

<b>POLICY NAME</b>	Savella (milnacipran)	<b>POLICY #</b>	1562P
--------------------	-----------------------	-----------------	-------

## Criteria

### Coverage Criteria

- ☐ Documented diagnosis of fibromyalgia
- ☐ Documented failure after at least 3 months, intolerance, or contraindication to at least one tricyclic antidepressant (e.g., amitriptyline, nortriptyline)
- ☐ Documented failure after at least 3 months, intolerance, or contraindication to at least one muscle relaxant (e.g., cyclobenzaprine, methocarbamol, metaxalone)
- ☐ Documented failure after at least 3 months, intolerance, or contraindication to gabapentin or pregabalin
- ☐ Documented failure after at least 3 months, intolerance, or contraindication to duloxetine
- ☐ Documented non-pharmacologic therapy (e.g., exercise, cognitive behavioral therapy)