

Clinical Pharmacy Program Guidelines for SAVELLA[®]

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| Program | Prior Authorization |
| Medication | SAVELLA |

1. Background:

Drugs Requiring Prior Authorization

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| SAVELLA 100MG TABLET |
| SAVELLA 12.5MG TABLET |
| SAVELLA 25MG TABLET |
| SAVELLA 50MG TABLET |
| SAVELLA TITRATION PACK |

2. Coverage Criteria:

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| <p>A. <u>Authorization Criteria</u></p> <p>1. The patient is at least 18 years of age.</p> <p align="center">AND</p> <p>2. The patient has a diagnosis of fibromyalgia.</p> <p>Authorization will be issued for 365 days.</p> |
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| Program | Program type – Prior Authorization |
| Change Control | |
| Date | Change |
| August 1, 2016 | New program |