REYVOW®
(lasmiditan)
tablets 50mg,100mg

HELP YOUR PATIENTS RECEIVE THEIR REYVOW PRESCRIPTION

A DIFFERENT OPTION FOR THE ACUTE TREATMENT OF MIGRAINE IN ADULTS

INDICATION AND USAGE

REYVOW is 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

SELECT IMPORTANT SAFETY INFORMATION

Driving Impairment

REYVOW may cause significant driving impairment. More sleepiness was reported at 8 hours following a single dose of REYVOW compared to placebo. Advise patients not to engage in potentially hazardous activities requiring complete mental alertness, such as driving a motor vehicle or operating machinery, for at least 8 hours after each dose of REYVOW. Patients who cannot follow this advice should not take REYVOW. Prescribers and patients should be aware that patients may not be able to assess their own driving competence and the degree of impairment caused by REYVOW.

Please see Important Safety Information on last page.
Please click to see Prescribing Information and Medication Guide.

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Help Your Patients Get Timely Access to REYVOW

YOUR CORRECTLY COMPLETED PA REQUEST IS ESSENTIAL

Many health plans **will require** a prior authorization (PA) before they cover REYVOW. It is important that your PA request be **completed accurately** in order to facilitate a determination by your patient's plan and patient access to their medication.

This brochure is designed to provide you and your office staff with an easy-to-follow guide to completing the REYVOW PA request.

HELP PATIENTS SAVE WITH JUST A FEW STEPS

Get your eligible, commercially insured adult patients with migraine started with the REYVOW Savings Card*:
Patients can get REYVOW for as little as $0 for up to 12 months.

FOR YOUR ELIGIBLE, COMMERCIALLY INSURED PATIENTS,

THE REYVOW SAVINGS CARD:

START TREATMENT TODAY. SAVE FOR UP TO 12 MONTHS.

HCP PRESCRIBES **REYVOW** AND PURSUES PA APPROVAL

PATIENT ACTIVATES **SAVINGS CARD** AND PICKS UP FIRST FILL

PAY AS LITTLE AS **$0 FOR REYVOW** FOR UP TO 12 MONTHS ONCE PA IS APPROVED[a]

[a]["Covered" includes all statuses related to lowest branded co-pay, second-lowest branded co-pay, and generic for the acute treatment of migraine.] Patients need PA approved by second fill and insurance must continue to cover the claim for patients to pay as little as $0 for up to 12 months.

[**Majority of insurance plans require a PA** to show that the patient has tried 2 or more generic triptans before starting REYVOW.] Please work with the patient's plan to pursue claim approval by the second fill. Patients need approval by the second fill to **continue to pay as little as $0 for REYVOW.**

*Offer good up to 12 months. Patients that have commercial drug insurance and have coverage for REYVOW may be able to pay as little as $0 for a 30-day supply of REYVOW. Offer subject to a monthly cap of wholesale acquisition cost plus usual and customary pharmacy charges and a separate annual cap of $3,400. Patients that have commercial drug insurance but do not have coverage for REYVOW may be able to pay as little as $0 for their first fill of a 30-day supply of REYVOW. Participation in the program requires a valid patient HIPAA authorization. Patient is responsible for any applicable taxes, fees, or amounts exceeding monthly or annual caps. **This offer is invalid for Patients without commercial drug insurance or whose prescription claims for REYVOW are eligible to be reimbursed, in whole or in part, by any governmental program, including, without limitation, Medicaid, Medicare, Medicare Part D, Medigap, DoD, VA, TRICARE®/CHAMPUS, or any State Patient or Pharmaceutical Assistance Program.** Offer void where prohibited by law and subject to change or discontinue without notice. Card activation is required. Subject to additional terms and conditions, which can be found REYVOW.com/savings.

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Prior Authorization Assistance

Provided by

covermymeds®

BE PROACTIVE. START THE PA PROCESS IN 3 EASY STEPS

1. Create an account at no charge or log in to your existing account at covermymeds.com.
2. Create a PA request required for treatment or complete a pharmacy-initiated PA request to help improve time to therapy for your patients.
3. Fill in the medical details and then click 1 button to electronically submit the request to any plan for determination.

