

lasmiditan (REYVOW)

Diagnosis Considered for Coverage:

- Treatment of Migraine Headache (MHA)

Coverage Criteria:

For diagnosis above, approve if:

- Being used to treat acute migraine headaches, **and**
- Patient is at least 18 years old, **and**
- Inadequate response or intolerable side effect with ONE preferred triptans including naratriptan (Amerge), sumatriptan (Imitrex), rizatriptan (Maxalt, Maxalt ODT), and zolmitriptan (Zomig, Zomig ZMT), or contraindication to all triptans, **and**
- Dose does not exceed 8 tablets per 30 days, **and**
- Inadequate response, intolerable side effect, or contraindication with Nurtec and Ubrelvy.

Coverage Duration: one year

Effective Date: 1/1/2023