

| Market Applicability | | | | | | | |
|----------------------|----|----|----|----|----|----|----|
| Market | DC | GA | KY | MD | NJ | NY | WA |
| Applicable | X | X | X | X | X | X | X |

Reyvow (lasmiditan)

| Override(s) | Approval Duration |
|---------------------------------------|-------------------|
| Prior Authorization Quantity Limit | 1 year |

| Medications | Quantity Limit |
|------------------------------------|------------------------|
| Reyvow (lasmiditan) 50 mg tablets | 4 tablets per 30 days* |
| Reyvow (lasmiditan) 100 mg tablets | 8 tablets per 30 days* |

*For approval of up to a maximum of 8 – 50 mg tablets or 16 – 100 mg tablets per 30 days per rolling 30 days, the individual must meet the following criteria:

- I. Individual has a diagnosis of migraine headaches; **AND**
- II. Individual has had a previous trial and an inadequate response to **one** of the following daily preventive therapies (AAN/AHA 2012/2015, ICSI 2013):
 - A. A tricyclic antidepressant [such as but not limited to amitriptyline, doxepin]; **OR**
 - B. A beta blocker [such as but not limited to metoprolol tartrate, propranolol, timolol, atenolol, nadolol, nebivolol]; **OR**
 - C. A calcium channel blocker [such as but not limited to nifedipine, verapamil]; **OR**
 - D. An ACE inhibitor [such as but not limited to lisinopril]; **OR**
 - E. An angiotensin receptor blocker (ARBs) [such as but not limited to candesartan]; **OR**
 - F. An alpha-2 agonist [such as but not limited to guanfacine]; **OR**
 - G. An antiepileptic [such as but not limited to divalproex sodium, sodium valproate, topiramate, carbamazepine, gabapentin]; **OR**
 - H. Other select antidepressants [including but not limited to venlafaxine]; **OR**
 - I. Cyproheptadine (Periactin).

APPROVAL CRITERIA

Requests for Reyvow (lasmiditan) may be approved if the following criteria is met:

- I. Individual has had a trial of and inadequate response or intolerance to **two** oral triptans (AHS 2019); **OR**
- II. Individual has one of the following cardiovascular or non-coronary vascular contraindications to use of triptans:

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|----------------------|----|----|----|----|----|----|----|
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- A. Ischemic coronary artery disease (CAD) including angina pectoris, history of myocardial infarction, documented silent ischemia, coronary artery vasospasm (including Prinzmetal's angina); **OR**
- B. History of stroke or transient ischemic attack (TIA); **OR**
- C. Peripheral vascular disease; **OR**
- D. Ischemic bowel disease; **OR**
- E. Uncontrolled hypertension.

Key References:

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2018. URL: <http://www.clinicalpharmacology.com>. Updated periodically.
2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: June 14, 2018.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2018; Updated periodically.
5. Beithon J, Gallenberg M, Johnson K, et al. Diagnosis and Treatment of Headache. Institute for Clinical Systems Improvement. Available from: https://www.icsi.org/guidelines_more/catalog_guidelines_and_more/catalog_guidelines/catalog_neurological_guidelines/headache/. Updated January 2013.
6. [The American Headache Society position statement on integrating new migraine treatments into clinical practice. Headache. 2019; 59:1-18. Available from: https://onlinelibrary.wiley.com/doi/epdf/10.1111/head.13456. Accessed November 26, 2019.](#)
7. [Tfelt-Hansen PC. Triptans and ergot alkaloids in the acute treatment of migraine: similarities and differences. Expert Rev Neurother. 2013; 13\(9\): 961-963. Available from https://www.tandfonline.com/doi/pdf/10.1586/14737175.2013.832851. Accessed April 5, 2019.](#)

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.