

Texas Prior Authorization Program
Clinical Criteria

Drug/Drug Class

Savella (Milnacipran)

Clinical Criteria Information included in this Document

- [Drugs requiring prior authorization](#): the list of drugs requiring prior authorization for this clinical criteria
- [Prior authorization criteria logic](#): a description of how the prior authorization request will be evaluated against the clinical criteria rules
- [Logic diagram](#): a visual depiction of the clinical criteria logic
- [Supporting tables](#): a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes); provided when applicable
- [References](#): clinical publications and sources relevant to this clinical criteria

Note: Click the hyperlink to navigate directly to that section.

Revision Notes

Annual review by staff

Added GCNs for Emsam (26613) and Xadago (40007, 40008) to the MAOI supporting table

Updated references

**Savella (Milnacipran)****Drugs Requiring Prior Authorization**

The listed GCNs may not be an indication of Texas Medicaid Formulary coverage. To learn the current formulary coverage, visit txvendordrug.com/searches/formulary-drug-search.

Drugs Requiring Prior Authorization	
Label Name	GCN
SAVELLA 12.5MG TABLET	21979
SAVELLA 25MG TABLET	22008
SAVELLA 50MG TABLET	22019
SAVELLA 100MG TABLET	22022
SAVELLA TITRATION PACK	22025

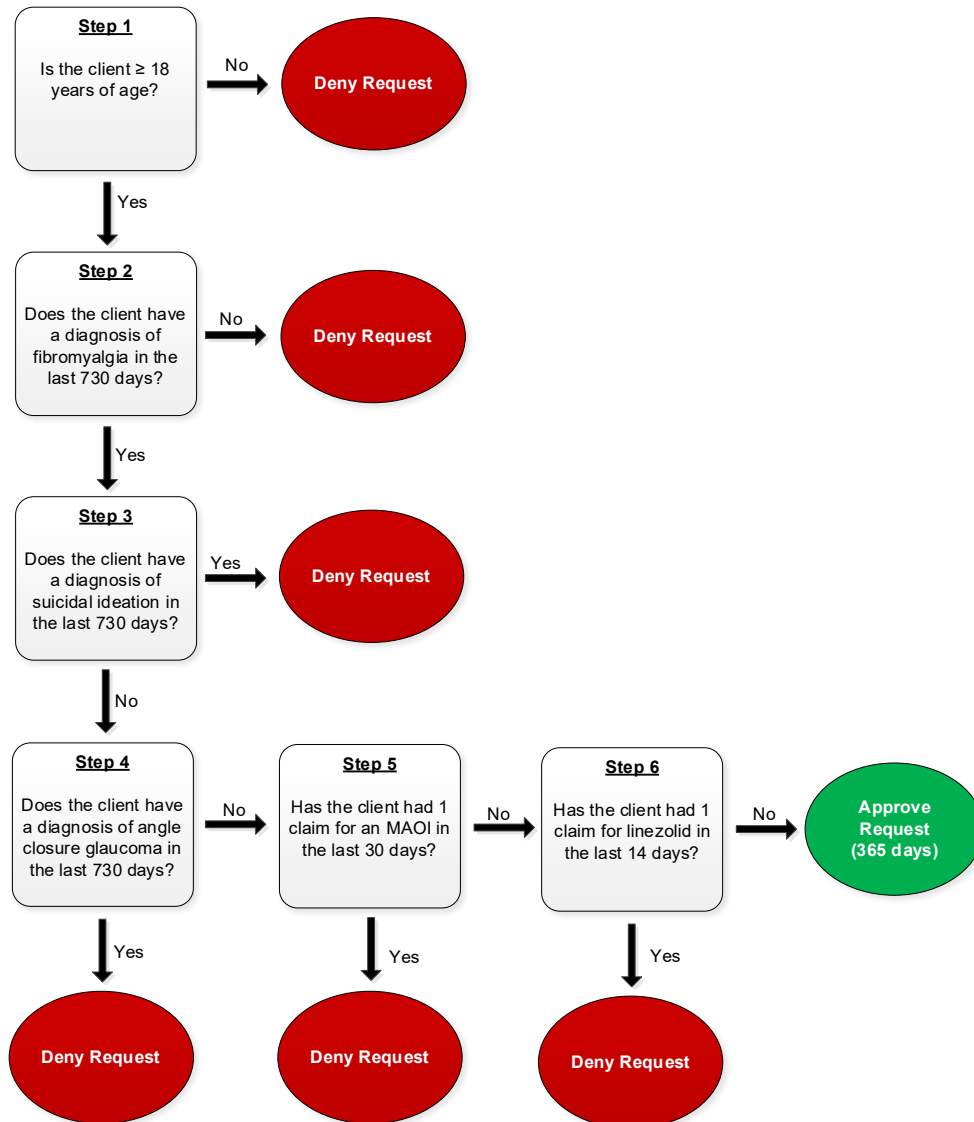
**Savella (Milnacipran)****Clinical Criteria Logic**

