Market Applicability							
Market	**DC**	**GA**	**KY**	**MD**	**NJ**	**NY**	**WA**
Applicable	X	X	X	X	X	X	NA

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 daily preventive therapies (AAN/AHA 2012/2015, ICSI 2013):
    A. A tricyclic antidepressant [such as but not limited to amitriptyline, doxepin]; **OR**
    B. A beta blocker [such as but not limited to metoprolol tartrate, propranolol, timolol, atenolol, nadolol, nebivolol]; **OR**
    C. A calcium channel blocker [such as but not limited to nicardipine, verapamil]; **OR**
    D. An ACE inhibitor [such as but not limited to lisinopril]; **OR**
    E. An angiotensin receptor blocker (ARBs) [such as but not limited to candesartan]; **OR**
    F. An alpha-2 agonist [such as but not limited to guanfacine]; **OR**
    G. An antiepileptic [such as but not limited to divalproex sodium, sodium valproate, topiramate, carbamazepine, gabapentin]; **OR**
    H. Other select antidepressants [including but not limited to venlafaxine]; **OR**
    I. Cyproheptadine (Periactin).

APPROVAL CRITERIA

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

I. Individual has had a trial of and inadequate response or intolerance to **two** preferred oral triptans (AHS 2019); **OR**

    Preferred oral agents: naratriptan (generic Amerge), sumatriptan (generic Imitrex).

Market Applicability							
Market	**DC**	**GA**	**KY**	**MD**	**NJ**	**NY**	**WA**
Applicable	X	X	X	X	X	X	NA

II. 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.

Key References:

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2018. URL: http://www.clinicalpharmacology.com. Updated periodically.
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3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2018; Updated periodically.
5. Beithon J, Gallenberg M, Johnson K, et al. Diagnosis and Treatment of Headache. Institute for Clinical Systems Improvement. Available from: https://www.icsi.org/guidelines__more/catalog_guidelines_and_more/catalog_guidelines/catalog_neurological_guidelines/headache/. Updated January 2013.
6. The American Headache Society position statement on integrating new migraine treatments into clinical practice. *Headache*. 2019; 59:1-18. Available from: https://onlinelibrary.wiley.com/doi/epdf/10.1111/head.13456. Accessed November 26, 2019.
7. Tfelt-Hansen PC. Triptans and ergot alkaloids in the acute treatment of migraine: similarities and differences. *Expert Rev Neurother.* 2013; 13(9): 961-963. Available from https://www.tandfonline.com/doi/pdf/10.1586/14737175.2013.832851. Accessed April 5, 2019.

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.