ConnectiCare

Commercial & HealthCare Exchange Quantity Limit Criteria

Effective: June 3, 2020

Quantity Limit Name: Reyvow

Products Affected: Reyvow (lasmiditan) tablets

Type of Quantity Limit:

☒FDA maximum
☐Usual Daily Frequency
☐Split fill
☐Other (Please specify):_____

Limits to be applied:

Reyvow 50 mg tablets	8 tablets per 28 days
Reyvow 100 mg tablets	16 tablets per 28 days

References:

1. Reyvow (lasmiditan) [prescribing information]. Indianapolis, IN; Lilly USA, LLC; January 2020.
2. Lasmiditan. Lexi-Drugs. Lexicomp. Wolters Kluwer Health, Inc. Riverwoods, IL. May 2020.
3. Lasmiditan. IBM Micromedex® DRUGDEX®. IBM Watson Health, Greenwood Village, Colorado, USA. May 2020.

Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	06/03/20

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