1. Is the client greater than or equal to (\geq) 18 years of age?
☐ Yes – Go to #2
☐ No – Deny
2. Does the client have a [diagnosis of fibromyalgia](#) the last 730 days?
☐ Yes – Go to #3
☐ No – Deny
3. Does the client have a [diagnosis of suicidal ideation](#) in the last 730 days?
☐ Yes – Deny
☐ No – Go to #4
4. Does the client have a [diagnosis of angle closure glaucoma](#) in the last 730 days?
☐ Yes – Deny
☐ No – Go to #5
5. Has the client had 1 claim for a [monoamine oxidase inhibitor \(MAOI\)](#) in the last 30 days?
☐ Yes – Deny
☐ No – Go to #6
6. Has the client had 1 claim for [linezolid](#) in the last 14 days?
☐ Yes – Deny
☐ No – Approve (365 days)



Savella (Milnacipran)

Clinical Criteria Logic Diagram





Savella (Milnacipran)

Clinical Criteria Supporting Tables

Table 2 (diagnosis of fibromyalgia) Required quantity: 1 Look back timeframe: 730 days	
ICD-10 Code	Description
M609	MYOSITIS, UNSPECIFIED
M791	MYALGIA
M797	FIBROMYALGIA

Table 3 (diagnosis of suicidal ideation) Required quantity: 1 Look back timeframe: 730 days	
ICD-10 Code	Description
R45851	SUICIDAL IDEATIONS

Table 4 (diagnosis of angle closure glaucoma) Required quantity: 1 Look back timeframe: 730 days	
ICD-10 Code	Description
H40061	PRIMARY ANGLE CLOSURE WITHOUT GLAUCOMA DAMAGE RIGHT EYE
H40062	PRIMARY ANGLE CLOSURE WITHOUT GLAUCOMA DAMAGE LEFT EYE
H40063	PRIMARY ANGLE CLOSURE WITHOUT GLAUCOMA DAMAGE BILATERAL
H40069	PRIMARY ANGLE CLOSURE WITHOUT GLAUCOMA DAMAGE UNSPECIFIED EYE
H4020X0	UNSPECIFIED PRIMARY ANGLE-CLOSURE GLAUCOMA, STAGE UNSPECIFIED
H4020X1	UNSPECIFIED PRIMARY ANGLE-CLOSURE GLAUCOMA, MILD STAGE

Table 4 (diagnosis of angle closure glaucoma)**Required quantity: 1****Look back timeframe: 730 days**

