

# Criteria Based Consultation Prescribing Program

## CRITERIA FOR DRUG COVERAGE

### milnacipran (Savella<sup>®</sup>)

Non-formulary **milnacipran (Savella<sup>®</sup>)** will be covered on the prescription drug benefit when the following criteria are met:

**1. Diagnosis of Fibromyalgia or Myofascial Pain Syndrome on Problem List**

- AND -

- Prior adequate trial and failure of 4 agents: 1 formulary TCA<sup>^</sup> or cyclobenzaprine, an SNRI (venlafaxine or duloxetine), and 2 other agents (formulary TCA, cyclobenzaprine, gabapentin, tramadol, formulary SSRI<sup>\*</sup>, SNRI)

**2. Dose change only: Patient previously met criteria and is already taking the drug.**

\* **Formulary SSRIs** = citalopram, fluoxetine, paroxetine, sertraline.

<sup>^</sup> **Formulary TCAs** = nortriptyline, desipramine, amitriptyline.