Effective Date **11/1/2023**
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Coverage Policy Number **IP0114**

Lasmiditan

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Related Coverage Resources

INSTRUCTIONS FOR USE
The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document always supersedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

Overview

This policy supports medical necessity review for lasmiditan tablets (**Reyvow®**).

Additional criteria that support the review for medical necessity exceptions of non-covered products are located in the Non-Covered Product Table by the respective plan type and drug list where applicable.

Receipt of sample product does not satisfy any criteria requirements for coverage.

Medical Necessity Criteria

Lasmiditan (Reyvow) is considered medically necessary when the following are met:

Acute Treatment of Migraine. Individual meets **ALL** of the following criteria:
A. Age 18 years or older
B. Documentation of **ONE** of the following:

i. Failure of at least **TWO** triptans (for example, almotriptan, eletriptan, frovatriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan)
ii. Contraindication or intolerance to triptans.

C. Non-Covered Product Criteria is met, refer to below table(s)

Employer Group Non-Covered Products and Criteria:

Non-Covered Product	Criteria
Reyvow (lasmiditan)	Documentation of failure, contraindication, or intolerance to **ONE** of the following: 1. Nurtec ODT [may require prior authorization] 2. Ubrelvy [may require prior authorization]

When coverage is available and medically necessary, the dosage, frequency, duration of therapy, and site of care should be reasonable, clinically appropriate, and supported by evidence-based literature and adjusted based upon severity, alternative available treatments, and previous response to therapy.

Reauthorization Criteria

Continuation of lasmiditan (Reyvow) is considered medically necessary for the acute treatment of migraine when the above medical necessity criteria are met AND there is documentation of beneficial response.

Authorization Duration

Initial approval duration: up to 12 months.
Reauthorization approval duration: up to 12 months.

Conditions Not Covered

Any other use is considered experimental, investigational, or unproven.

Background

OVERVIEW
Reyvow, a serotonin subtype 1F receptor agonist, is indicated for the **acute treatment of migraine** with or without aura in adults.[1] Limitations of Use: Reyvow is not indicated for the preventive treatment of migraine.

Disease Overview
Migraine is a common, ongoing condition marked by paroxysmal, unilateral attacks of moderate to severe throbbing headache which are aggravated by routine physical activity (e.g., walking or climbing stairs) and associated with nausea, vomiting, and/or photophobia and phonophobia.[2] Migraines have been defined as chronic or episodic. Chronic migraine is described by the International Headache Society as headache occurring on ≥ 15 days/month for more than 3 months, which has the features of migraine headache on ≥ 8 days/month. Episodic migraine is characterized by headaches that occur < 15 days/month.[3]

Guidelines
Triptans (e.g., almotriptan, eletriptan, frovatriptan, naratriptan, rizatriptan, sumatriptan, and zolmitriptan) are considered the gold standard for acute treatment of moderate to severe migraine headaches or mild to moderate migraine headaches that respond poorly to over-the-counter analgesics. An assessment of the preventive and

acute treatment of migraine by the American Headache Society (2018; updated 2021) reaffirms previous migraine guidelines.[4,5] The update lists the triptans, dihydroergotamine, the oral gepants (Nurtec® ODT [rimegepant orally disintegrating tablets,] and Ubrelvy® [ubrogepant tablets]), and Reyvow as effective treatments for moderate or severe acute migraine attacks and mild to moderate attacks that respond poorly to nonsteroidal anti-inflammatory drugs, non-opioid analgesics, acetaminophen, or caffeinated combinations (e.g., aspirin + acetaminophen + caffeine). The recommendation remains that clinicians must consider medication efficacy and potential medication-related adverse events when prescribing acute medications for migraine.

References

1. Reyvow® tablets [prescribing information]. Indianapolis, IN: Lilly; September 2022.
2. Headache Classification Subcommittee of the International Headache Society. The International Classification of Headache Disorders: 3rd edition. *Cephalalgia*. 2018;38(1):1-211.
3. Lipton RB, Silberstein SD. Episodic and chronic migraine headache: breaking down barriers to optimal treatment and prevention. *Headache*. 2015;52:103-122.
4. American Headache Society. The American Headache Society position statement on integrating new migraine treatments into clinical practice. *Headache*. 2019;59:1-18.
5. Ailani J, Burch RC, Robbins MS, on behalf of the Board of Directors of the American Headache Society. The American Headache Society Consensus Statement: Update on integrating new migraine treatments into clinical practice. *Headache*. 2021;61(7):1021-1039.