

**REYVOW™**  
(lasmiditan)   
tablets 50mg, 100mg

# OVERVIEW FOR PHARMACIES

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](#).

*Lilly*

# REYVOW, A Different Acute Treatment for Migraine

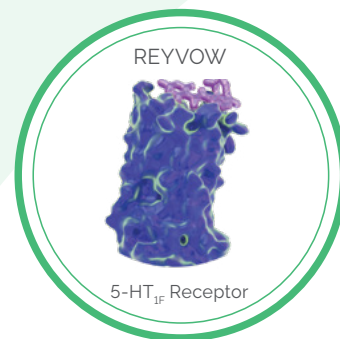
REYVOW is not a triptan<sup>1</sup>

**REYVOW, a ditan, is the first and only FDA-approved high-affinity 5-HT<sub>1F</sub> receptor agonist. REYVOW presumably exerts its therapeutic effects by activating the 5-HT<sub>1F</sub> receptors; however, the exact mechanism of action is unknown<sup>1</sup>**

In Preclinical Studies:

- Though not demonstrated in humans, REYVOW was shown to cross the blood-brain barrier in an animal model<sup>1</sup>
- REYVOW was shown to be lipophilic based on an in vitro assay<sup>2</sup>

Based on the location of the 5-HT<sub>1F</sub> receptors, REYVOW is believed to act both centrally and peripherally<sup>3</sup>



## REYVOW 50-MG TABLETS

NDC 0002-4312-08

## REYVOW 100-MG TABLETS

NDC 0002-4491-08



## 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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# REYVOW Savings Card

Pay as little as **\$0**

for up to 12 months  
if you're eligible and  
commercially insured.\*

THIS OFFER IS INVALID FOR PATIENTS WHOSE PRESCRIPTION CLAIMS ARE ELIGIBLE TO BE REIMBURSED, IN WHOLE OR IN PART, BY ANY GOVERNMENTAL PROGRAM.

\*SEE BACK OF CARD FOR ADDITIONAL DETAILS/RESTRICTIONS.

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**RxBIN:** <XXXXXX>  
**PCN:** <XXXXXX>  
**GROUP:** <XXXXXX>  
**ID#:** <XXXXXX>

Expiration date: <XX/XX/XXXX>

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, COMMERCIALY 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<sup>a</sup>

<sup>a</sup>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.

Please work with the patient's plan to pursue claim approval by second fill. Patients need approval by second fill to **continue to pay as little as \$0 for REYVOW.**

**\*Terms and Conditions:** Offer good until 12/31/2021 for up to 12 months of REYVOW. Patients with commercial drug insurance may be able to pay as little as \$0 for their first fill of REYVOW. For the 2nd and subsequent fills, patients must have coverage for REYVOW through their commercial drug insurance plan to continue to pay as little as \$0 per fill. Offer subject to a monthly savings of wholesale acquisition cost plus usual and customary pharmacy charges and a separate \$3,400 maximum annual savings. 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 those whose prescription claims 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 discontinuation without notice. Card activation is required. Subject to additional terms and conditions, which can be found at [REYVOW.com/savings](https://REYVOW.com/savings).

PA=prior authorization.

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# Get Your Patients Started With the REYVOW Savings Card\*

Follow these instructions to process the savings card.\*

Using the **REYVOW Savings Card**, eligible, commercially insured patients are able to receive their first fill of REYVOW whether REYVOW is **covered or not**, even if the commercial payer has rejected the claim because of a managed care restriction (e.g., a step-edit, prior authorization, or NDC block).

Offer good for up to 12 months until 12/31/2021, provided the patient is covered by the second fill.

\*Please see the REYVOW Savings Card Terms and Conditions on page 3.

## GENERAL INSTRUCTIONS:

Submit the claim to the primary Third-Party Payer first. If the primary claim submission shows a managed care restriction (e.g., a step-edit, prior authorization, or NDC block), continue the claim adjudication process and submit the balance to **CHANGE HEALTHCARE** as a Secondary Payer (Coordination of Benefits claim) with patient responsibility amount and a valid Other Coverage Code (OCC) of 3. The REYVOW Savings Card must be adjudicated as a Secondary Payer. Each pharmacy may have its own set of practice management systems and procedures, so these instructions may not apply.

## WALGREENS

The REYVOW Savings Card must be adjudicated as a Secondary Payer. If Primary Insurance rejects due to Managed Care Restriction (e.g., step-edit, prior authorization, or NDC block, etc), remove TPR exception by cashing out claim in IC+, then:

- Open SDL
- Submit to Primary Insurance
- After Primary Insurance rejects, click CANCEL
- Select the Secondary Plan ID
- Click C.O.B.
- Verify the Primary BIN is populated
- Make sure the OCC number is 03
- Click O.K.
- Click SUBMIT

Pharmacists encountering issues should refer to the Coordination of Benefits (COB) Processing Procedures document on Storennet for more assistance.

