

Clinical Policy Title:	lasmiditan
Policy Number:	RxA.718
Drug(s) Applied:	Reyvow®
Original Policy Date:	11/16/2021
Last Review Date:	12/11/2025
Line of Business Policy Applies to:	All lines of business (except Medicare)

Criteria

I. Initial Approval Criteria

A. Acute Migraine (must meet all):

1. Diagnosis acute migraine;
2. Trial of at least two (2) triptans (e.g., eletriptan, rizatriptan, sumatriptan, zolmitriptan), unless contraindicated or adverse effects experienced;
3. Trial of Nurtec and Ubrelvy®, unless contraindicated, or adverse effects are experienced.

Approval Duration

All Lines of Business (except Medicare): 12 months

II. Continued Therapy Approval

A. Acute Migraine (must meet all):

1. Auto-approval based on lookback functionality within the past 120 days as a proxy for member responding positively to therapy.

Approval Duration

All Lines of Business (except Medicare): 12 months

References

1. Ailani J, Burch RC, Robbins MS. The American Headache Society Consensus Statement: Update on integrating new migraine treatments into clinical practice. *Headache: The Journal of Head and Face Pain*. 2021;61(7):1021-1039. Available at: <https://headachejournal.onlinelibrary.wiley.com/doi/10.1111/head.14153>. Accessed August 14, 2024.

Review/Revision History	Review/Revision Date	P&T Approval Date
Policy established.	11/16/2021	12/07/2021
Policy reviewed and updated. 1. Initial Approval Criteria I.A.3: Updated to add Trial and failure of Nurtec and Ubrelvy, unless contraindicated, or clinically significant adverse effects are experienced; 2. Initial Approval Criteria I.A.4: Updated to	09/08/2022	10/19/2022

This clinical policy has been developed to authorize, modify, or determine coverage for individuals with similar conditions. Specific care and treatment may vary depending on individual need and benefits covered by the plan. This policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding payment or results. This document may contain prescription brand name drugs that are trademarks of pharmaceutical manufacturers that are not affiliated with RxAdvance.

remove criteria that member must experience 4-14 headache days per month. 3. References were reviewed and updated.		
Policy reviewed and updated. 1. Updated Indication to Acute migraine. 2. Updated diagnosis criteria to remove with or without aura. 3. Removed prior age criteria. 4. Added requirement to try/fail eletriptan. 5. Removed preventative treatments criteria. 6. Removed prior dosing criteria. 7. Updated approval duration. 8. Removed reauthorization requirement for positive response to therapy. 9. References were reviewed and updated.	11/22/2023	01/01/2024
Policy reviewed. 1. Updated continuation of therapy language. 2. References were reviewed and updated.	8/14/2024	09/12/2024
Policy reviewed.	12/05/2024	N/A
Policy reviewed.	12/11/2025	12/11/2025