



UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2024 P 1325-5
Program	Prior Authorization-Notification
Medication	Reyvow [®] (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_{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.

2. Coverage Criteria^a:

A. Initial Authorization

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

a. Diagnosis of migraine headaches with or without aura.

-AND-

b. Used for acute treatment of migraine

-AND-

c. Patient is 18 years of age or older

Authorization will be issued for 12 months.

B. Reauthorization

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

a. Documentation of positive clinical response to therapy

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
- Step Therapy 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	Prior Authorization-Notification – Reyvow
Change Control	
Date	Change
8/2020	New program.
7/2021	Annual review. Updated references. Added state mandate language.
3/2022	Updated references.
3/2023	Annual review. Updated references.
3/2024	Annual review. No changes.