

**Texas Prior Authorization Program  
Clinical Criteria**

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## **Savella (Milnacipran)**

### **Clinical Criteria Information Included in this Document**

#### **Savella (Milnacipran)**

- **Drugs requiring prior authorization:** the list of drugs requiring prior authorization for this clinical criteria
- **Prior authorization criteria logic:** a description of how the prior authorization request will be evaluated against the clinical criteria rules
- **Logic diagram:** a visual depiction of the clinical criteria logic
- **Supporting tables:** a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes)
- **References:** clinical publications and sources relevant to this clinical criteria

**Note:** Click the hyperlink to navigate directly to that section.

### **Revision Notes**

Annual review by staff

Updated references



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### Drugs Requiring Prior Authorization

The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit [TxVendorDrug.com/formulary/formulary-search](https://TxVendorDrug.com/formulary/formulary-search).

Drugs Requiring Prior Authorization	
Label Name	GCN
SAVELLA 100MG TABLET	22022
SAVELLA 12.5MG TABLET	21979
SAVELLA 25MG TABLET	22008
SAVELLA 50MG TABLET	22019
SAVELLA TITRATION PACK	22025



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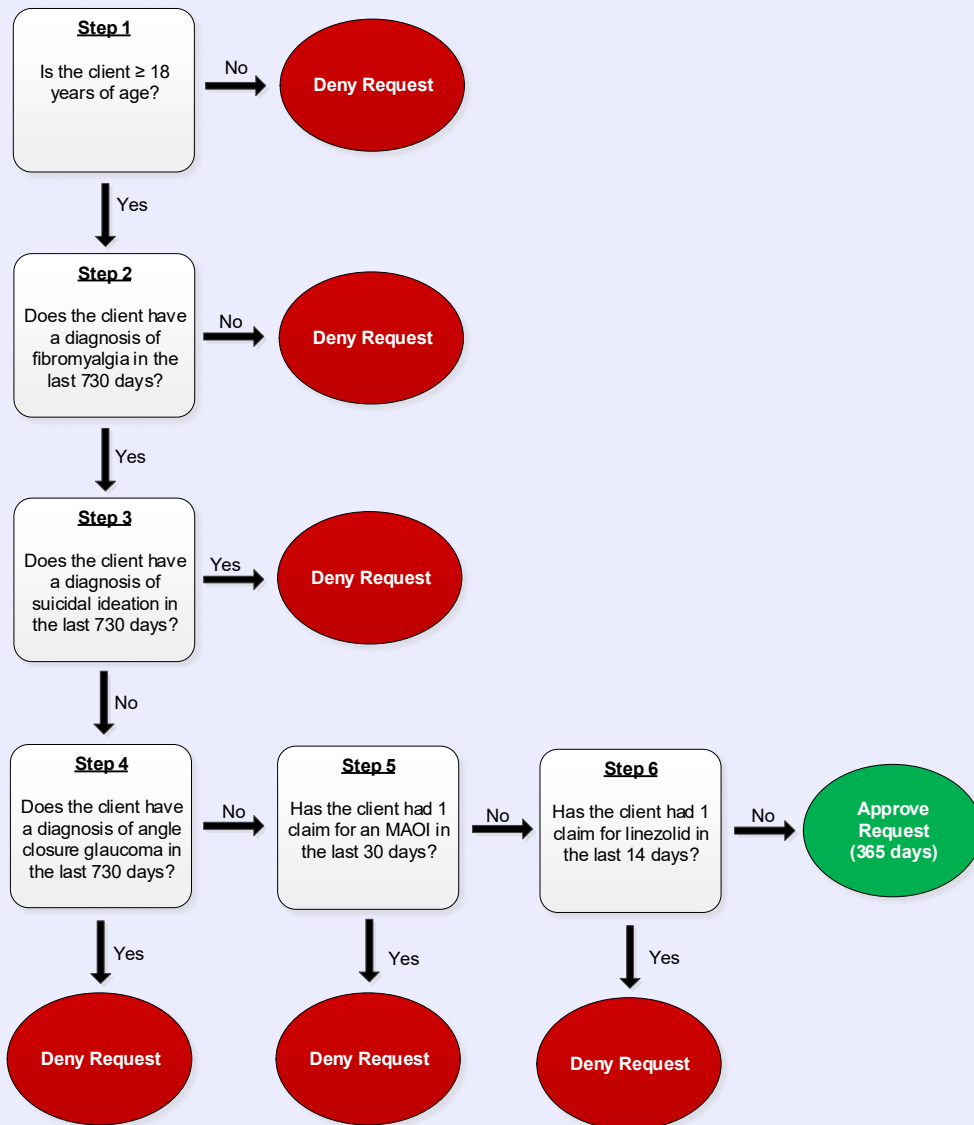
### Clinical Criteria Logic

