Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	October 29, 2021

REYVOW® (lasmiditan)

LENGTH OF AUTHORIZATION: Up to one year

REVIEW CRITERIA:

- Patient must be ≥ 18 years of age.
- Patient must have a diagnosis of migraines.
- Product is prescribed for acute treatment of migraines.
- Patient must have a history of trial and failure within the last 6 months of the following:
  - At least two preferred triptans; **OR**
  - Nurtec ODT or Ubrelvy.
- Attestation the patient was counseled regarding not driving or operating machinery until at least 8 hours after taking each dose.

CONTINUATION OF THERAPY:

- Patient has met initial review criteria.
- A positive clinical response is documented with therapy.

DOSING AND ADMINISTRATION:

- Refer to product labeling https://www.accessdata.fda.gov/scripts/cder/daf/
- Available as: 50 mg and 100 mg tablet.