

DIVISION OF HEALTH CARE FINANCING AND POLICY

NEVADA MEDICAID

DRUG USE REVIEW (DUR) BOARD

PROPOSED PRIOR AUTHORIZATION CRITERIA

Generic Name: Milnacipran

Brand Name: Savella®

Medication Class: NSRI

1. Coverage and Limitations

Criteria for Approval:

Diagnosis of Fibromyalgia

1. If an ICD-9 code 729.1, Myalgia and Myositis, unspecified is documented on the prescription, OR
2. Completion of a Generic Nevada Medicaid Request for Prior Authorization documenting a diagnosis of Fibromyalgia, and/or Myalgia and Myositis, unspecified.