1. Is the client greater than or equal to ( $\geq$ ) 18 years of age?  
 Yes – Go to #2  
 No – Deny
2. Does the client have a diagnosis of fibromyalgia the last 730 days?  
 Yes – Go to #3  
 No – Deny
3. Does the client have a diagnosis of suicidal ideation in the last 730 days?  
 Yes – Deny  
 No – Go to #4
4. Does the client have a diagnosis of angle closure glaucoma in the last 730 days?  
 Yes – Deny  
 No – Go to #5
5. Has the client had 1 claim for an MAOI in the last 30 days?  
 Yes – Deny  
 No – Go to #6
6. Has the client had 1 claim for linezolid in the last 14 days?  
 Yes – Deny  
 No – Approve (365 days)



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## Clinical Criteria Logic Diagram





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### Clinical Criteria Supporting Tables

<b>Step 2 (diagnosis of fibromyalgia)</b> <b>Required quantity: 1</b> <b>Look back timeframe: 730 days</b>	
ICD-10 Code	Description
M609	MYOSITIS, UNSPECIFIED
M791	MYALGIA
M797	FIBROMYALGIA

<b>Step 3 (diagnosis of suicidal ideation)</b> <b>Required quantity: 1</b> <b>Look back timeframe: 730 days</b>	
ICD-10 Code	Description
R45851	SUICIDAL IDEATIONS

<b>Step 4 (diagnosis of angle closure glaucoma)</b> <b>Required quantity: 1</b> <b>Look back timeframe: 730 days</b>	
ICD-10 Code	Description
H40061	PRIMARY ANGLE CLOSURE WITHOUT GLAUCOMA DAMAGE RIGHT EYE
H40062	PRIMARY ANGLE CLOSURE WITHOUT GLAUCOMA DAMAGE LEFT EYE
H40063	PRIMARY ANGLE CLOSURE WITHOUT GLAUCOMA DAMAGE BILATERAL
H40069	PRIMARY ANGLE CLOSURE WITHOUT GLAUCOMA DAMAGE UNSPECIFIED EYE
H4020X0	UNSPECIFIED PRIMARY ANGLE-CLOSURE GLAUCOMA, STAGE UNSPECIFIED
H4020X1	UNSPECIFIED PRIMARY ANGLE-CLOSURE GLAUCOMA, MILD STAGE
H4020X2	UNSPECIFIED PRIMARY ANGLE-CLOSURE GLAUCOMA, MODERATE STAGE
H4020X3	UNSPECIFIED PRIMARY ANGLE-CLOSURE GLAUCOMA, SEVERE STAGE
H4020X4	UNSPECIFIED PRIMARY ANGLE-CLOSURE GLAUCOMA, INDETERMINATE STAGE
H40211	ACUTE ANGLE-CLOSURE GLAUCOMA RIGHT EYE
H40212	ACUTE ANGLE-CLOSURE GLAUCOMA LEFT EYE

