

STEP THERAPY CRITERIA

BRAND NAME
(generic)

REYVOW
(lasmiditan)

Status: CVS Caremark Criteria

Type: Initial Step Therapy with Quantity Limit;

Post Step Therapy Prior Authorization with Quantity Limit

POLICY

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 receptor 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.

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
Reyvow 200 mg	4 tablets / 25 days	12 tablets / 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.*

COVERAGE CRITERIA

The requested drug will be covered with prior authorization when the following criteria are met:

- The requested drug is being prescribed for the acute treatment of migraine with or without aura in an adult patient
- AND**
- The patient has experienced an inadequate treatment response or an intolerance to TWO triptan 5-HT1 receptor agonists
- OR**
- The patient has a contraindication that would prohibit a trial of triptan 5-HT1 receptor agonists

Current plan approved criteria cover up to:

- 4 tablets per month or 12 tablets per 3 months of Reyvow 50 mg
- 8 tablets per month or 24 tablets per 3 months of Reyvow 100 mg
- 4 tablets per month or 12 tablets per 3 months of Reyvow 200 mg

AND

- If additional quantities are being requested, medication overuse headache has been considered and ruled out
- AND**
- The patient is currently using migraine prophylactic therapy
- OR**
- The patient is unable to take migraine prophylactic therapy due to an inadequate treatment response, intolerance, or contraindication

Current plan approved criteria cover up to:

- 8 tablets per month or 24 tablets per 3 months of Reyvow 50 mg
- 16 tablets per month or 48 tablets per 3 months of Reyvow 100 mg
- 8 tablets per month or 24 tablets per 3 months of Reyvow 200 mg

REFERENCES

1. Reyvow [package insert]. Indianapolis, IN: Lilly USA, LLC; January 2021.
2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online, Hudson, Ohio: UpToDate, Inc.; 2021; June 15, 2021.
3. Micromedex (electronic version). IBM Watson Health, Greenwood Village, Colorado, USA. Available at: <https://www.micromedexsolutions.com>. Accessed June 15, 2021.
4. American Headache Society. The American Headache Society Position Statement On Integrating New Migraine Treatments Into Clinical Practice. *Headache*. 2019;59:1-18.
5. Marmura M, Silberstein S, Schwedt T. The Acute Treatment of Migraine in Adults: The American Headache Society Evidence Assessment of Migraine Pharmacotherapies. *Headache*. 2015;55:3-20.
6. Silberstein S, Holland S, Freitag F, et al. Evidence-Based Guideline Update: Pharmacologic Treatment for Episodic Migraine Prevention in Adults: Report of the Quality and the American Headache Society Standards Subcommittee of the American Academy of Neurology. *Neurology*. 2012;78:1337-1346.
7. Oskoui M, Pringsheim T, Holler-Managan Y, et al. Practice guidelines update summary: Acute treatment of migraine headache in children and adolescents: Report of the Guideline Development, Dissemination, and Implementation Subcommittee of the American Academy of Neurology and the American Headache Society. *Neurology*. 2019;93:487-499.
8. Oskoui M, Pringsheim T, Holler-Managan Y, et al. Practice guidelines update summary: Pharmacologic treatment for pediatric migraine prevention: Report of the Guideline Development, Dissemination, and Implementation Subcommittee of the American Academy of Neurology and the American Headache Society. *Neurology*. 2019;93:500-509.