

**Reyvow (lasmiditan)**  
**Effective 07/01/2022**

<b>Plan</b>	<input checked="" type="checkbox"/> MassHealth <input type="checkbox"/> Commercial/Exchange	<b>Program Type</b>	<input checked="" type="checkbox"/> Prior Authorization <input checked="" type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
<b>Benefit</b>	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		
<b>Specialty Limitations</b>	N/A		
<b>Contact Information</b>	<b>Specialty Medications</b>		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	<b>Non-Specialty Medications</b>		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	<b>Medical Specialty Medications (NLX)</b>		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
<b>Exceptions</b>			

### Overview

Reyvow is indicated for the acute treatment of migraine with or without aura in adults. Reyvow is available as oral tablets.

### Coverage Guidelines

Authorization may be granted for members new to AllWays Health Partners who are currently receiving treatment with Reyvow excluding when the product is obtained as samples or via manufacturer’s patient assistance program

#### OR

Authorization may be granted for **Reyvow** for members who meet all following criteria and documentation has been submitted:

1. The member is using medication for the treatment of migraine headaches
2. The member is  $\geq 18$  years of age
3. The prescriber is a neurologist, or a neurology consult is provided
4. The member meets one of the following:
  - a. Has had an inadequate response, or adverse drug reaction to two different triptan agents
  - b. Has a contraindication to all oral triptans.

### Continuation of Therapy

Reauthorization physician attestation of continuation of therapy and positive response to therapy (i.e., decrease in migraines/headaches).

### Limitations

1. Initial approvals and reauthorizations will be granted for 12 months
2. The following quantity limits apply:



Reyvow 50mg	Initial Dose: 4 tablets Maintenance Dose: 8 tablets per 30 days
Reyvow 100mg	8 tablets per 30 days

### References

1. Reyvow (lasmiditan) [prescribing information]. Indianapolis, IN: Lilly USA, LLC; July 2020.
2. Ashina M, Vasudeva R, Jin L, et al. Onset of efficacy following oral treatment with lasmiditan for the acute treatment of migraine: integrated results from 2 randomized double-blind placebo-controlled phase clinical studies. *Headache*. 2019;59(10):1788-1801

### Review History

11/18/2020 – New Criteria; reviewed Nov P&T; MH effective 1/1/21. ComExch effective 1/15/21.  
09/22/2021 – Reviewed and Updated at September P&T; added new indication for Nurtec ODT for prevention of migraine headaches; separated out Comm/Exch and MH criteria. Effective 12/01/2021.  
05/18/2022 – Reviewed and Updated for May P&T. Removed Nurtec and Ubrelvy from guideline, then to be added to CGRP guideline, and renamed to individual “Reyvow (lasmiditan)” guideline. Updated references. Added continuation of therapy criteria. Effective 7/1/2022.

### Disclaimer

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