



STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

LASMIDITAN

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
LASMIDITAN SUCCINATE	REYVOW	46082		GPI-10 (6740654060)	

GUIDELINES FOR USE

INITIAL CRITERIA (NOTE: FOR RENEWAL CRITERIA SEE BELOW)

1. Is the request for the acute treatment of migraine and the patient meets **ALL** of the following criteria?
 - The patient is 18 years of age or older
 - The patient had a trial of or contraindication to **ONE** triptan (e.g., sumatriptan, rizatriptan)

If yes, **approve for 6 months for the requested strength by GPID OR GPI-14 as follows:**

- **50mg: #8 per 30 days.**
- **100mg: #8 per 30 days.**

APPROVAL TEXT: Renewal requires that the request is for acute treatment of migraines and the patient has experienced an improvement from baseline in a validated acute treatment patient-reported outcome questionnaire (e.g., Migraine Assessment of Current Therapy [Migraine-ACT]) OR the patient has experienced clinical improvement as defined by ONE of the following: 1) ability to function normally within 2 hours of dose, 2) headache pain disappears within 2 hours of dose, or 3) therapy works consistently in majority of migraine attacks.

If no, do not approve.

INITIAL DENIAL TEXT: ***Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.**

Our guideline named **LASMIDITAN (Reyvow)** requires the following rule(s) be met for approval:

- A. You are being treated for acute (quick onset) migraine
- B. You are 18 years of age or older
- C. You have previously tried ONE triptan (such as sumatriptan, rizatriptan), unless there is a medical reason why you cannot (contraindication)

Your doctor told us **[INSERT PT SPECIFIC INFO PROVIDED]**. We do not have information showing you **[INSERT UNMET CRITERIA]**. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

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GUIDELINES FOR USE (CONTINUED)

RENEWAL CRITERIA

1. Is the request for the acute treatment of migraine and the patient meets **ONE** of the following criteria?
 - The patient has experienced an improvement from baseline in a validated acute treatment patient-reported outcome questionnaire (e.g., Migraine Assessment of Current Therapy [Migraine-ACT])
 - The patient has experienced clinical improvement as defined by **ONE** of the following:
 - Ability to function normally within 2 hours of dose
 - Headache pain disappears within 2 hours of dose
 - Therapy works consistently in majority of migraine attacks

If yes, **approve for 12 months for the requested strength by GPID or GPI-14 as follows:**

- **50mg: #8 per 30 days.**
- **100mg: #8 per 30 days.**

If no, do not approve.

RENEWAL DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

Our guideline named **LASMIDITAN (Reyvow)** requires the following rule(s) be met for renewal:

- A. You are being treated for acute (quick onset) migraine
- B. You meet ONE of the following:
 1. You have experienced an improvement from baseline in a validated acute treatment patient-reported outcome questionnaire (assessment tool used to help guide treatment such as Migraine Assessment of Current Therapy [MIGRAINE-ACT])
 2. You have experienced clinical improvement as defined by ONE of the following:
 - a. Ability to function normally within 2 hours of dose
 - b. Headache pain disappears within 2 hours of dose
 - c. Treatment works consistently in majority of migraine attacks

Your doctor told us **[INSERT PT SPECIFIC INFO PROVIDED]**. We do not have information showing you **[INSERT UNMET CRITERIA]**. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

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RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Reyvow.

REFERENCES

- Reyvow [Prescribing Information]. Indianapolis, IN: Lilly USA, LLC, January 2020.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

Commercial Effective: 12/12/20

Created: 02/20

Client Approval: 12/20

P&T Approval: 01/20