

Reyvow (lasmiditan)
Effective 07/01/2022

Plan	<input checked="" type="checkbox"/> MassHealth <input type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input checked="" type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		
Specialty Limitations	N/A		
Contact Information	Specialty Medications		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	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
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions			

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 ≥ 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.

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