ICD-10 Code	Description
H4020X2	UNSPECIFIED PRIMARY ANGLE-CLOSURE GLAUCOMA, MODERATE STAGE
H4020X3	UNSPECIFIED PRIMARY ANGLE-CLOSURE GLAUCOMA, SEVERE STAGE
H4020X4	UNSPECIFIED PRIMARY ANGLE-CLOSURE GLAUCOMA, INDETERMINATE STAGE
H40211	ACUTE ANGLE-CLOSURE GLAUCOMA RIGHT EYE
H40212	ACUTE ANGLE-CLOSURE GLAUCOMA LEFT EYE
H40213	ACUTE ANGLE-CLOSURE GLAUCOMA BILATERAL
H40219	ACUTE ANGLE-CLOSURE GLAUCOMA UNSPECIFIED EYE
H402290	CHRONIC ANGLE-CLOSURE GLAUCOMA, UNSPECIFIED EYE, STAGE UNSPECIFIED
H402210	CHRONIC ANGLE-CLOSURE GLAUCOMA, RIGHT EYE STAGE UNSPECIFIED
H402211	CHRONIC ANGLE-CLOSURE GLAUCOMA, RIGHT EYE MILD STAGE
H402212	CHRONIC ANGLE-CLOSURE GLAUCOMA, RIGHT EYE MODERATE STAGE
H402213	CHRONIC ANGLE-CLOSURE GLAUCOMA, RIGHT EYE SEVERE STAGE
H402214	CHRONIC ANGLE-CLOSURE GLAUCOMA, RIGHT EYE INDETERMINATE STAGE
H402220	CHRONIC ANGLE-CLOSURE GLAUCOMA, LEFT EYE STAGE UNSPECIFIED
H402221	CHRONIC ANGLE-CLOSURE GLAUCOMA, LEFT EYE MILD STAGE
H402222	CHRONIC ANGLE-CLOSURE GLAUCOMA, LEFT EYE MODERATE STAGE
H402223	CHRONIC ANGLE-CLOSURE GLAUCOMA, LEFT EYE SEVERE STAGE
H402224	CHRONIC ANGLE-CLOSURE GLAUCOMA, LEFT EYE INDETERMINATE STAGE
H402230	CHRONIC ANGLE-CLOSURE GLAUCOMA, BILATERAL STAGE UNSPECIFIED
H402231	CHRONIC ANGLE-CLOSURE GLAUCOMA, BILATERAL MILD STAGE
H402232	CHRONIC ANGLE-CLOSURE GLAUCOMA, BILATERAL MODERATE STAGE
H402233	CHRONIC ANGLE-CLOSURE GLAUCOMA, BILATERAL SEVERE STAGE

Table 4 (diagnosis of angle closure glaucoma) Required quantity: 1 Look back timeframe: 730 days	
ICD-10 Code	Description
H402234	CHRONIC ANGLE-CLOSURE GLAUCOMA, BILATERAL INDETERMINATE STAGE
H402290	CHRONIC ANGLE-CLOSURE GLAUCOMA, UNSPECIFIED EYE STAGE UNSPECIFIED
H402291	CHRONIC ANGLE-CLOSURE GLAUCOMA, UNSPECIFIED EYE MILD STAGE
H402292	CHRONIC ANGLE-CLOSURE GLAUCOMA, UNSPECIFIED EYE MODERATE STAGE
H402293	CHRONIC ANGLE-CLOSURE GLAUCOMA, UNSPECIFIED EYE SEVERE STAGE
H402294	CHRONIC ANGLE-CLOSURE GLAUCOMA, UNSPECIFIED EYE INDETERMINATE STAGE
H40231	INTERMITTENT ANGLE-CLOSURE GLAUCOMA RIGHT EYE
H40232	INTERMITTENT ANGLE-CLOSURE GLAUCOMA LEFT EYE
H40233	INTERMITTENT ANGLE-CLOSURE GLAUCOMA BILATERAL
H40239	INTERMITTENT ANGLE-CLOSURE GLAUCOMA UNSPECIFIED EYE
H40241	RESIDUAL STAGE OF ANGLE-CLOSURE GLAUCOMA RIGHT EYE
H40242	RESIDUAL STAGE OF ANGLE-CLOSURE GLAUCOMA LEFT EYE
H40243	RESIDUAL STAGE OF ANGLE-CLOSURE GLAUCOMA BILATERAL
H40249	RESIDUAL STAGE OF ANGLE-CLOSURE GLAUCOMA UNSPECIFIED EYE

