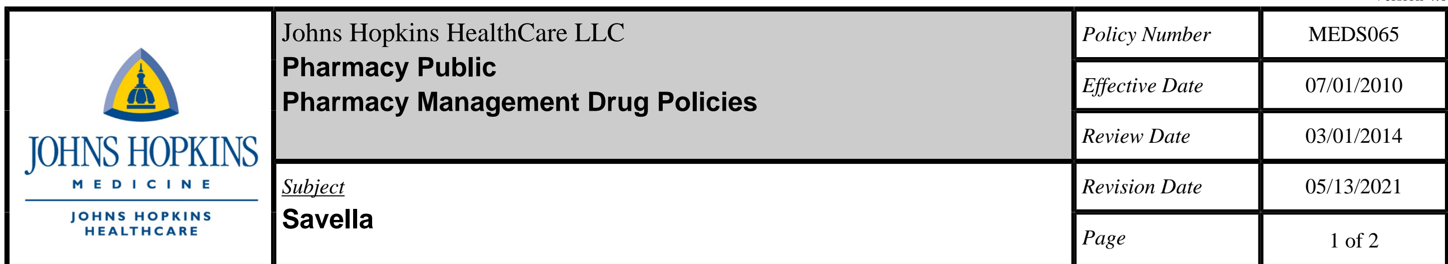

Johns Hopkins HealthCare LLC **Pharmacy Public** **Pharmacy Management Drug Policies**	*Policy Number*	MEDS065
	Effective Date	07/01/2010
	Review Date	03/01/2014
Subject **Savella**	*Revision Date*	05/13/2021
	Page	1 of 2

This document applies to the following Participating Organizations:

Priority Partners

Keywords: savella

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I. POLICY

A. Savella will require prior authorization to ensure appropriate use. The process for initiating a prior authorization request can be found in policy PHARM 20.
   1. PPMCO members are subject to the Priority Partners formulary, available at www.ppmco.org.
   2. USFHP members are subject to prior authorization criteria, step-edits and days-supply limits outlined in the Tricare Policy Manual. Tricare Policy supersedes JHHC Medical/Pharmacy Policies. Tricare limits may be accessed at: http://pec.ha.osd.mil/formulary_search.php?submenuheader=1

II. POLICY CRITERIA

A. Savella may be approved patients meeting the following:
   1. Patient is 18 years of age or older
   2. Documentation that the patient has clinically diagnosed fibromyalgia

III. AUTHORIZATION PERIOD/LIMITATIONS

A. Initial approval will be restricted to 6 months of therapy.

B. Approval for continuation of therapy can be extended in 12-month intervals with documentation showing the patient has had a beneficial response to treatment.

IV. EXCLUSIONS

A. Savella will not be approved for the following:
   1. Pediatric patients
   2. Treatment of depression
   3. Any indications or uses that are not FDA-approved, or guideline-supported

B. The use of physician samples, or manufacturer product discounts, does not guarantee coverage under the provisions of the medical and/or pharmacy benefit. All pertinent criteria must be met in order to be eligible for benefit coverage.

V. REFERENCES

A. Savella [Prescribing information}. Irvine, CA: Allergan USA, Inc.; December 2016.

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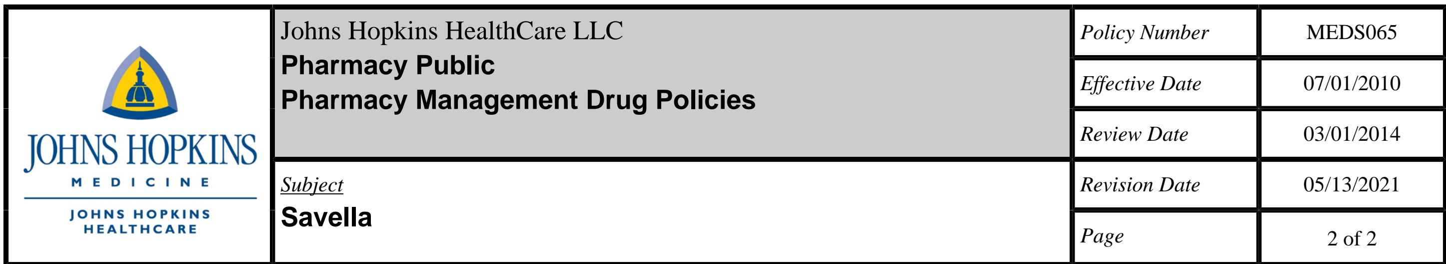

VI. APPROVALS

Signature on file at JHHC

DATE OF REVISION	SUMMARY OF CHANGE
04/20/2016	Removed background information/dosages and sources, removed process of initiation of request
07/27/2017	Updated Exclusions section regarding physician samples
07/01/2018	Removed EHP Line of Business
10/27/2020	Clarified initial and continuation of therapy criteria
05/13/2021	Updated authorization guidance

Review/Revision Dates: 07/09/2010, 03/01/2014, 04/20/2016, 07/27/2017, 07/01/2018, 10/27/2020, 05/13/2021

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