HOW TO COMPLETE A PHARMACY-INITIATED PA REQUEST

When a pharmacy starts a PA request for one of your patients, you will receive a fax with a key to access it.

1. **Log in** to or create your no-cost account at covermymeds.com.
2. Click "**Enter Key**" on your CoverMyMeds dashboard.
3. **Enter** the key and the patient's last name and date of birth indicated on the fax.
4. **Fill in** any remaining fields that are not already completed and click "Send to Plan."
5. **Mark determinations** directly in your CoverMyMeds account. The pharmacy will be notified of the outcome once it is determined by the plan.

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Example Migraine PA Request Form

Member Information (required)			Provider Information (required)		
Member Name:			Provider Name:		
Insurance ID#:			NPI#:	Specialty:	
Date of Birth:			Office Phone:		
Street Address:			Office Fax:		
City:	State:	Zip:	Office Street Address:		
Phone:			City:	State:	Zip:

1 Medication Information (required)

A Medication Name:		B Strength:	Dosage Form:
Expected Length of Therapy / Refills:		C Quantity:	Days Supply:
D ❑ Check if request is for **continuation of therapy**		E Directions for Use:	
❑ Check if requesting **brand**			

2 Clinical Information (required)

What is the patient's diagnosis for the medication being requested?

F Diagnosis: _____ G ICD-10 Code(s): _____

What medication(s) has the patient tried and had an inadequate response to? (Please specify ALL medication(s)/strengths tried, length of trial, and reason for discontinuation of each medication)

H

What medication(s) does the patient have a contraindication or intolerance to? (Please specify ALL medication(s) with the associated contraindication to or specific issues resulting in intolerance to each medication)

Are there any supporting labs or test results? (Please specify)

_____

_____

_____

Confidentiality Notice: The documents accompanying this transmission contain confidential health information that is legally privileged. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution of these documents is strictly prohibited. If you have received this information in error, please notify the sender immediately (via return fax) and arrange for the return or destruction of these documents..

Prescriber Signature: _____ **Date**: _____

_____

The information presented here is for informational purposes only and is not intended to provide reimbursement or legal advice. Laws, regulations, and policies concerning reimbursement are complex and are updated frequently. Although we have made an effort to be current as of the issue date of this document, the information may not be as current or comprehensive when you view it. Providers are encouraged to contact third-party payers for specific information on their coverage policies. For more information, please call 1-866-277-6586.

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REYVOW® (lasmiditan) tablets 50mg, 100mg

For the acute treatment of migraine with or without aura in adults

Completing the PA Request Form

1 Medication Information

- **A Medication Name:** REYVOW, if appropriate. Note: REYVOW is indicated for the acute treatment of migraine with or without aura in adults. It is not indicated for the preventive treatment for migraine.[1]
- **B Strength:** REYVOW tablets are available in two strengths: 50 mg and 100 mg.[1]
- **C Dosing:** REYVOW is offered in three dose options: 50 mg, 100 mg, and 200 mg (100 mg x 2).[1]
- **D Continuation of Therapy:** If the patient has already received REYVOW, then request "continuation of therapy."
- **E Directions for Use:** REYVOW can be taken with or without food. No more than one dose should be taken in 24 hours.[1]

2 Clinical Information

- **F Diagnosis:** Insert the patient diagnosis based on ICHD criteria 1.1 and 1.2.1.[2] Note: REYVOW is indicated for the acute treatment of migraine with or without aura in adults.[1]
- **G ICD-10 Code(s):** Insert the appropriate ICD-10 code(s) for your patient. Physicians should select any appropriate disease-specific code(s) based on the individual patient's diagnosis. A list of the most commonly identified ICD-10 codes for migraine in adults is provided at the end of this document.
- **H Prior Medication(s):** List all therapies the patient has tried and failed on for the acute treatment of migraine.

ICD-10=International Classification of Diseases, 10th Revision; ICHD=International Classification of Headache Disorders.

