

Milnacipran

Goal(s):

- Provide coverage only for funded diagnoses that are supported by the medical literature.

Length of Authorization:

- 90 days

Requires PA:

- Milnacipran

Covered Alternatives

- Current PMPDP preferred drug list per OAR 410-121-0030 at www.orpdl.org
- Searchable site for Oregon FFS Drug Class listed at www.orpdl.org/drugs/

Approval Criteria		
1. What diagnosis is being treated?	Record ICD10 code	
2. Is the diagnosis an OHP-funded diagnosis with evidence supporting its use in that condition (see Table 1 below for examples)?	Yes: Approve for 90 days	No: Go to #3. Pass to RPh.
3. Pass to RPh. The prescriber must provide documentation of therapeutic failure, adverse event, or contraindication alternative drugs approved by FDA for the funded condition. The prescriber must provide medical literature supporting use for the funded condition. RPh may use clinical judgement to approve drug for up to 6 months or deny request based on documentation provided by prescriber.		

Table 1. OHP Funded or Non-Funded Diagnosis and Evidence Supports Drug Use in Specific Indication

Condition	Milnacipran
Funded	
Diabetic Neuropathy	
Postherpetic Neuropathy	
Painful Polyneuropathy	
Spinal Cord Injury Pain	
Chemotherapy Induced Neuropathy	
Non-funded	
Fibromyalgia	X