Reference number(s)
3373-E

Initial Step Therapy with Quantity Limit; Post Step Therapy Prior Authorization with Quantity Limit
Reyvow (lasmiditan)

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Reyvow	lasmiditan

Indications

FDA-approved Indications

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

Limitations of Use

Reyvow is not indicated for the preventive treatment of migraine.

Initial Step Therapy with Quantity Limit

Include Rx and OTC products unless otherwise stated.

If the patient has filled a prescription for at least a 30-day supply of TWO triptan 5-HT1 agonists (include combinations) within the past 180 days under a prescription benefit administered by CVS Caremark, then

the requested drug will be paid under that prescription benefit. If the patient does not meet the initial step therapy criteria, then the claim will reject with a message indicating that a prior authorization (PA) is required. The prior authorization criteria would then be applied to requests submitted for evaluation to the PA unit.

If the patient meets the initial step therapy criteria, then the initial limit criteria will apply. If the patient is requesting more than the initial quantity limit the claim will reject with a message indicating that a PA is required.

Initial Limit Criteria

Limits do not accumulate together, patient is allowed the maximum limit for each drug and strength.

PLEASE NOTE: Since manufacturer package sizes may vary, it is the discretion of the dispensing pharmacy to fill quantities per package size up to these quantity limits. In such cases the filling limit and day supply may be less than what is indicated.

The duration of 25 days is used for a 30-day fill period and 75 days is used for a 90-day fill period to allow time for refill processing.

Drug	**1 Month Limit**	**3 Month Limit**
Reyvow 50 mg	4 tablets / 25 days	12 tablets / 75 days
Reyvow 100 mg	8 tablets / 25 days	24 tablets / 75 days

Coverage Criteria

Authorization may be granted when the requested drug is being prescribed for the acute treatment of migraine with or without aura in an adult patient when ALL of the following criteria are met:

- The patient meets ONE of the following:
  - The patient has experienced an inadequate treatment response or an intolerance to TWO triptan 5-HT1agonists
  - The patient has a contraindication that would prohibit a trial of triptan 5-HT1 agonists
- If additional quantities are being requested, medication overuse headache has been considered AND ruled out
- The patient meets ONE of the following:
  - The patient is currently using migraine prophylactic therapy [NOTE: Examples of prophylactic therapy are divalproex sodium, topiramate, valproate sodium, metoprolol, propranolol, timolol, atenolol, nadolol, candesartan, amitriptyline, venlafaxine, erenumab, fremanezumab, galcanezumab, eptinezumab, rimegepant, atogepant.]
  - The patient is unable to take migraine prophylactic therapy due to an inadequate treatment response, intolerance, or contraindication [NOTE: Examples of prophylactic

therapy are divalproex sodium, topiramate, valproate sodium, metoprolol, propranolol, timolol, atenolol, nadolol, candesartan, amitriptyline, venlafaxine, erenumab, fremanezumab, galcanezumab, eptinezumab, rimegepant, atogepant.]

Quantity Limits Apply

Reyvow 50 mg: 4 tablets per 25 days, 12 tablets per 75 days,

Reyvow 100 mg: 8 tablets per 25 days, 24 tablets per 75 days

Post Limit, If additional quantities are being requested,

Reyvow 50 mg: 8 tablets per 25 days, 24 tablets per 75 days,

Reyvow 100 mg: 16 tablets per 25 days, 48 tablets per 75 days

The duration of 25 days is used for a 30-day fill period and 75 days is used for a 90-day fill period to allow time for refill processing.

Duration of Approval (DOA)

- 3373-E: DOA: 12 months

References

1. Reyvow [package insert]. Indianapolis, Indiana: Lilly USA, LLC; September 2022.
2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Waltham, MA: UpToDate, Inc.; 2024. https://online.lexi.com. Accessed April 1, 2024.
3. Micromedex® (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: https://www.micromedexsolutions.com/ (cited: 04/1/2024).
4. American Headache Society. The American Headache Society Consensus Statement: Update on integrating new migraine treatments into clinical practice. Headache. 2021;61:1021-1039.
5. Charles A, Digre K, Goadsby P, et al. 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;00:1-9.
6. Silberstein SD, Holland S, Freitag F, et al. Evidence-based guideline update: pharmacologic treatment for episodic migraine prevention in adults: Report of the Quality Standards Subcommittee and the American Academy of Neurology and the American Headache Society. Neurology. 2012;78;1337-1346.