Premier Health Plan

POLICY AND PROCEDURE

POLICY TITLE: ***Savella (milnacipran)***
DEPARTMENT: **Clinical Pharmacy Services- Utilization Management**
ORIGINAL DATE: ***March 2009 (as adopted from UPMC Health Plan)***

Last P & T Committee Approval Date: *February 2018*

Product Applicability: *mark all applicable products below:*

COMMERCIAL	[ ] HMO [ ] PPO *Products*: [ ] Small [ ] Indiv. [ ] Large *Exchange*: [ ] Shop [ ] Indiv. [x] All
OTHER	[x] Self-funded/ASO

PURPOSE

The purpose of this policy is to define the prior authorization process for Savella (milnacipran).

Savella (milnacipran) is a Serotonin and Norepinephrine Reuptake Inhibitor (SNRI) inidcated for the management of fibromyalgia.

DEFINITIONS

N/A

POLICY

It is the policy of the Health Plan to maintain a prior authorization process that promotes appropriate utilization of specific drugs with potential for misuse or limited indications. This process involves a review using Food and Drug Administration (FDA) criteria to make a determination of Medical Necessity, and approval by the Pharmacy & Therapeutics Committee of the criteria for prior authorization, as described in RX.002 Pharmacy and Therapeutics Committee and RX.003-Prior Authorization Process.

The drug, Savella (milnacipran), is subject to the prior authorization process.

PROCEDURE

Initial Authorization Criteria:

Must meet all of the criteria listed below:

- Must have a definitive diagnosis of fibromyalgia as evidenced by chart documentation showing a history of widespread pain involving the extremities for three months and localized areas of tenderness
- Must have a trial and failure of gabapentin at a dose of at least 1200mg daily, which is documented in pharmacy claims or through physician chart documentation
- Must have a trial and failure of a tricyclic antidepressant (i.e., amitriptyline) or muscle relaxant (i.e., cyclobenzaprine), which is documented in pharmacy claims or through physician chart documentation
- Must have a trial and failure of exercise or physical therapy for the treatment of fibromyalgia as evidenced by physician chart documentation

Limitations:

Length of Authorization (if above criteria met)	
Initial Authorization	Up to duration of member's membership with plan
Reauthorization	N/A

If the established criteria are not met, the request is referred to a Medical Director for review.

REFERENCES

1. Savella (milnacipran) [package insert] Forest Pharmaceuticals; January 2009.
2. Goldenberg DL, Burckhardt C, Crofford L. Management of Fibromyalgia Syndrome: An evidence-based guideline for the optimal treatment of Fibromyalgia. JAMA. 2004; 292(19): 2388-2395
3. Arnold LM, Goldenberg DL, Stanford SB, et al. Gabapentin in the treatment of fibromyalgia: a randomized, double-blind, placebo-controlled, multicenter trial. Arthritis & Rheumatism 2007; 56(4): 1336-1344.

RECORD RETENTION

Records Retention for Evolent Health documents, regardless of medium, are provided within the Evolent Health records retention policy and as indicated in CORP.028.E Records Retention Policy and Procedure.

REVIEW HISTORY

DESCRIPTION OF REVIEW / REVISION	DATE APPROVED
Annual review	*02/17, 02/18*