Clinical Policy Title:	lasmiditan
Policy Number:	RxA.718
Drug(s) Applied:	Reyvow®
Original Policy Date:	11/16/2021
Last Review Date:	12/07/2021
Line of Business Policy Applies to:	All lines of business

Background

Reyvow® is a serotonin (5-HT) 1F receptor agonist indicated for the acute treatment of migraine with or without aura in adults.

Limitations of Use
Reyvow® is not indicated for the preventive treatment of migraine.

Dosing Information

Drug Name	Indication	Dosing Regimen	Maximum Dose
lasmiditan (Reyvow®)	Acute treatment of migraine	The recommended dose is 50 mg, 100 mg, or 200 mg taken orally, as needed. No more than one dose should be taken in 24 hours.	200 mg/day

Dosage Forms

- Tablets: 50 mg, 100 mg, 200 mg

Clinical Policy

Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria. The provision of provider samples does not guarantee coverage under the terms of the pharmacy benefit administered by RxAdvance. All criteria for initial approval must be met in order to obtain coverage.

I. Initial Approval Criteria

A. Migraine (must meet all):

1. Diagnosis acute migraine with or without aura;
2. Age ≥ 18 years;
3. Member experiences between 4 and 14 headache days per month;
4. Failure of at least two (2) triptans (e.g., sumatriptan, rizatriptan, zolmitriptan) at up to maximally indicated doses, unless contraindicated or clinically significant adverse effects are experienced;
5. Member must currently be treated with one of the following preventative treatments, unless previously

ineffective, contraindicated, or clinically significant adverse effects are experienced (a, b, or c):
   a. antiepileptic drugs (e.g., divalproex sodium, sodium valproate, topiramate);
   b. beta-blockers (e.g., metoprolol, propranolol, timolol);
   c. antidepressants (e.g., amitriptyline, venlafaxine);
6. Requested dose does not exceed 200 mg orally once daily.

Approval Duration
Commercial: 6 months
Medicaid: 6 months

II. Continued Therapy Approval

A. Migraine (must meet all):
1. Member is currently receiving medication that has been authorized by RxAdvance or member has previously met initial approval criteria listed in this policy;
2. Member is responding positively to therapy;
3. The requested dose does not exceed 200 mg orally once daily.

Approval Duration
Commercial: 12 months
Medicaid: 12 months

III. Appendices

APPENDIX A: Abbreviation/Acronym Key
ICHD: International Classification of Headache Disorders
CNS: Central Nervous System

APPENDIX B: Therapeutic Alternatives
Below are suggested therapeutic alternatives based on clinical guidance. Please check drug formulary for preferred agents and utilization management requirements.

Drug Name	Dosing Regimen	Maximum Dose
topiramate (Zomig®)	Recommended starting dose: 1.25 mg or 2.5 mg. Maximum single dose: 5 mg May repeat dose after 2 hours if needed; not to exceed 10 mg in any 24-hour period	5 mg per single dose or 10 mg per 24 hours
rizatriptan benzoate (Maxalt®)	Adults: 5 or 10 mg single dose; separate repeat doses by at least two hours; maximum dose in a 24-hour period: 30 mg	30 mg/day
sumatriptan and Naproxen (Treximet®)	Adults: 1 tablet of 85/500 mg.	Maximum dosage in a 24-hour period: 2 tablets of 85 mg/500 mg; separate doses by at least 2 hours.
sumatriptan (Imitrex®)	Single dose of 25- mg, 50-mg, or 100-mg tablet. A second dose should only be considered if some response to the first dose was observed. Separate doses by at least 2 hours	Maximum dose in a 24-hour period: 200 mg.

Therapeutic alternatives are listed as generic (Brand name®) when the drug is available by both generic and brand, Brand name® when the drug is available by brand only and generic name when the drug is available by generic only.

APPENDIX C: Contraindications/Boxed Warnings

- Contraindication(s):
  - None reported

- Boxed Warning(s):
  - None reported

APPENDIX D: General Information

- Driving Impairment: Advise patients not to drive or operate machinery until at least 8 hours after taking each dose of Reyvow®. Patients who cannot follow this advice should not take Reyvow®. Patients may not be able to assess their own driving competence and the degree of impairment caused by Reyvow®.
- Central Nervous System (CNS) Depression: Reyvow® may cause CNS depression and should be used with caution if used in combination with alcohol or other CNS depressants.
- Serotonin Syndrome: Reactions consistent with serotonin syndrome were reported in patients treated with Reyvow®. Discontinue Reyvow® if symptoms of serotonin syndrome occur.
- Medication Overuse Headache: Detoxification may be necessary.

References

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8. Clinical Pharmacology. Tampa, FL: Elsevier, 2020. Available at: https://www.clinicalkey.com. Accessed November 16, 2021.

Review/Revision History	Review/Revision Date	P&T Approval Date
Policy established.	11/16/2021	12/07/2021