OTHER ACUTE TREATMENTS FOR MIGRAINE[2,3]

MEDICATION TYPE/CLASS	GENERIC NAME(S)
Triptan *Selective serotonin receptor agonist*	almotriptan; eletriptan; frovatriptan; naratriptan; rizatriptan; sumatriptan; zolmitriptan
Ergot alkaloids *Serotonin receptor agonist*	dihydroergotamine

INDICATION AND USAGE

REYVOW is 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

SELECT IMPORTANT SAFETY INFORMATION

Central Nervous System Depression

REYVOW may cause central nervous system (CNS) depression, including dizziness and sedation. Because of the potential for REYVOW to cause sedation, other cognitive and/or neuropsychiatric adverse reactions, and driving impairment, REYVOW should be used with caution if used in combination with alcohol or other CNS depressants. Patients should be warned against driving and other activities requiring complete mental alertness for at least 8 hours after REYVOW is taken..

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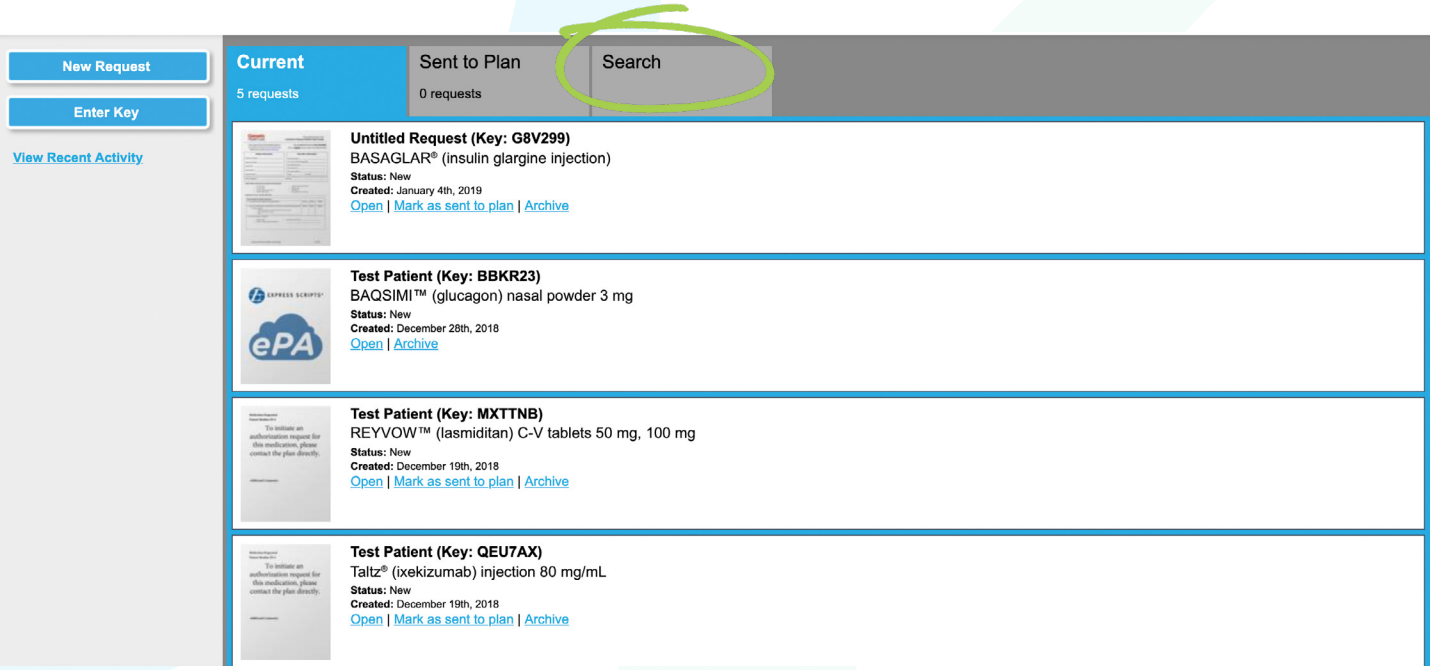
How to Locate Outstanding PA Requests on the Dashboard

You can locate outstanding PA requests on the dashboard of your CoverMyMeds portal. To filter for REYVOW, go to the "Search" tab and select "Open and Archived Requests." Then search for "REYVOW."



NEED HELP GETTING STARTED?

