AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name:	Reyvow	Page:	1 of 2
Effective Date:	1/29/2024	Last Review Date:	12/2023

Applies to:	☒Illinois	☐Florida	☒Florida Kids
	☒New Jersey	☒Maryland	☐Michigan
	☒Pennsylvania Kids	☐Virginia	☐Texas

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Reyvow (lasmiditan) under the patient's prescription drug benefit.

Description:

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.

Applicable Drug List:

Reyvow

Policy/Guideline:

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

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
    [Note: Examples of prophylactic therapy are divalproex sodium, topiramate, valproate sodium, metoprolol, propranolol, timolol, atenolol, nadolol, amitriptyline, venlafaxine.]

    OR

  - 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, amitriptyline, venlafaxine.]

Quantity Limits apply.

Approval Duration and Quantity Restrictions:

Approval: 12 months

Quantity Level Limit:

- Initial Limits:
  - Reyvow 50 mg= 4 tablets / 25 days
  - Reyvow 100 mg = 8 tablets / 25 days
- Post Limits:
  - Reyvow 50 mg = 8 tablets / 28 days
  - Reyvow 100 mg = 16 tablets / 25 days

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.; 2023. https://online.lexi.com. Accessed April 17, 2023.
3. Micromedex (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: https://www.micromedexsolutions.com/ (cited: 04/17/2023).
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. 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.
6. Reyvow [package insert]. Indianapolis, Indiana: Lilly USA, LLC; September 2022.
7. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Waltham, MA: UpToDate, Inc.; 2023. https://online.lexi.com. Accessed April 17, 2023.
8. Micromedex (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: https://www.micromedexsolutions.com/ (cited: 04/17/2023).
9. American Headache Society. The American Headache Society Consensus Statement: Update on integrating new migraine treatments into clinical practice. *Headache.* 2021;61:1021-1039.
10. 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.