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| <b>Policy Name:</b> | <b>Reyvow (lasmiditan)</b> | <b>Policy #:</b> | <b>2766P</b> |
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## Purpose of the Policy

The purpose of this policy is to establish the criteria for coverage of Reyvow (lasmiditan).

## Statement of the Policy

Health Alliance Medical Plans will approve the use of Reyvow (lasmiditan) when the following criteria have been met.

## Criteria

### 1. Coverage Criteria

- 1.1 Documented diagnosis of moderate to severe migraine, with or without aura, according to the International Classification of Headache Disorders
- 1.2 Age 18 years or older
- 1.3 For patients with 4 or more migraine days per month, documentation that the member is on at least 1 supported migraine prophylactic therapy such as TCAs, SNRIs, beta blockers, anticonvulsants, Botox, etc. with claims history to support adherence through filling at least a 90 day supply within a 120 day time frame
- 1.4 One of the following:
  - Documented trial of at least two generic triptan therapies with little to no relief of moderate/severe migraine symptoms, OR
  - Documented contraindication to triptan therapy defined as one of the following:
    - History of stroke or transient ischemic attack
    - History of hemiplegic or basilar migraine
    - Peripheral vascular disease; ischemic bowel disease
    - Uncontrolled high blood pressure
    - Recent use (within 2 weeks) of MAO inhibitors (e.g., selegiline)
    - Recent use (within 24 hours) of treatment with another 5-HT<sub>1</sub> agonist, or an ergot-containing or ergot-type medication (e.g., methysergide, dihydroergotamine)
    - Ischemic coronary artery disease (angina pectoris, history of myocardial infarction, or documented silent ischemia)
    - Coronary artery vasospasm, including Prinzmetal, variant angina, or other significant underlying cardiovascular disease
    - Wolff-Parkinson-White syndrome or arrhythmias associated with other cardiac accessory conduction pathway disorders
    - Patients with risk factors for CAD (e.g., hypertension, hypercholesterolemia, smoker, obesity, diabetes, strong family history of CAD, menopause, male > 40 years or age) in whom adequate cardiac evaluation has not ruled out CAD

### 2. Managed Dose Limit

- 2.1 Reyvow 50mg: #4 tablets/30 days;  
Reyvow 100mg: #8 tablets/30 days
- 2.2 The safety of treating an average of more than 4 migraine attacks in a 30 day period has not been established

**3. Exclusions**

- 3.1 Reyvow will not be approved if being used in combination with Nurtec ODT (rimegepant) or Ubrelvy (ubrogepant)

**4. Approval Period**

- 4.1 Initial Approval: 12 months
- 4.2 Subsequent Approvals: 12 months with documentation indicating that the member has experienced a positive response to therapy (reduction in pain, photophobia, phonophobia) and claims history indicating that the member has been compliant on migraine prophylactic therapy if the member is having 4 or more migraine headache days per month

**CPT Codes**

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**HCPCS Codes**

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**References**

1. Olesen J, Bolay H, et al. The International Classification of Headache Disorders, 3<sup>rd</sup> edition. *Cephalalgia*. 2018;38(1): 1-211.
2. Reyvow (lasmiditan) [prescribing information]. Indianapolis, IN: Lilly USA; September 2022.
3. American Headache Society. The American Headache Society Consensus Statement: Update on integrating new migraine treatments into clinical practice. *Headache*. 2021 Jul;61(7):1021-1039.

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**DISCLAIMER**

This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.