## CVS

The REYVOW Savings Card must be adjudicated as a Secondary Payer. Pharmacist should enter both the Primary and Secondary Insurance coordination of benefits. Bill the Primary Insurance first in order to get to the Secondary Insurance. If the Primary Insurance returns a Managed Care Restriction (e.g., step-edit, prior authorization, or NDC block, etc), then:

- Click Bypass (Target/CVS has it as "BP" in their systems) and Submit
- Take the necessary steps to resolve the primary issue. If unable to resolve issue, contact the CVS help desk/insurance company and the Secondary Insurance can be applied

## RITE AID

The REYVOW Savings Card must be adjudicated as a Secondary Payer. Pharmacist should enter both the Primary Insurance and Secondary Insurance.

- If Primary Insurance rejects for a Prior Authorization, the pharmacist will need to contact Rite Aid's Support Desk for an override to process the COB claim with OCC 03
- If Primary Insurance rejects for "70 NDC not covered," click the "Continue Bill" button and submit to the Secondary Card text provided in the savings card

## WALMART

- Submit Primary Insurance and REYVOW Savings Card (first submission)
- If Primary Insurance rejects due to NDC not covered or PA required:
  - Highlight the primary in the payment section of the resolution screen
  - Delete the primary insurer
  - Press F10
- Select OCC 03 for "Other Coverage Exists, This Claim Not Covered"
- Hit accept from the F10 screen
- Submit from the resolution screen

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## Pharmacist Instructions for a Patient With an Eligible Third-Party Payer

### For Insured/Covered Patients:

Submit this claim to the primary Third-Party Payer first, then submit the balance due to CHANGE HEALTHCARE as a Secondary Payer (Coordination of Benefits claim) with patient responsibility amount and a valid **Other Coverage Code of 8**. This will reduce the eligible patient's out-of-pocket costs to as low as \$0 on a 30-day supply, subject to a maximum savings limit for the program. Reimbursement will be received from CHANGE HEALTHCARE.

### For Insured/Not Covered Patients:

Submit the claim to the primary Third-Party Payer first. If the primary claim submission shows a managed care restriction (step-edit, prior authorization, or NDC block), continue the claim adjudication process and submit the balance to CHANGE HEALTHCARE as a Secondary Payer (Coordination of Benefits claim) with patient responsibility amount and a valid **Other Coverage Code of 3**. This will reduce the eligible patient's out-of-pocket cost to as low as \$0 per 30-day supply, subject to a maximum savings limit for the program. Reimbursement will be received from CHANGE HEALTHCARE. **OCC-3 code will only work on the patient's first fill using the copay card.**

Pharmacists with questions, please call the Help Desk at 1-855-282-4888.

### Other Information for Pharmacists:

- If a PA is not on file when a patient fills the prescription, the pharmacist should initiate a PA and run the savings card utilizing the Not Covered instructions above
- The REYVOW Savings Card must be adjudicated as a Secondary Payer
- Commercial insurance plan must be billed as primary. Cash discount cards used as primary are not eligible to be used in conjunction with savings card benefits

### Other Information for Patients:

- Eligible, commercially insured patients can obtain and activate their REYVOW Savings Card:
  - By enrolling online at REYVOW.com/savings
  - By enrolling over the phone at 1-833-REYVOW1 (1-833-739-8691)
- Patients must activate the savings card to be eligible for the program's benefits
- Patients who are enrolled in any government program, such as Medicare Part D, Medicaid, or TRICARE, cannot use the REYVOW Savings Card

## Questions? >

For pharmacy questions, call 1-855-282-4888  
 For patient questions, call 1-833-739-8691  
 Monday-Friday, 8am-10pm ET (except holidays).

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# Important Safety Information

## WARNINGS AND PRECAUTIONS

### Driving Impairment

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.

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### Serotonin Syndrome

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.

### Medication Overuse Headache

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.

**References:** 1. REYVOW [prescribing information]. Indianapolis, IN: Lilly USA, LLC. 2. Data On File. Indianapolis, IN: Lilly USA, LLC. DOF-LM-US-0019. 3. Vila-Pueyo M. Targeted 5-HT<sub>1F</sub> therapies for migraine. *Neurotherapeutics*. 2018;15:291-303.

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## ADVERSE REACTIONS

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.

## DRUG ABUSE AND DEPENDENCE

REYVOW contains lasmiditan, a Schedule V controlled substance.

### Abuse

In a human abuse potential study in recreational poly-drug users (n=58), single oral therapeutic doses (100 mg and 200 mg) and a supratherapeutic dose (400 mg) of REYVOW were associated with statistically significantly higher "drug liking" scores than placebo, indicating that REYVOW has abuse potential. At all doses, REYVOW was associated with statistically significantly lower "drug liking" scores than alprazolam. Euphoric mood occurred to a similar extent with REYVOW 200 mg, REYVOW 400 mg, and alprazolam 2 mg (43-49%). A feeling of relaxation was noted in more subjects on alprazolam (22.6%) than with any dose of REYVOW (7-11%). Phase 2 and 3 studies indicate that, at therapeutic doses, REYVOW produced adverse events of euphoria and hallucinations to a greater extent than placebo. However, these events occur at a low frequency (about 1% of patients). Evaluate patients for risk of drug abuse and observe them for signs of lasmiditan misuse or abuse.

### Dependence

Physical withdrawal was not observed in healthy subjects following abrupt cessation after 7 daily doses of lasmiditan 200 mg or 400 mg.

**Please click to see [Prescribing Information and Medication Guide](#).**

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