STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

ZAVEGEPANT

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
ZAVEGEPANT HCL	ZAVZPRET	48771		GPI-10 (6770109020)	

GUIDELINES FOR USE

INITIAL CRITERIA (NOTE: FOR RENEWAL CRITERIA SEE BELOW)

1. Is the request for the acute treatment of migraines and the patient meets **ALL** of the following criteria?
   - The patient is 18 years of age or older
   - The patient had a trial of or contraindication to ONE triptan (e.g., Imitrex [sumatriptan], Maxalt [rizatriptan])
   - The patient had a trial of or contraindication to TWO of the following preferred agents: Reyvow (lasmiditan), Nurtec ODT (rimegepant), Ubrelvy (ubrogepant)
   - The patient is unable to tolerate oral medications

   If yes, **approve for 6 months by HICL or GPI-10 with a quantity limit of #8 per 30 days.**
   If no, do not approve.

   INITIAL DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

   Our guideline named **ZAVEGEPANT (Zavzpret)** requires the following rule(s) be met for approval:
   A. The request is for the acute (quick onset) treatment of migraines (a type of headache)
   B. You are 18 years of age or older
   C. You had a trial of or contraindication (harmful for) to ONE triptan (such as Imitrex [sumatriptan], Maxalt [rizatriptan])
   D. You had a trial of or contraindication (harmful for) to TWO of the following medications: Reyvow (lasmiditan), Nurtec ODT (rimegepant), Ubrelvy (ubrogepant)
   E. You are NOT able to tolerate oral medications

   Your doctor told us [INSERT PT SPECIFIC INFO PROVIDED]. We do not have information showing you [INSERT UNMET CRITERIA]. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

CONTINUED ON NEXT PAGE

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ZAVEGEPANT

RENEWAL CRITERIA

1. Is the request for the acute treatment of migraines?

   If yes, continue to #2.
   If no, do not approve.
   DENIAL TEXT: See the renewal denial text at the end of the guideline.

2. Has the patient experienced an improvement from baseline in a validated acute treatment patient-reported outcome questionnaire (e.g., Migraine Assessment of Current Therapy [Migraine-ACT])?

   If yes, **approve for 12 months by HICL or GPI-10 with a quantity limit of #8 per 30 days.**
   If no, continue to #3.

3. Has the patient experienced clinical improvement as defined by **ONE** of the following criteria?
   - Ability to function normally within 2 hours of dose
   - Headache pain disappears within 2 hours of dose
   - Therapy works consistently in majority of migraine attacks

   If yes, **approve for 12 months by HICL or GPI-10 with a quantity limit of #8 per 30 days.**
   If no, do not approve.

   RENEWAL DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

   Our guideline named **ZAVEGEPANT (Zavzpret)** requires the following rule(s) be met for approval:
   A. The request is for the acute (quick onset) treatment of migraines (a type of headache)
   B. You meet ONE of the following:
      1. You have experienced an improvement from baseline in a validated acute treatment patient-reported outcome questionnaire (assessment tool used to help guide treatment such as migraine assessment of current therapy [MIGRAINE-ACT])
      2. You have experienced clinical improvement as defined by ONE of the following:
         a. Ability to function normally within 2 hours of dose
         b. Headache pain disappears within 2 hours of dose
         c. Treatment works consistently in a majority of migraine attacks

   Your doctor told us [INSERT PT SPECIFIC INFO PROVIDED]. We do not have information showing you [INSERT UNMET CRITERIA]. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

CONTINUED ON NEXT PAGE

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RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Zavzpret.

REFERENCES

- Zavzpret [Prescribing Information]. New York, NY: Pfizer, Inc.; March 2023.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A
Commercial Effective: 08/01/23
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