



AETNA BETTER HEALTH®  
Coverage Policy/Guideline

Name: Milnacipran

Page: 1 of 2

Effective Date: 6/1/2026

Last Review Date: 5/2026

Applies to:	<input type="checkbox"/> Illinois	<input type="checkbox"/> Florida	<input checked="" type="checkbox"/> Florida Kids
	<input checked="" type="checkbox"/> New Jersey	<input type="checkbox"/> Maryland	<input type="checkbox"/> Michigan
	<input checked="" type="checkbox"/> Pennsylvania Kids	<input 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 milnacipran under the patient's prescription drug benefit.

### Description:

#### FDA-approved Indications

Milnacipran is indicated for the management of fibromyalgia.  
Milnacipran is not approved for use in pediatric patients.

### Drug List:

Milnacipran

### 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)

### Approval Duration and Quantity Restrictions:

#### Initial and Renewal Approval:

- Initial approval: 6 months
- Renewals: 12 months



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**Quantity Level Limits:** Reference formulary for specific quantity limits.

**References:**

1. Savella [package insert]. North Chicago, IL: AbbVie Inc; May 2024.
2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Waltham, MA: UpToDate, Inc.; 2025. <https://online.lexi.com>. Accessed March 25, 2025.
3. Micromedex® (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: <https://www.micromedexsolutions.com/> (cited: 03/25/2025).