CENTENE Corporation

PRIOR AUTHORIZATION GUIDELINE

DEPARTMENT: Pharmacy	**DOCUMENT NAME:** milnacipran (Savella®)
PAGE: 1 of 4	**REFERENCE NUMBER:** NH.PPA.15
EFFECTIVE DATE: 08/12	**REPLACES DOCUMENT:**
RETIRED:	**REVIEWED:** 3/17
PRODUCT TYPE: Medicaid	**REVISED:** 08/14, 07/15, 06/16

IMPORTANT REMINDER

This Clinical Policy has been developed by appropriately experienced and licensed health care professionals based on a thorough review and consideration of generally accepted standards of medical practice, peer-reviewed medical literature, government agency/program approval status, and other indicia of medical necessity.

The purpose of this Clinical Policy is to provide a guide to medical necessity. Benefit determinations should be based in all cases on the applicable contract provisions governing plan benefits ("Benefit Plan Contract") and applicable state and federal requirements, as well as applicable plan-level administrative policies and procedures. To the extent there are any conflicts between this Clinical Policy and the Benefit Plan Contract provisions, the Benefit Plan Contract provisions will control.

Clinical policies are intended to be reflective of current scientific research and clinical thinking. This Clinical Policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding results. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members.

Description: Savella® is a potent inhibitor of neuronal norepinephrine and serotonin reuptake. The exact mechanism of the central pain inhibitory action of milnacipran and its ability to improve the symptoms of fibromyalgia in humans are unknown.

Brand: milnacipran (Savella®): 12.5 mg, 25 mg, 50 mg, 100 mg, tablets

FDA Labeled Indications: Fibromyalgia in patients ≥ 17 years of age.

Criteria for Approval:

Fibromyalgia

A. Diagnosis consistent with fibromyalgia
B. Failure of ≥ 30 day trial of duloxetine in the past 180 days;
   OR
   Contraindication to duloxetine AND failure of ≥ 30 day trial of amitriptyline in the last 180 days, unless contraindicated
   OR

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Contraindication to amitriptyline AND failure of ≥ 30 day trial of cyclobenzaprine in the last 180 days, unless contraindicated

C. Clinically unacceptable risk with a change in therapy to a preferred drug
D. Milnacipran will not be approved for concurrent use with other SNRI and SSRI medications.
E. No concomitant use of monoamine oxidase inhibitors (MAOI) therapy OR history of MAOI therapy within the past 14 days.
F. Request does not exceed two tablets per day (max dose: 200mg/day).

Approval: Initial Approval: 12 months
Continued Approval: Approve for 12 months if documentation shows that patient has had no adverse events and has improved symptoms; **and** request does not exceed two tablets per day (max dose: 200mg/day).

Special Instructions

- Milnacipran is a selective serotonin and norepinephrine reuptake inhibitor (SNRI), and carries the same warnings on risks for suicidal behavior and ideation.
- Milnacipran should not be administered with other serotonin norepinephrine reuptake inhibitors and selective serotonin reuptake inhibitors due to the potential risk for additive adverse effects, including serotonin syndrome or neuroleptic malignant syndrome-like reactions.
- Milnacipran should be used with caution in patients with moderate renal impairment and dosing should be adjusted downward by 50% in patients with severe renal impairment (25mg bid is recommended).
- Milnacipran might diminish mental and physical capacities necessary to perform certain tasks such as operating machinery, including motor vehicles.

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- Please see prescribing information for dosing, warnings, precautions.
- Milnacipran has not been adequately studied in pediatric patients.
- Pregnancy Category C.

References:

1. Savella® prescribing information. Accessed June, 2011. http://www.frx.com/pi/Savella_pi.pdf
2. The American College of Rheumatology, Diagnostic Criteria for Fibromyalgia. http://www.rheumatology.org/practice/clinical/classification/fibromyalgia/2010_preliminary_diagnostic_criteria.pdf
3. *Journal of the American Medical Association, JAMA*. 2009; 301(2):198-209. Treatment of Fibromyalgia Syndrome With Antidepressants, January 14, 2009.
4. Arnold, LM *et al*. Gabapentin in the treatment of fibromyalgia; a randomized, double-blind, placebo-controlled multicenter trial. *Arthritis Rheum*. 2007; 56: 1336-1344. http://www.paindr.com/Gabapentin_in_the_treatment_of_fibromyalgia%5B1%5D.pdf
5. Clinical Pharmacology Milnacipran monograph. Accessed June 2012, www.clinicalpharmacology-ip.com
6. Milnacipran Monograph. Clinical Pharmacology. Accessed February 2016. http://www.clinicalpharmacology-ip.com
7. Goldenberg DL. Initial treatment of fibromyalgia in adults. Schur PL (Ed). Uptodate, Waltham MA. Accessed February 2016.

Revision Log	
Revision	**Date**
Updated criteria for trial and failure of medications prior to approval.	08/14
Added Clinically unacceptable risk with a change in therapy to a preferred drug	7/15
Changed Initial approval duration to 12 months	6/16

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Changed "Documented trial and failure of amitriptyline or duloxetine, **OR**" to "Failure of ≥ 30 day trial of duloxetine in the past 180 days; OR Contraindication to duloxetine AND failure of ≥ 30 day trial of amitriptyline in the last 180 days, unless contraindicated OR Contraindication to amitriptyline AND failure of ≥ 30 day trial of cyclobenzaprine in the last 180 days, unless contraindicated" Added appropriate screening of drug to drug interaction of MAOI therapy due to absolute contraindication with Savella therapy Added max dose (200mg/day) to initial criteria and renewal criteria Updated references to reflect current literature search	
Annual Review, No changes	03/17

POLICY AND PROCEDURE APPROVAL

Pharmacy & Therapeutics Committee: Approval on file

V.P., Pharmacy Operations: Approval on file

Sr. V.P., Chief Medical Officer: Approval on file