CVS Caremark®

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| Reference number(s) |
| 1345-A |

# Initial Prior Authorization Savella

## Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over the counter (OTC) products are not included unless otherwise stated.

| Brand Name | Generic Name |
| --- | --- |
| Savella | milnacipran |

## Indications

### FDA-approved Indications

Savella is indicated for the management of fibromyalgia.

Savella is not approved for use in pediatric patients.

## Coverage Criteria

### Fibromyalgia

Authorization may be granted when the requested drug is being prescribed for the management of fibromyalgia when the following criteria is met:

* The patient is 18 years of age or older

## Continuation of Therapy

### Fibromyalgia

Authorization may be granted when the requested drug is being prescribed for the management of fibromyalgia when ALL of the following criteria are met:

* The patient is 18 years of age or older
* The patient has achieved or maintained a positive clinical response to the requested drug (e.g., improvement in pain)

## Duration of Approval (DOA)

* 1345-A: Initial therapy DOA: 6 months; Continuation of therapy DOA: 12 months

## References

1. Savella [package insert]. North Chicago, IL: AbbVie Inc; December 2023.
2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Waltham, MA: UpToDate, Inc.; 2024. https://online.lexi.com. Accessed April 18, 2024.
3. Micromedex® (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: https://www.micromedexsolutions.com/ (cited: 04/18/2024).