

Milnacipran

Goal(s):

- Restrict use to OHP-funded and evidence-supported diagnoses.

Length of Authorization:

- Up to 12 months

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 request for renewal of previously approved milnacipran therapy?	Yes: Go to Renewal Criteria	No: Go to #3
3. Is the diagnosis an OHP-funded diagnosis (see Table 1 below)?	Yes: Go to #4	No: If not eligible for EPSDT review: Pass to RPh. Deny; not funded. If eligible for EPSDT review: Go to #4
4. Is this an FDA approved or evidence-supported indication and age (see Table 1 below)?	Yes: Go to #5	No: Pass to RPh. Deny; medical appropriateness
5. Has the patient had an inadequate response (i.e., appropriate dose and duration of at least 6-8 weeks) and/or intolerance/contraindication to 2 preferred treatments?	Yes: Approve for up to 12 months	No: Pass to RPh. Deny; medical appropriateness. Recommend a trial of amitriptyline or duloxetine

Renewal Criteria

1. Is there provider attestation of a reduction or stabilization in pain symptoms related to fibromyalgia since starting milnacipran?

Yes: Approve for up to 12 months

No: Pass to RPh. Deny; medical appropriateness. Recommend alternative therapy for pain control.

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	≥18 years

P&T Review: 2/26 (KS); 7/18 (DM); 3/17
Implementation: 4/1/17