

**Medicare Part D – 2016****Prior Authorization Group Description:**

SAVELLA

**Covered Uses:**

All FDA-approved indications not otherwise excluded from Part D.

**Exclusion Criteria:**

Use of monoamine oxidase inhibitors concomitantly or in close temporal proximity.

**Required Medical Information:****Age Restrictions:****Prescriber Restrictions:****Coverage Duration:**

Length of Benefit.

**Other Criteria:**

Failure or clinically significant adverse effects to duloxetine or Lyrica.