

UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2023 P 3144-4
Program	Step Therapy
Medication	Reyvow (lasmiditan)
P&T Approval Date	8/2020, 7/2021, 3/2022, 3/2023
Effective Date	6/1/2023; Oxford only: N/A

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.

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. Reyvow will be approved based on the following criterion:

1. 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):

a. **Two** of the following:

- 1) almotriptan (Axert)
- 2) eletriptan (Relpax)
- 3) frovatriptan (Frova)
- 4) naratriptan (Amerge)
- 5) rizatriptan (Maxalt/Maxalt MLT)
- 6) sumatriptan (Imitrex)
- 7) zolmitriptan (Zomig/Zomig-ZMT)

-AND-

b. **Both** of the following:

- 1) Nurtec ODT
- 2) Ubrelvy

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.

3. Additional Clinical Programs:

- Supply limits may apply.
- Prior Authorization-Medical Necessity may apply
- Prior Authorization-Notification 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	Step Therapy – Reyvow
Change Control	
Date	Change
8/2020	New program.
7/2021	Annual review. Updated the trial language to include 3 migraine episodes.
3/2022	Added a step through Nurtec ODT and Ubrelvy. Updated references.
3/2023	Annual review. Added Zomig-ZMT as a zolmitriptan example. Updated references.