

May 6, 2009

# Montana Healthcare Programs Notice

## Pharmacy, Physician, Mid-Level Practitioner

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### Prior Authorization for Savella®

Effective immediately, prior authorization will be required for the following medication:

Savella® (milnacipran HCl) is a prescription medicine recently approved by the Food and Drug Administration (FDA) for the management of fibromyalgia. The following criteria must be met to allow payment of Savella®:

#### Criteria

- Patient must be 18 years or older.
- Patient must have a diagnosis of fibromyalgia.

#### Limitations

- Coverage will only be allowed for twice daily dosing.
- Maximum dose authorized will be 100mg/twice daily.

The prescriber (physician, etc.) or pharmacy may submit requests by mail, telephone, or fax to:

Drug Prior Authorization Unit  
Mountain Pacific Quality Health Foundation  
3404 Cooney Drive  
Helena, MT 59602  
(406) 443-6002 or (800) 395-7961 (Phone)  
(406) 443-7014 or (800) 294-1350 (Fax)

Any questions regarding this notice can be directed to Wendy Blackwood at (406) 444-2738 or the Medicaid Drug Prior Authorization Unit at (406) 443-6002.

### Contact Information

For claims questions or additional information, contact Provider Relations:

**Provider Relations toll-free in- and out-of-state: 1-800-624-3958**

**Helena: (406) 442-1837**

**E-mail: [MTPRHelpdesk@ACS-inc.com](mailto:MTPRHelpdesk@ACS-inc.com)**

Visit the Provider Information website:

**<http://www.mtmedicaid.org>**