Non-formulary **milnacipran (Savella®)** 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^ or cyclobenzaprine, an SNRI (venlafaxine or duloxetine), and 2 other agents (formulary TCA, cyclobenzaprine, gabapentin, tramadol, formulary SSRI*, SNRI)

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

* **Formulary SSRIs** = citalopram, fluoxetine, paroxetine, sertraline.
^ **Formulary TCAs** = nortriptyline, desipramine, amitriptyline.