

Policies Repository



Policy Title Milnacipran HCl (Savella™)

Policy Number 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 edits. 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. If the Medical/Pharmacy Reviewer is aware of any new information on the subject of this document, please provide it promptly to the Medical/Pharmacy Policy Department. 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.

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

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

Policy 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 Guideline Inclusion

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

- Documentation of diagnosis of fibromyalgia

Policy Guideline Exclusion

Milnacipran HCl (Savella™) is denied when the following exclusion criterion is present:

- No documentation of diagnosis of fibromyalgia

Policy List of Applicable Drugs

Brand Name	Generic Name
Savella	Milnacipran

Dosing and Administration

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

Policy 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 December 1, 2010.

Savella™ (Milnacipran). In: Drugdex [online through Micromedex Healthcare Series]. Greenwood Village, CO: Thomson Micromedex. Accessed December 1, 2010.

Policy Link to Related Policies**Printed**

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