PRIOR AUTHORIZATION POLICY

POLICY: Migraine – Reyvow Prior Authorization Policy
- Reyvow® (lasmiditan tablets – Lilly)

REVIEW DATE: 08/07/2024

OVERVIEW

Reyvow, a serotonin subtype 1F receptor agonist, is indicated for the **acute treatment of migraine** with or without aura in adults.[1] Limitations of Use: Reyvow is not indicated for the preventive treatment of migraine.

Disease Overview

Migraine is a common, ongoing condition marked by paroxysmal, unilateral attacks of moderate to severe throbbing headache which are aggravated by routine physical activity (e.g., walking or climbing stairs) and associated with nausea, vomiting, and/or photophobia and phonophobia.[2] Migraines have been defined as chronic or episodic. Chronic migraine is described by the International Headache Society as headache occurring on ≥ 15 days/month for more than 3 months, which has the features of migraine headache on ≥ 8 days/month. Episodic migraine is characterized by headaches that occur < 15 days/month.[3]

Guidelines

Triptans (e.g., almotriptan, eletriptan, frovatriptan, naratriptan, rizatriptan, sumatriptan, and zolmitriptan) are considered the gold standard for acute treatment of moderate to severe migraine headaches or mild to moderate migraine headaches that respond poorly to over-the-counter analgesics. An assessment of the preventive and acute treatment of migraine by the American Headache Society (2018; updated 2021) reaffirms previous migraine guidelines.[4,5] The update lists the triptans, dihydroergotamine, the oral gepants (Nurtec® ODT [rimegepant orally disintegrating tablets,] and Ubrelvy® [ubrogepant tablets]), and Reyvow as effective treatments for moderate or severe acute migraine attacks and mild to moderate attacks that respond poorly to nonsteroidal anti-inflammatory drugs, non-opioid analgesics, acetaminophen, or caffeinated combinations (e.g., aspirin + acetaminophen + caffeine). The recommendation remains that clinicians must consider medication efficacy and potential medication-related adverse events when prescribing acute medications for migraine.

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of Reyvow. All approvals are provided for the duration noted below.

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of Reyvow is recommended in those who meet the following criteria:

FDA-Approved Indication

1. **Migraine, Acute Treatment.** Approve for 1 year if the patient meets BOTH of the following (A and B):
   - **A)** Patient is ≥ 18 years of age; AND
   - **B)** Patient meets ONE of the following (i or ii):
     - **i.** Patient has tried at least one triptan therapy; OR
     - **ii.** Patient has a contraindication to triptan(s) according to the prescriber.
       Note: Examples of contraindications to triptans include a history of coronary artery disease; cardiac accessory conduction pathway disorders; of stroke, transient ischemic attack, or hemiplegic or basilar migraine; peripheral vascular disease; ischemic bowel disease; uncontrolled hypertension; or severe hepatic impairment.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of Reyvow is not recommended in the following situations:

1. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

REFERENCES

1. Reyvow® tablets [prescribing information]. Indianapolis, IN: Lilly; September 2022.
2. Headache Classification Subcommittee of the International Headache Society. The International Classification of Headache Disorders: 3rd edition. *Cephalalgia*. 2018;38(1):1-211.
3. Lipton RB, Silberstein SD. Episodic and chronic migraine headache: breaking down barriers to optimal treatment and prevention. *Headache*. 2015;52:103-122.
4. American Headache Society. The American Headache Society position statement on integrating new migraine treatments into clinical practice. *Headache*. 2019;59:1-18.
5. Ailani J, Burch RC, Robbins MS, on behalf of the Board of Directors of the American Headache Society. The American Headache Society Consensus Statement: Update on integrating new migraine treatments into clinical practice. *Headache*. 2021;61(7):1021-1039.