

PROVIDER Bulletin



KERN HEALTH
SYSTEMS

January 4, 2024

UPDATED

Medi-Cal: Prior Authorization Request Requirement for Reyvow (Lasmiditan Succinate)

Dear Provider,

The Department of Health Care Services (DHCS) published a bulletin informing the requirement of a prior authorization for Reyvow (lasmitidan succinate). During the transition to MCRx it was allowed to process without a prior authorization. Moving forward, the drug will require a prior authorization. Other alternatives are provided in the bulletin (hyperlink below) that do not need prior authorization.

A link to the bulletin updating the coverage of Reyvow (Lasmiditan succinate) may be found here:

https://medi-calrx.dhcs.ca.gov/cms/medicalrx/static-assets/documents/provider/pharmacy-news/2024.01_A_PA_Requirement_Reyvow.pdf

KHS posts all bulletins on the KHS website, www.kernfamilyhealthcare.com, choose Provider, then Bulletins.

For any questions, please contact your Provider Relations Representative at 1-800-391-2000.

Sincerely,

Melissa McGuire
Director of Provider Network
Kern Health Systems