MEDICATION POLICY:
Reyvow™

Generic Name: Lasmiditan

Therapeutic or Brand Name: Reyvow™

Applicable Drugs (if Therapeutic Class):
Selective serotonin antagonists (5-HT;1F)

GPI Code: 674065406003

Preferred: N/A

Non-preferred: N/A

Date of Origin: 3/30/2020

Date Last Reviewed / Revised: 7/23/2020

Prior Authorization Criteria

(May be considered medically necessary when criteria I through II are met)

I. Documented diagnosis of the following:

   A. Acute migraine with or without aura and the following criteria are met:

      i. Documented clinically significant treatment failure, adverse event, or contraindication to two triptans at maximally tolerated doses with repeated use. The two triptans are required to differ in chemical entity and dosage form (oral, nasal, injection)

II. Minimum age requirement: 18 years of age and older

Exclusion Criteria

- Severe hepatic impairment (Child-Pugh class C): Use is not recommended (has not been studied).
- Lasmiditan is a Schedule V Controlled Substance so there may be Misuse or Abuse Potential. Evaluate patients for risk of drug abuse and observe them for signs of lasmiditan misuse or abuse.

Other Criteria

- N/A

Quantity / Days Supply Restrictions

- Reyvow™: 8 tablets per 30 days

Approval Length

- **Authorization:** 6 months.

- **Re-Authorization:** 1 year, with an updated letter of medical necessity or progress notes showing sustained clinical benefits from the drug treatment, including at least a 50% improvement in functional impairment and headache severity from baseline (as measured by a reduction in the need for acute abortive therapies or care, missed days at work or school, and increase in ability to perform activities of daily living compared to baseline).

APPENDIX

- N/A

REFERENCES

1. Oswald JC, Schuster NM. Lasmiditan for the treatment of acute migraine: a review and potential role in clinical practice. *Journal of Pain Research*. 2018;Volume 11:2221-2227.
2. Lasmiditan (Reyvow™) [package insert]. Indianapolis, IN; Eli Lilly and Company.
3. UpToDate - Lasmiditan
4. https://n.neurology.org/content/neurology/93/11/487.full.pdf-

HISTORICAL TRACKING OF CHANGES MADE TO POLICY

Date	Notes/Changes
7/23/2020	1. Changed I.A.i **From** "Documented clinically significant treatment failure, adverse event, or contraindication to both of the following categories 1. Analgesics (e.g. acetaminophen, NSAIDs) AND 2. Triptans (at maximally tolerated doses with repeated use) **To** "Documented clinically significant treatment failure, adverse event, or contraindication to two generic triptans at maximally tolerate doses with repeated use. Two triptans are required to differ in chemical entity and dosage form (oral, nasal, injection)."
3/30/2020	New policy created.