | Medical Specialty Medications (NLX) |
   | All Plans                      |
   | Phone: 844-345-2803           | Fax: 844-851-0882    |

Exceptions
N/A
Savella tablets | 60 tablets per 30 days

References
8. Savella (milnacipran) [prescribing information]. Irvine, CA: Allergan USA Inc; December 2017

Review History
11/22/2010 – Reviewed
11/28/2011 – Reviewed and updated
11/26/2012 – Reviewed
11/25/2013 – Reviewed and updated
08/04/2014 – Updated (duloxetine generic; 12/30/2013 file)
11/24/2014 – Reviewed and updated in P&T Meeting
11/27/2017 – Reviewed
11/26/2018 – Reviewed in P&T Meeting
01/22/2019 – Reviewed
01/22/2020 – Reviewed at P&T

Disclaimer
AllWays Health Partners complies with applicable federal civil rights laws and does not discriminate or exclude people on the basis of race, color, national origin, age, disability, or sex.