

POLICY NAME	Savella (milnacipran)	POLICY #	1562P
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Criteria

Coverage Criteria

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