



**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

06/03/2020



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