Table 5 (1 claim for an MAOI) Required quantity: 1 Look back timeframe: 30 days	
Description	GCN
AZILECT 0.5MG TABLET	27081
AZILECT 1MG TABLET	24654
EMSAM 6MG/24 HOURS PATCH	26612

Table 5 (1 claim for an MAOI) Required quantity: 1 Look back timeframe: 30 days	
Description	GCN
EMSAM 9 MG/24 HOURS PATCH	26613
EMSAM 12MG/24 HOURS PATCH	26614
MARPLAN 10MG TABLET	16416
NARDIL 15MG TABLET	16417
PARNATE 10MG TABLET	16418
PHENELZINE SULFATE 15MG TABLET	16417
RASAGILINE MESYLATE 0.5 MG TAB	27081
RASAGILINE MESYLATE 1 MG TAB	24654
SELEGILINE HCL 5MG CAPSULE	15603
SELEGILINE HCL 5MG TABLET	15600
TRANLYCYPROMINE SULF 10MG TABLET	16418
XADAGO 50 MG TABLET	40007
XADAGO 100 MG TABLET	40008
ZELAPAR 1.25MG ODT TABLET	22783

Table 6 (1 claim for linezolid) Required quantity: 1 Look back timeframe: 14 days	
Description	GCN
LINEZOLID 100MG/5ML SUSP	26871
LINEZOLID 600MG TABLET	26870
LINEZOLID 600MG/300ML IV SOLN	26873
ZYVOX 100MG/5ML SUSPENSION	26871

Table 6 (1 claim for linezolid) Required quantity: 1 Look back timeframe: 14 days	
Description	GCN
ZYVOX 600MG TABLET	26870
ZYVOX 600MG/300ML IV SOLUTION	26873

**Savella (Milnacipran)****Clinical Criteria References**

1. 2025 ICD-10-CM Diagnosis Codes, Volume 1. 2025. Available at www.icd10data.com. Accessed on July 16, 2025.
2. Clinical Pharmacology [online database]. Tampa, FL: Elsevier/Gold Standard, Inc.; 2025. Available at www.clinicalpharmacology.com. Accessed on July 16, 2025.
3. Micromedex [online database]. Available at www.micromedexsolutions.com. Accessed on July 16, 2025.
4. Savella Prescribing Information. North Chicago, IL. AbbVie Inc. September 2025.
5. Goldenberg DL. (2025). Fibromyalgia: Treatment in adults. Post TW (Ed.), UpToDate.



Savella (Milnacipran)

Publication History

The Publication History records the publication iterations and revisions to this document. Notes for the *most current revision* are also provided in the [Revision Notes](#) on the first page of this document.

Publication Date	Notes
10/22/2015	<ul style="list-style-type: none"> Presented to the DUR Board
11/30/2015	<ul style="list-style-type: none"> Updated age criteria to ≥ 18 years in question 1 of the clinical edit criteria logic and logic diagram
03/29/2019	<ul style="list-style-type: none"> Updated to include formulary statement (The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.) on each 'Drug Requiring PA' table
11/11/2021	<ul style="list-style-type: none"> Annual review by staff Removed check for pregnancy in criteria logic Updated references
02/16/2024	<ul style="list-style-type: none"> Annual review by staff Updated references
01/17/2025	<ul style="list-style-type: none"> Annual review by staff Added GCNs for rasagiline (27081, 24654) to the MAOI supporting table Added GCNs for linezolid (26871, 26870, 26873) to the linezolid supporting table Updated references
08/29/2025	<ul style="list-style-type: none"> Annual review by staff Added GCNs for Emsam (26613) and Xadago (40007, 40008) to the MAOI supporting table Updated references