

ruled out CAD

Pharmacy Drug Policy Checklist

Reyvow (lasmiditan) **POLICY NAME** POLICY # 2766P

Criteria Exclusion Criteria – Any of the following prevents coverage	
Cov	erage 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-HT1 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