Montana Healthcare Programs
Drug Prior Authorization Coverage Criteria

Savella™ (milnacipran)

**Review Criteria**

Member must meet all the following criteria specific for diagnosis:

- Subject to Preferred Drug List
- Member must be at least 18 years of age
- Member must have a diagnosis of fibromyalgia
- Member cannot take in combination with duloxetine

**Limitations:**

- Maximum daily dose is 200mg per day