



UnitedHealthcare Pharmacy  
Clinical Pharmacy Programs

|                   |  |
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| Program Number    | 2024 P 3144-5                          |
| Program           | Step Therapy                           |
| Medication        | Reyvow <sup>®</sup> (lasmiditan)       |
| P&T Approval Date | 8/2020, 7/2021, 3/2022, 3/2023, 3/2024 |
| Effective Date    | 6/1/2024                               |

**1. Background:**

Reyvow (lasmiditan) is a serotonin 5-HT<sub>1F</sub> 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<sup>a</sup>:**

**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.**

<sup>a</sup> 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.

| Program               | Step Therapy – Reyvow   |
|-----------------------|---|
| <b>Change Control</b> |   |
| 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. |
| 3/2024                | Annual review. No changes.  |