UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2026 P 2188-10
Program	Prior Authorization/Medical Necessity
Medication	Reyvow® (lasmiditan)
P&T Approval Date	3/2020, 7/2020, 2/2021, 7/2021, 3/2022, 10/2023, 3/2024, 3/2025, 3/2026
Effective Date	6/1/2026

1. Background:

Reyvow (lasmiditan) is a serotonin 5-HT_{1F} receptor agonist indicated for the acute treatment of migraine with or without aura in adults. Sedation was reported up to 8 hours after a single dose of Reyvow. Patients should be advised to not engage in activities requiring complete mental alertness, such as driving a motor vehicle or operating machinery, for at least 8 hours after each dose of Reyvow.

The American Headache Society recommends use of NSAIDs (including aspirin), non-opioid analgesics, acetaminophen, or caffeinated analgesic combinations (e.g., aspirin/acetaminophen/caffeine) for mild-to-moderate attacks and migraine-specific agents (i.e., triptans, dihydroergotamine [DHE]) for moderate or severe attacks and mild-to-moderate attacks that respond poorly to NSAIDs or caffeinated combinations.

This program requires a member to try lower cost options prior to receiving coverage for Reyvow.

2. Coverage Criteria[a]:

A. Initial Authorization

1. **Reyvow** will be approved based on **all** of the following criteria:

   a. Used for acute treatment of migraine

   -AND-

   b. Patient is 18 years of age or older

   -AND-

   c. History of a therapeutic failure (after at least 3 migraine episodes and a minimum of a 30-day trial), contraindication or intolerance to **both** of the following (document name and date tried):

      1) **Two** of the following:

a) almotriptan (Axert)
b) eletriptan (Relpax)
c) frovatriptan (Frova)
d) naratriptan (Amerge)
e) rizatriptan (Maxalt/Maxalt MLT)
f) sumatriptan (Imitrex)
g) zolmitriptan (Zomig/Zomig-ZMT)

-AND-

2) **Both** of the following:

a) Nurtec ODT
b) Ubrelvy

-AND-

d. Prescriber attests to **BOTH** of the following:

1) Patient has been informed the use of Reyvow may result in significant CNS impairment, and may impact the patient's ability to drive or operate machinery for 8 hours after each dose
2) If used concurrently with a benzodiazepine or other drugs that could potentially cause central nervous system (CNS) depression, the prescriber has acknowledged that they have completed an assessment of increased risk for sedation and other cognitive and/or neuropsychiatric adverse events

-AND-

e. One of the following:

1) Patient is currently treated with one of the following prophylactic therapies:

i) A beta-blocker (i.e., atenolol, metoprolol, nadolol, propranolol, or timolol)
ii) Candesartan (Atacand)
iii) A calcitonin gene-related peptide receptor (CGRP) antagonist or inhibitor for preventive treatment of migraine [i.e., Aimovig (erenumab), Ajovy (fremanezumab)*, Emgality (galcanezumab), Qulipta, Vyepti (eptinezumab-jjmr)^]
iv) Divalproex sodium (Depakote/Depakote ER)
v) OnabotulinumtoxinA (Botox) [Note: Coverage of onabotulinumtoxinA (Botox) may be subject to additional benefit and coverage review requirements]
vi) a serotonin-norepinephrine reuptake inhibitor [i.e., duloxetine (Cymbalta), venlafaxine (Effexor/Effexor XR)]
vii) Topiramate (Topamax)
viii) a tricyclic antidepressant [i.e., amitriptyline (Elavil), nortriptyline (Pamelor)]

- OR –

2) Patient has < 4 migraine days per month

- OR –

3) Patient has >/ = 4 migraine days per month and has contraindication or intolerance to one of the following prophylactic therapies:

i) A beta-blocker (i.e., atenolol, metoprolol, nadolol, propranolol, or timolol)
ii) Candesartan (Atacand)
iii) A calcitonin gene-related peptide receptor (CGRP) antagonist or inhibitor for preventive treatment of migraine [i.e., Aimovig (erenumab), Ajovy (fremanezumab)*, Emgality (galcanezumab), Qulipta, Vyepti (eptinezumab-jjmr)^]
iv) Divalproex sodium (Depakote/Depakote ER)
v) OnabotulinumtoxinA (Botox) [Note: Coverage of onabotulinumtoxinA (Botox) may be subject to additional benefit and coverage review requirements]
vi) a serotonin-norepinephrine reuptake inhibitor [i.e., duloxetine (Cymbalta), venlafaxine (Effexor/Effexor XR)]
vii) Topiramate (Topamax)
viii) a tricyclic antidepressant [i.e., amitriptyline (Elavil), nortriptyline (Pamelor)]

Authorization will be issued for 12 months.

B. <u>Reauthorization</u>

1. **Reyvow** will be approved based on the following criterion:

a. Documentation of positive clinical response to therapy

Authorization will be issued for 12 months.

[a] State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.

*** Ajovy is typically excluded from coverage**
^Vyepti may be subject to additional benefit and coverage review requirements.

3. Additional Clinical Programs:

- Supply limits may apply.
- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.

4. References:

1. Reyvow [package insert]. Indianapolis, IN: Lilly USA, LLC,; September 2022.

2. The American Headache Society Position Statement on Integrating New Migraine Treatments Into Clinical Practice. AHS Consensus Statement. Headache. 2021; 61:1021-39.

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Program	Prior Authorization/Medical Necessity – Reyvow
Change Control	
Date	Change
3/2020	New program.
7/2020	Updated requirement from three triptans to two triptans.
2/2021	Removed moderate to severe migraine requirement. Added requirement for < 4 migraines per month. Simplified criteria for >/= 4 migraines per month. Removed prescriber requirement from reauthorization criteria.
7/2021	Updated the trial language to include 3 migraine episodes. Updated references.
3/2022	Added a step through Nurtec ODT and Ubrelvy. Added the products typically excluded from coverage. Added note for Vyetpi regarding additional benefit and coverage review requirements. Updated references.
3/2023	Annual review. Added Zomig-ZMT as a zolmitriptan example. Updated references.
10/2023	Removed the “Routine Audit” language.
3/2024	Annual review. No changes.
3/2025	Annual review. Updated list of prophylactic agents and removed prescriber requirement.
3/2026	Annual review. No changes.