

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 preventive therapies (AAN/AHA 2012/2015, ICSI 2013, Level A or B evidence; ICSI 2013, High quality evidence, AHS 2024):
 - A. One of the following antidepressants: amitriptyline, nortriptyline, duloxetine, venlafaxine; **OR**
 - B. One of the following beta blockers: metoprolol, propranolol, timolol (oral), atenolol, nadolol, nebivolol; **OR**
 - C. The following calcium channel blocker: verapamil; **OR**
 - D. One of the following antiepileptic agents: valproate sodium, divalproex sodium, topiramate, gabapentin; **OR**
 - E. The following angiotensin II receptor blockers: candesartan [where formulary (CA SG, CT, FL, GA, IN, KY, MD, ME, MO, NH, NV, NY, OH, TX, VA, WI, NY)]; **OR**
 - F. One of the following CGRP-targeting agents: erenumab (where formulary [CA SG]), galcanezumab, rimegepant [where formulary (CA SG, CT, ME, NV)].

APPROVAL CRITERIA

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

- I. Documentation is provided that individual has had a trial (medication samples/coupons/discount cards are excluded from consideration as a trial) of and inadequate response or intolerance to **two** oral triptans (AHS 2019);

Preferred oral agents (where covered on formulary): almotriptan (generic Axert), eletriptan (generic Relpax), naratriptan (generic Amerge), rizatriptan/rizatriptan ODT (generic Maxalt/Maxalt-MLT), sumatriptan (generic Imitrex), zolmitriptan/zolmitriptan ODT (generic Zomig/Zomig ZMT).

OR

- II. Documentation is provided that individual has one of the following cardiovascular or non-coronary vascular contraindications to use of triptans:
 - 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.

Reyvow (lasmiditan) may not be approved for the following:

- I. Individual has severe hepatic impairment (Child-Pugh class C).

Key References:

1. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>.
2. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
3. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2024; Updated periodically.
4. Beithon J, Gallenberg M, Johnson K, Kildahl P, Krenik J, Liebow M, Linbo L, Myers C, Peterson S, Schmidt J, Swanson J. Institute for Clinical Systems Improvement. Diagnosis and Treatment of Headache. Available from: [icsi.org/wp-content/uploads/2019/01/Headache.pdf](https://www.icsi.org/wp-content/uploads/2019/01/Headache.pdf). Updated January 2013.
5. The American Headache Society Consensus statement: Update on integrating new migraine treatments into clinical practice. *Headache*. 2021; 61:1021-1039.
6. Charles AC, Digre KB, Goadsby PJ, Robbins MS, Hershey A. Calcitonin gene-related peptide-targeting therapies are a first-line option for the prevention of migraine: An American Headache Society position statement update. *Headache*. 2024; 64: 333-341. doi:10.1111/head.14692.
7. Silberstein SD, Holland S, Freitag F, Dodick DW, Argoff C, Ashman E. Evidence-based guideline update: Pharmacologic treatment for episodic migraine prevention in adults. Report of the Quality Standards Subcommittee of the American Academy of Neurology and the American Headache Society. *Neurology*. 2012; 78:1337–1345

Federal and state laws or requirements, contract language, and Plan utilization management programs or policies may take precedence over the application of this clinical criteria.

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