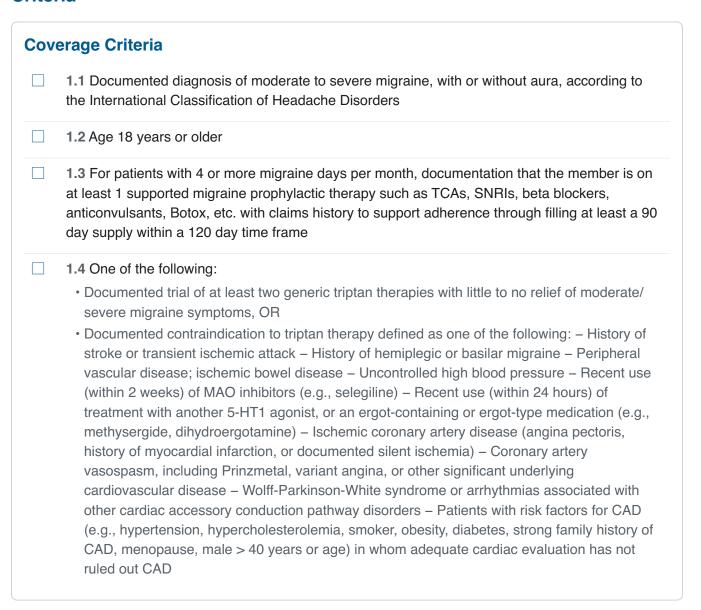


Pharmacy Drug Policy Checklist

POLICY NAME Reyvow (lasmiditan) POLICY # 2766P

Criteria



Exclusion Criteria – Any of the following prevents coverage

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