UnitedHealthcare Community Plan

Clinical Pharmacy Program Guidelines for Reyvow

Program	Prior Authorization
Medication	Reyvow (lasmiditan)
Markets in Scope	California, Hawaii, Maryland, Nevada, New Jersey, New York, New York EPP, Pennsylvania- CHIP, Rhode Island, South Carolina
Issue Date	3/2020
Pharmacy and Therapeutics Approval Date	10/2020
Effective Date	1/2021

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.

2. Coverage Criteria:

A. Initial Authorization

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

   a. Diagnosis of moderate to severe migraine headaches with or without aura

   -AND-

   b. Used for acute treatment of migraine

   -AND-

   c. Patient is 18 years of age or older

   -AND-

d. Documentation of a one month trial resulting in therapeutic failure, contraindication or intolerance to **both** of the following:
   i. **Two** of the following
      a) naratriptan (Amerge)
      b) rizatriptan (Maxalt/Maxalt MLT)
      c) sumatriptan (Imitrex)

-AND-

   ii. Nurtec ODT

-AND-

e. Prescribed by or in consultation with one of the following specialists with expertise in the acute treatment of migraine:
   i. Neurologist
   ii. Pain Specialist
   iii. Headache Specialist*

-AND-

f. Prescriber attests to ALL of the following:
   i. 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
   ii. 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
   iii. The information provided is true and accurate to the best of their knowledge and they understand that UnitedHealthcare may perform a routine audit and request the medical information necessary to verify the accuracy of the information provided

-AND-

g. One of the following:
   i. If patient has 4 to 14 migraine days per month and less than 15 headache days per month, patient must be currently treated with **one** of the following prophylactic therapies unless there is a contraindication or intolerance:
      a) Amitriptyline (Elavil)

b) A beta-blocker (i.e., atenolol, metoprolol, nadolol, propranolol, or timolol) ***NOTE*** Nadolol and timolol are non-preferred and should not be included in denial to provider
c) A biologic calcitonin gene-related peptide receptor (CGRP) antagonist for preventive treatment of migraine [i.e., Aimovig (erenumab), Ajovy (fremanezumab), Emgality (galcanezumab), Vyepti (eptinezumab-jjmr)] ***NOTE*** Vyepti is a medical benefit, should not be included in denial to provider
d) Divalproex sodium (Depakote/Depakote ER)
e) Topiramate (Topamax)
f) Venlafaxine (Effexor/Effexor XR)

- OR –

ii If patient has greater than or equal to 8 migraine days per month and greater than or equal to 15 headache days per month, patient must be currently treated with **one** of the following prophylactic therapies unless there is a contraindication or intolerance:
a) Amitriptyline (Elavil)
b) A beta-blocker (i.e., atenolol, metoprolol, nadolol, propranolol, or timolol) ***NOTE*** Nadolol and timolol are non-preferred and should not be included in denial to provider
c) A biologic calcitonin gene-related peptide receptor (CGRP) antagonist for preventive treatment of migraine [i.e., Aimovig (erenumab), Ajovy (fremanezumab), Emgality (galcanezumab), Vyepti (eptinezumab-jjmr)] ***NOTE*** Vyepti is a medical benefit, should not be included in denial to provider
d) Divalproex sodium (Depakote/Depakote ER)
e) OnabotulinumtoxinA (Botox) ***NOTE*** This is a medical benefit, should not be included in denial to provider
f) Topiramate (Topamax)
g) Venlafaxine (Effexor/Effexor XR)

Authorization will be issued for 12 months.

*Headache specialists are physicians certified by the United Council for Neurologic Subspecialties (UCNS).

B. Reauthorization

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

a. Documentation of positive clinical response to therapy

-AND-

b. Prescribed by or in consultation with one of the following specialists with expertise in the acute treatment of migraine:
   i. Neurologist
   ii. Pain Specialist
   iii. Headache Specialist*

Authorization will be issued for 12 months.

*Headache specialists are physicians certified by the United Council for Neurologic Subspecialties (UCNS).

3. Additional Clinical Rules:

- 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.
- Supply limits may be in place.

4. References:

1. Reyvow [package insert]. Indianapolis, IN: Lilly USA, LLC,; July 2020.
2. The American Headache Society Position Statement On Integrating New Migraine Treatments Into Clinical Practice. *Headache: The Journal of Head and Face Pain.* 2019:59; 1-18.

Program	Prior Authorization - Reyvow
Change Control	
Date	Change
3/2020	New program
10/2020	Changed triptan step from three to two and added a step requirement through Nurtec ODT.