

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Lasmiditan (Reyvow)

Notes:

- Quantity Limits: Yes
- * Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation

Initiation (new start) criteria and criteria for current Kaiser Permanente members already taking the medication who have not been reviewed previously: Non-formulary **lasmiditan (Reyvow)** will be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Prescribed by neurology provider
- Patient is at least 18 years old
- Prescribed for the treatment of acute migraine
- Patient has failed a trial of or has an allergy or intolerance* to at least 3 triptans **OR** patient has documented contraindication to triptan use (i.e. coronary artery disease, history of ischemic stroke due to atherosclerosis, peripheral vascular disease, uncontrolled hypertension)

Criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously: Non-formulary **lasmiditan (Reyvow)** will be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Patient is at least 18 years old
- Prescribed for the treatment of acute migraine
- Patient has failed a trial of or has an allergy or intolerance* to at least 3 triptans **OR** patient has documented contraindication to triptan use (i.e. coronary artery disease, history of ischemic stroke due to atherosclerosis, peripheral vascular disease, uncontrolled hypertension)

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Continued use criteria for patients stable on the medication: Non-formulary **lasmiditan (Reyvow)** will continue to be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Prescribed by neurology provider

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