



DATE: December 22, 2025

TO: Commonwealth of Kentucky Medicaid Pharmacy Network

FROM: MedImpact Healthcare Systems

Subject: Discontinuation of Reyvow® (lasmiditan) C-V Tablets

Status: Eli Lilly USA, LLC has announced the discontinuation of Reyvow® (lasmiditan) C-V tablets, effective **December 31, 2025**. Pharmacies may continue to dispense existing Reyvow® shelf stock until it is depleted, however no new U.S. product will be manufactured after this date.

Note: The Commonwealth of Kentucky Department of Medicaid Services (DMS) encourages healthcare providers to proactively assist affected members in transitioning to suitable alternative migraine therapies. For additional information or inquiries about this change, providers and members may contact Eli Lilly USA, LLC at 1-800-LillyRx (1-800-545-5979).

Providers may reference the table below to identify possible alternative migraine therapies on the Medicaid Preferred Drug List (PDL):

Preferred Drug Category	Preferred Agents	Preferred with PA	Non-Preferred
ANTIMIGRAINE AGENTS, CALCITONIN GENE-RELATED PEPTIDE (CGRP) INHIBITORS AND OTHER AGENTS: ACUTE TREATMENT		Nurtec ODT Ubrelyv tablet	Reyvow tablet Zavzpret spray

To access the Kentucky Medicaid PDL, please refer to the MedImpact Provider Portal at:

<https://kyportal.medimpact.com/provider-documents/drug-information>. For any additional information or questions that you may have, please contact the Kentucky MedImpact team at KYMFFS@medimpact.com for Fee for-Service members or at KYMCOPBM@medimpact.com for Managed Care Organization (MCO) members.

KY MCO Contact Information

Program Questions	KYMCOPBM@MedImpact.com
Pharmacy Help Desk	(800) 210-7628 [24 hours per day/ 7 days per week]
Prior Authorizations	Phone (844) 336-2676 [8:00AM - 7:00PM EST/ 7 days per week]; Fax (858) 357-2612

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800.788.2949





Pharmacy Portal	https://kyportal.medimpact.com/
BIN: 023880 / PCN: KYPROD1 / GROUP: KYM01	

KY FFS Contact Information

Program Questions	KYMFFS@MedImpact.com
Pharmacy Help Desk	(877) 403-6034 [24 hours per day/ 7 days per week]
Prior Authorizations	Phone (877) 403-6034 [8:00AM - 7:00PM EST/ 7 days per week] Fax (858) 357-2612
Pharmacy Portal	https://kyportal.medimpact.com/
BIN: 026309 / PCN: KYPROD1 / GROUP: KYF01	