

Pharmacy Policy Bulletin

Title: Milnacipran HCl (Savella™)

Policy #: FS.CLIN.96

Application of pharmacy policy is determined by benefits and contracts. Benefits may vary based on product line, group, or contract. Some medications may be subject to precertification, age, gender or quantity restrictions. Individual member benefits must be verified.

This pharmacy policy document describes the status of pharmaceutical information and/or technology at the time the document was developed. Since that time, new information relating to drug efficacy, interactions, contraindications, dosage, administration routes, safety, or FDA approval may have changed. This pharmacy policy will be reviewed regularly and updated as scientific and medical literature becomes available. This information may include new FDA-approved indications, withdrawals, or other FDA alerts. This type of information is relevant not only when considering whether this policy should be updated, but also when applying it to current requests for coverage.

Members are advised to use participating pharmacies in order to receive the highest level of benefits.

Intent

Milnacipran HCl (Savella™) is indicated for management of fibromyalgia.

The use of Milnacipran HCl (Savella™) requires prior authorization (i.e. clinical pharmacy and/or Medical Director review).

Description:

Milnacipran HCl (Savella™) is a selective norepinephrine and serotonin reuptake inhibitor with greater selectivity for norepinephrine inhibition than serotonin without affecting the uptake of dopamine or other neurotransmitters. The exact mechanism of the central pain inhibitory action in humans is unknown. Milnacipran HCl (Savella™) should be reserved for an indication of fibromyalgia. Milnacipran HCl (Savella™) can be used for off-label uses as per its mechanism of action.

Policy

Milnacipran HCl (Savella™) is approved when the following inclusion criterion is met:

- Documentation of diagnosis of fibromyalgia

Guidelines

Refer to the specific manufacturer's prescribing information for administration and dosage details and any applicable Black Box warnings.

BENEFIT APPLICATION

Subject to the terms and conditions of the applicable benefit contract, the applicable drug(s) identified in this policy is (are) covered under the pharmacy benefits of the Company's products when the medical necessity criteria listed in

this pharmacy policy are met. Any products that are experimental/investigational or cosmetic are benefit contract exclusions for all products of the Company.

References

Savella™ (Milnacipran) [package insert]. St. Louis, IL; Forest Pharmaceuticals Inc.; May 2010.

Savella™ (Milnacipran). In: Facts and Comparisons [online through Facts and Comparisons Online]. Indy, IN: Walter Kluwer Health Inc. Accessed October 27, 2011.

Savella™ (Milnacipran). In: Drugdex [online through Micromedex Healthcare Series]. Greenwood Village, CO: Thomson Micromedex. Accessed October 27, 2011.

Applicable Drugs

i Inclusion of a drug in this table does not imply coverage. Eligibility, benefits, limitations, exclusions, precertification/referral requirements, provider contracts, and Company policies apply.

Drug Name	Strength and/or formulation
Milnacipran (Savella)	All

Cross References

Policy version number: 3.00
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