

New Hampshire Medicaid Fee-for-Service Program Fibromyalgia Criteria

Approval Date: July 12, 2022

Medications

Brand Name	Generic Name	Dosage Strengths
Savella®	milnacipran	12.5 mg, 25 mg, 50 mg, 100 mg tablets, 4-week titration pack

For requests for duloxetine use the Duloxetine criteria

For requests for pregabalin (Lyrica® and Lyrica® CR) use the Pregabalin criteria

Criteria for Approval

1. Diagnosis of fibromyalgia; **AND**
2. Physical fitness intervention (e.g., physical therapy, exercise); **AND**
3. Trial and failure of, or contraindication to, treatment with one of the following two:
 - a. Amitriptyline 50 mg daily; **OR**
 - b. Cyclobenzaprine 30 mg daily; **AND**
4. No concurrent therapy of duloxetine or pregabalin beyond 30 days.

Criteria for Denial

1. Criteria for approval not met.

Length of Authorization: One year

Criteria for Denial

1. Criteria for approval not met.

References

Available upon request.

Revision History

Reviewed by	Reason for Review	Date
Pharmacy & Therapeutic Committee	Update	09/05/2006
Commissioner	Approval	09/29/2006
Pharmacy & Therapeutic Committee	Update	11/06/2008
Commissioner	Approval	12/01/2008
DUR Board	Revision	03/22/2010
Commissioner	Approval	04/30/2010
DUR Board	Revision	06/22/2010
Commissioner	Approval	08/03/2010
DUR Board	Revision	10/19/2011
Commissioner	Approval	04/12/2012
DUR Board	Revision	10/11/2016
Commissioner	Approval	11/22/2016
DUR Board	Revision	09/27/2018
Commissioner Designee	Approval	11/27/2018
DUR Board	Revision	10/28/2019
Commissioner Designee	Approval	12/03/2019
DUR Board	Revision	12/15/2020
Commissioner Designee	Approval	02/24/2021
DUR Board	Revision	06/02/2022
Commissioner Designee	Approval	07/12/2022