



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name: Savella

Page: 1 of 2

Effective Date: 5/23/2025

Last Review Date: 5/2025

Applies to:	<input type="checkbox"/> Illinois	<input type="checkbox"/> Florida	<input type="checkbox"/> Michigan
	<input checked="" type="checkbox"/> New Jersey	<input type="checkbox"/> Maryland	<input checked="" type="checkbox"/> Florida Kids
	<input checked="" type="checkbox"/> Pennsylvania Kids	<input checked="" type="checkbox"/> Virginia	<input type="checkbox"/> Kentucky PRMD

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Savella under the patient's prescription drug benefit.

Description:

FDA-approved Indications

Savella is indicated for the management of fibromyalgia.

Savella is not approved for use in pediatric patients.

Drug List:

Savella

Policy/Guideline:

Coverage Criteria

Fibromyalgia

Authorization may be granted when the requested drug is being prescribed for the management of fibromyalgia when ALL of the following criteria are met:


- The patient is 18 years of age or older
- The patient meets ONE of the following:
 - The patient has experienced an inadequate treatment response to duloxetine OR pregabalin
 - The patient has experienced an intolerance to duloxetine OR pregabalin
 - The patient has a contraindication that would prohibit a trial of ALL of the following: duloxetine, pregabalin

Continuation of Therapy

Fibromyalgia

Authorization may be granted when the requested drug is being prescribed for the management of fibromyalgia when ALL of the following criteria are met:

- The patient is 18 years of age or older
- The patient has achieved or maintained a positive clinical response to the requested drug (e.g., improvement in pain)

	
AETNA BETTER HEALTH® Coverage Policy/Guideline	
Name: Savella	Page: 2 of 2
Effective Date: 5/23/2025	Last Review Date: 5/2025
Applies to: <div> <input type="checkbox"/> Illinois <input type="checkbox"/> Florida <input type="checkbox"/> Michigan </div> <div> <input checked="" type="checkbox"/> New Jersey <input type="checkbox"/> Maryland <input checked="" type="checkbox"/> Florida Kids </div> <div> <input checked="" type="checkbox"/> Pennsylvania Kids <input checked="" type="checkbox"/> Virginia <input type="checkbox"/> Kentucky PRMD </div>	

Approval Duration and Quantity Restrictions:

Initial and Renewal Approval:

- Initial approval: 6 months
- Renewals: 12 months

Quantity Level Limits: Reference formulary for specific quantity limits.

References:

1. Savella [package insert]. North Chicago, IL: AbbVie Inc.; December 2023.
2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Waltham, MA: UpToDate, Inc.; 2024. <https://online.lexi.com>. Accessed April 18, 2024.
3. Micromedex® (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: <https://www.micromedexsolutions.com/> (cited: 04/18/2024).
4. Winslow BT; Vandal C; Dang, L. Fibromyalgia: Diagnosis and Management. American Family Physician. February 2023; 107(2): 137-144