

<b>POLICY NAME</b>	Reyvow (lasmiditan)	<b>POLICY #</b>	2766P
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## Criteria

### Coverage Criteria

- ☐ Documented diagnosis of moderate to severe migraine, with or without aura, according to the International Classification of Headache Disorders
- ☐ Age 18 years or older
- ☐ 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
- ☐ 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

### Exclusion Criteria – Any of the following prevents coverage

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