



Division: Pharmacy Policy	Subject: State of Florida's Agency for Health Care Administration's Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	October 29, 2021

## **REYVOW<sup>®</sup> (lasmiditan)**

**LENGTH OF AUTHORIZATION:** Up to one year

**REVIEW CRITERIA:**

- Patient must be  $\geq 18$  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.