# ZAVZPRET™ (zavegepant) PRIOR AUTHORIZATION AND REAUTHORIZATION WORKSHEET

Your patient's health plan may require an authorization for initial approval (prior authorization, or PA) of ZAVZPRET, as well as for use after a specified amount of time (reauthorization, or RA). An RA may be required for your patient to continue treatment with ZAVZPRET after 3, 6, or 12 months of use. **Please note that criteria may vary by plan, so be sure to confirm the required information and documentation before preparing your request.**

## Possible PA/RA criteria for ZAVZPRET coverage

This information represents potential PA or RA criteria and is not intended to be a conclusive or exhaustive list.

| PA CRITERIA ASSESSMENT | | |
|---|---|---|
| **Is your patient 18 years of age or older?**[1,2] | ◯ Yes ◯ No | |
| **Does your patient suffer from moderate to severe migraine?**[1,3] | ◯ Yes ◯ No | ICD-10-CM codes (see page 2 for possible codes) |
| **Was ZAVZPRET prescribed in consultation with a specialist?**[3,4] | ◯ Yes ◯ No | |
| **Is ZAVZPRET being prescribed for acute treatment of migraine with or without aura?**[1] (If yes, answer the 3 questions below) | ◯ Yes ◯ No | |
| Has your patient tried one or more triptans?[2,5] | ◯ Yes ◯ No | List the names of all previous migraine therapies, including dates of use, dosage, and frequency |
| Is your patient contraindicated to triptan therapies?[3,4] | ◯ Yes ◯ No | List the names of contraindicated therapies |
| Did your patient discontinue triptan therapy due to therapeutic failure, contraindication to preferred therapies, or intolerance/ adverse events?[3,4] | ◯ Yes ◯ No | Describe reasons for discontinuation |
| Is your patient currently taking another CGRP receptor antagonist?[4,6] | ◯ Yes ◯ No | List the name, purpose of use, dates of use, dosage, and frequency |

| RA CRITERIA ASSESSMENT | | |
|---|---|---|
| **When did your patient start treatment with ZAVZPRET?** | Date | |
| **Per month, how often does your patient use ZAVZPRET?** | Approximate use per month | |
| **Did your patient experience any adverse events while taking ZAVZPRET?**[5] | ◯ Yes ◯ No | List any adverse events |
| **Did your patient have a positive clinical response to ZAVZPRET?**[5] | ◯ Yes ◯ No | Describe the positive clinical response |
| **Is your patient currently taking other migraine therapies in addition to ZAVZPRET?** | ◯ Yes ◯ No | List other migraine therapies |
| **If your patient is using another CGRP receptor antagonist with ZAVZPRET, what is the clinical rationale?** | Describe rationale | |

**Be sure to have the RA information ready before the end of the specified time period to prevent any delays in patient access to therapy as prescribed.**

## INDICATION

ZAVZPRET™ (zavegepant) is indicated for the acute treatment of migraine with or without aura in adults.

Limitations of Use: ZAVZPRET is not indicated for the preventive treatment of migraine.

## IMPORTANT SAFETY INFORMATION

**Contraindications:** Hypersensitivity to ZAVZPRET or any of its components.

**Please see next page for additional Important Safety Information and click here for full Prescribing Information.**

## Documentation to consider including with your request (if required by the health plan)

- Any health plan–specific PA forms
- Letter of Medical Necessity (important for patients who may not meet all PA criteria)
- Your patient's medical records (eg, previous/current therapies, existing comorbidities, allergies)
- Additional documentation to support treatment with ZAVZPRET, such as
  - ZAVZPRET Prescribing Information
  - ZAVZPRET FDA approval letter(s) (available on the FDA website)
  - Peer-reviewed literature, including published clinical trial data for ZAVZPRET

## Examples of ICD-10-CM codes for migraine

The codes listed below may be appropriate to include with your request for your patient with migraine. Please refer to an ICD-10-CM resource for additional codes that may be applicable to your patient.*

| ICD-10-CM CODE[7] | DESCRIPTION[7] |
|---|---|
| G43 | Migraine |
| G43.0 | Migraine without aura |
| G43.1 | Migraine with aura |
| G43.9 | Migraine, unspecified |

ICD-10-CM, International Classification of Diseases, Tenth Revision, Clinical Modification.

*This information is intended for informational purposes only and is not a comprehensive description of potential coding requirements for ZAVZPRET. Coding and coverage policies change periodically and often without warning. The healthcare provider is solely responsible for determining coverage and reimbursement parameters and accurate and appropriate coding for treatment of their patients. The information provided in this section should not be considered a guarantee of coverage or reimbursement for ZAVZPRET. The codes shown above are only general suggestions and are not intended to encourage or suggest a use of any drug that is inconsistent with FDA-approved use.

## IMPORTANT SAFETY INFORMATION (cont.)

**Warnings and Precautions:** Hypersensitivity reactions, including facial swelling and urticaria, have occurred with ZAVZPRET. If a hypersensitivity reaction occurs, discontinue ZAVZPRET and initiate appropriate therapy.

**Adverse Reactions:** Most common adverse reactions (occurring in ≥2% of patients treated with ZAVZPRET and greater than placebo) for ZAVZPRET vs placebo were taste disorders including dysgeusia and ageusia (18% vs 4%), nausea (4% vs 1%), nasal discomfort (3% vs 1%), and vomiting (2% vs 1%).

**Drug Interactions:** Avoid use with drugs that inhibit or induce OATP1B3 or NTCP transporters. Avoid use of intranasal decongestants; if unavoidable, administer intranasal decongestants at least 1 hour after ZAVZPRET administration.

**Use in Specific Populations:** *Hepatic Impairment:* Avoid use in patients with severe hepatic impairment. *Renal impairment:* Avoid use of ZAVZPRET in patients with creatinine clearance (CLcr) less than 30 mL/min.

**Please click here for full Prescribing Information.**

**References: 1.** ZAVZPRET. Package insert. Pfizer Inc. **2.** ConnectiCare. Commercial/healthcare exchange PA criteria. https://www.connecticare.com/content/dam/connecticare/pdfs/providers/pharmacy/commercial/Nurtec ODT PA CCI.pdf. Updated December 2021. Accessed June 2, 2023. **3.** Medical Mutual. Drug policy. https://www.medmutual.com/-/media/MedMutual/Files/Providers/Prior-Auth-Rx/Nurtec-ODT.pdf. Updated February 17, 2022. Accessed June 2, 2023. **4.** OptumRx. Clinical criteria, step therapy, and quantity limits for TennCare preferred drug list. https://www.optumrx.com/content/dam/openenrollment/pdfs/Tenncare/home-page/preferred-drug-list/Criteria%20PDL.pdf. Updated June 1, 2022. Accessed June 2, 2023. **5.** BlueShield of Northeastern New York. Drug therapy guidelines. https://www.bsneny.com/content/dam/COMMON/non-secure/provider/drug-therapy-guidelines/B-C-D/calcitonin-gene-related-peptide-(cgrp)-antagonists.pdf. Updated March 7, 2022. Accessed June 2, 2023. **6.** Amerigroup. Nurtec ODT (rimegepant). https://provider.amerigroup.com/docs/gpp/PHARM_ALL_Nurtec.pdf?v=202107211417. Updated June 21, 2021. Accessed June 2, 2023. **7.** Centers for Medicare & Medicaid Services. ICD-10-CM tabular list of diseases and injuries. https://www.cms.gov/files/zip/2023-code-tables-tabular-and-index.zip. Updated July 22, 2022. Accessed May 31, 2023.



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