

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

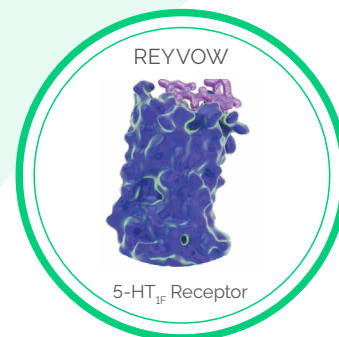
REYVOW is not a triptan<sup>1</sup>

**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



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>["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.

PA=prior authorization.

Please see Important Safety Information on last page.  
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(lasmiditan) **v**  
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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 12/31/2022, 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 the co-pay authorized by the patient's primary insurance as a secondary claim to Eversana RxBIN 018844 using the Coordination of Benefits fields with **Coverage Code type 08**. This will reduce the eligible patient's out-of-pocket costs to as little as \$0, subject to monthly and annual savings caps for the program.

### For Insured/Not Covered Patients:

If REYVOW is Not Covered by the patient's insurance, continue to process the Card along with the patient's insurance card using the Coordination of Benefits fields with **Coverage Code type 03**. This will reduce the eligible patient's out-of-pocket costs to pay as little as \$0, subject to monthly and annual savings caps for the program.

Pharmacists with questions, please call the Pharmacy Benefit Manager 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
- This card must be accompanied by a valid prescription for REYVOW and can only be used by one patient. By accepting this offer, you certify that you understand and agree to comply with the offer terms set forth herein.
- If you are required to do so under the terms of your third-party payer contracts or as otherwise required by law, you should notify the affected third-party payer of your redemption of this offer.
- This offer is valid for commercially insured patients only. Offer is not valid for patients who are eligible to have their prescriptions reimbursed in whole or part by any governmental program.
- Please return card to patient after claim is processed.
- Transmit claim online to RxBIN 018844. Processor requires valid Prescriber ID #, PCN, Patient Name, and DOB for claim adjudication.
- Card may be used for up to 12 months of REYVOW.

### 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
- **Governmental beneficiaries excluded, terms and conditions apply.** Go to REYVOW.com for additional details.

## 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

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.

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Other product/company names mentioned herein are the trademarks of their respective owners.

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. 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.