If you have any questions about locating outstanding PA requests in the CoverMyMeds system, please call **1-866-277-6586**. When you call, tell them you need assistance locating outstanding PA requests on the dashboard of your CoverMyMeds system. You will need to provide your name, your CoverMyMeds account name, and your email address to the CoverMyMeds team member; this will allow them to access your account and walk you through the process. You are also able to use the "Live Chat" feature on the CoverMyMeds website. On the live chat portal, experts from CoverMyMeds can walk you through examples of how to troubleshoot specific scenarios your office might be experiencing.

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ICD-10 Codes

ICD-10 codes for migraine

This list includes the commonly identified ICD-10 codes for adult patients with migraine headache. It has been reviewed for accuracy and completeness; however, there may be less commonly used codes that are missing. For additional codes, please refer to a coding resource.

MIGRAINE

G43.009	Migraine without aura, not intractable, without status migrainosus	**G43.809**	Other migraine, not intractable, without status migrainosus
G43.019	Migraine without aura, intractable, without status migrainosus	**G43.819**	Other migraine, intractable, without status migrainosus
G43.109	Migraine with aura, not intractable, without status migrainosus	**G43.909**	Migraine, unspecified, not intractable, without status migrainosus
G43.119	Migraine with aura, intractable, without status migrainosus	**G43.919**	Migraine, unspecified, intractable, without status migrainosus

Important Safety Information

REYVOW may cause significant **driving impairment**. In a driving study, administration of single 50 mg, 100 mg, or 200 mg doses of REYVOW significantly impaired subjects' ability to drive. Additionally, more sleepiness was reported at 8 hours following a single dose of REYVOW compared to placebo. Advise patients not to engage in potentially hazardous activities requiring complete mental alertness, such as driving a motor vehicle or operating machinery, for at least 8 hours after each dose of REYVOW. Patients who cannot follow this advice should not take REYVOW. Prescribers and patients should be aware that patients may not be able to assess their own driving competence and the degree of impairment caused by REYVOW.

REYVOW may cause **central nervous system (CNS) depression**, including dizziness and sedation. Because of the potential for REYVOW to cause sedation, other cognitive and/or neuropsychiatric adverse reactions, and driving impairment, REYVOW should be used with caution if used in combination with alcohol or other CNS depressants. Patients should be warned against driving and other activities requiring complete mental alertness for at least 8 hours after REYVOW is taken.

In clinical trials, reactions consistent with **serotonin syndrome** were reported in patients treated with REYVOW who were not taking any other drugs associated with serotonin syndrome. Serotonin syndrome may also occur with REYVOW during coadministration with serotonergic drugs. Serotonin syndrome symptoms may include mental status changes, autonomic instability, neuromuscular signs, and/or gastrointestinal signs and symptoms. The onset of symptoms usually occurs within minutes to hours of receiving a new or a greater dose of a serotonergic medication. Discontinue REYVOW if serotonin syndrome is suspected.

Overuse of acute migraine drugs may lead to exacerbation of headache. **Medication overuse headache** may present as migraine-like daily headaches or as a marked increase in frequency of migraine attacks. Detoxification of patients including withdrawal of the overused drugs and treatment of withdrawal symptoms (which often includes a transient worsening of headache) may be necessary.

The **most common adverse reactions** associated with **REYVOW (≥2% and greater than placebo in clinical studies)** were dizziness, fatigue, paresthesia, sedation, nausea and/or vomiting, and muscle weakness.

REYVOW contains lasmiditan, a Schedule V controlled substance (C-V). REYVOW has **abuse potential**. Evaluate patients for risk of drug abuse and observe them for signs of lasmiditan misuse or abuse.

See provided Prescribing Information and Medication Guide.

LM HCP ISI 14SEP2022

References:

1. REYVOW [prescribing information]. Indianapolis, IN: Lilly USA, LLC.
2. Headache Classification Committee of the International Headache Society (IHS) The International Classification of Headache Disorders, 3rd edition. *Cephalalgia*. 2018;38(1):1-211.
3. Smith JH. Acute treatment of migraine in adults. Swanson JW, ed. UpToDate. Waltham, MA: UpToDate Inc. https://www.uptodate.com. Accessed January 7, 2020.

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