<b>Step 4 (diagnosis of angle closure glaucoma)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 730 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
H40213	ACUTE ANGLE-CLOSURE GLAUCOMA BILATERAL
H40219	ACUTE ANGLE-CLOSURE GLAUCOMA UNSPECIFIED EYE
H402290	CHRONIC ANGLE-CLOSURE GLAUCOMA, UNSPECIFIED EYE, STAGE UNSPECIFIED
H402210	CHRONIC ANGLE-CLOSURE GLAUCOMA, RIGHT EYE STAGE UNSPECIFIED
H402211	CHRONIC ANGLE-CLOSURE GLAUCOMA, RIGHT EYE MILD STAGE
H402212	CHRONIC ANGLE-CLOSURE GLAUCOMA, RIGHT EYE MODERATE STAGE
H402213	CHRONIC ANGLE-CLOSURE GLAUCOMA, RIGHT EYE SEVERE STAGE
H402214	CHRONIC ANGLE-CLOSURE GLAUCOMA, RIGHT EYE INDETERMINATE STAGE
H402220	CHRONIC ANGLE-CLOSURE GLAUCOMA, LEFT EYE STAGE UNSPECIFIED
H402221	CHRONIC ANGLE-CLOSURE GLAUCOMA, LEFT EYE MILD STAGE
H402222	CHRONIC ANGLE-CLOSURE GLAUCOMA, LEFT EYE MODERATE STAGE
H402223	CHRONIC ANGLE-CLOSURE GLAUCOMA, LEFT EYE SEVERE STAGE
H402224	CHRONIC ANGLE-CLOSURE GLAUCOMA, LEFT EYE INDETERMINATE STAGE
H402230	CHRONIC ANGLE-CLOSURE GLAUCOMA, BILATERAL STAGE UNSPECIFIED
H402231	CHRONIC ANGLE-CLOSURE GLAUCOMA, BILATERAL MILD STAGE
H402232	CHRONIC ANGLE-CLOSURE GLAUCOMA, BILATERAL MODERATE STAGE
H402233	CHRONIC ANGLE-CLOSURE GLAUCOMA, BILATERAL SEVERE STAGE
H402234	CHRONIC ANGLE-CLOSURE GLAUCOMA, BILATERAL INDETERMINATE STAGE
H402290	CHRONIC ANGLE-CLOSURE GLAUCOMA, UNSPECIFIED EYE STAGE UNSPECIFIED
H402291	CHRONIC ANGLE-CLOSURE GLAUCOMA, UNSPECIFIED EYE MILD STAGE
H402292	CHRONIC ANGLE-CLOSURE GLAUCOMA, UNSPECIFIED EYE MODERATE STAGE
H402293	CHRONIC ANGLE-CLOSURE GLAUCOMA, UNSPECIFIED EYE SEVERE STAGE
H402294	CHRONIC ANGLE-CLOSURE GLAUCOMA, UNSPECIFIED EYE INDETERMINATE STAGE
H40231	INTERMITTENT ANGLE-CLOSURE GLAUCOMA RIGHT EYE
H40232	INTERMITTENT ANGLE-CLOSURE GLAUCOMA LEFT EYE
H40233	INTERMITTENT ANGLE-CLOSURE GLAUCOMA BILATERAL
H40239	INTERMITTENT ANGLE-CLOSURE GLAUCOMA UNSPECIFIED EYE
H40241	RESIDUAL STAGE OF ANGLE-CLOSURE GLAUCOMA RIGHT EYE
H40242	RESIDUAL STAGE OF ANGLE-CLOSURE GLAUCOMA LEFT EYE
H40243	RESIDUAL STAGE OF ANGLE-CLOSURE GLAUCOMA BILATERAL

<b>Step 4 (diagnosis of angle closure glaucoma)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 730 days</b>	
<b>ICD-10 Code</b>	<b>Description</b>
H40249	RESIDUAL STAGE OF ANGLE-CLOSURE GLAUCOMA UNSPECIFIED EYE

<b>Step 5 (1 claim for an MAOI)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 30 days</b>	
<b>Description</b>	<b>GCN</b>
AZILECT 0.5MG TABLET	27081
AZILECT 1MG TABLET	24654
EMSAM 6MG/24 HOURS PATCH	26612
EMSAM 12MG/24 HOURS PATCH	26614
MARPLAN 10MG TABLET	16416
NARDIL 15MG TABLET	16417
PARNATE 10MG TABLET	16418
PHENELZINE SULFATE 15MG TABLET	16417
SELEGILINE HCL 5MG CAPSULE	15603
SELEGILINE HCL 5MG TABLET	15600
TRANLYCYPROMINE SULF 10MG TABLET	16418
ZELAPAR 1.25MG ODT TABLET	22783

<b>Step 6 (1 claim for linezolid)</b>	
<b>Required quantity: 1</b>	
<b>Look back timeframe: 14 days</b>	
<b>Description</b>	<b>GCN</b>
ZYVOX 100MG/5ML SUSPENSION	26871
ZYVOX 600MG TABLET	26870
ZYVOX 600MG/300ML IV SOLUTION	26873



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### Clinical Criteria References

1. 2015 ICD-10-CM Diagnosis Codes, Volume 1. 2015. Available at [www.icd10data.com](http://www.icd10data.com). Accessed on September 20, 2021.
2. Bril V, England J, Franklin GM, et al. Evidence-based guideline: treatment of painful diabetic neuropathy. Report of the American Academy of Neurology, the American Association of Neuromuscular and Electrodiagnostic Medicine and the American Academy of Physical Medicine and Rehabilitation. *Neurology*. 2011 May 17;76(20):1758-65.
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7. Goldenberg DL. (2023). Treatment of fibromyalgia in adults not responsive to initial therapies. Post TW (Ed.), UpToDate.



## Publication History

The Publication History records the publication iterations and revisions to this document. Notes for the *most current revision* are also provided in the **Revision Notes** on the first page of this document.

Publication Date	Notes
10/22/2015	Presented to the DUR Board
11/30/2015	Updated age criteria to $\geq 18$ years in question 1 of the clinical edit criteria logic and logic diagram
03/29/2019	Updated to include formulary statement (The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit <a href="http://TxVendorDrug.com/formulary/formulary-search">TxVendorDrug.com/formulary/formulary-search</a> .) on each 'Drug Requiring PA' table
11/11/2021	Annual review by staff Removed check for pregnancy in criteria logic Updated references
02/16/2024	Annual review by staff Updated references