Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	February 9, 2024

Zavzpret™ (zavegepant) Nasal Spray

LENGTH OF AUTHORIZATION: Up to 1 year

REVIEW CRITERIA:

- Patient must be ≥ 18 years of age; **AND**
- Patient must have a documented diagnosis of migraines.
- Product is prescribed for the acute treatment of migraines; no more than 8 episodes in a 30-day period.
- Patient must have a history of trial and failure within the last 6 months of the following:
  - At least two preferred triptans; **OR**
  - Nurtec ODT or Ubrelvy.
- Patient does not have either of the following:
  - Severe hepatic impairment; **OR**
  - Renal impairment (CrCl < 30 mL/min).

Note: Zavzpret is not indicated for the preventive treatment of migraines.

CONTINUATION OF THERAPY:

- Patient met initial review criteria; **AND**
- Documentation of a positive clinical response (e.g., resolution of migraine headache pain or improvement in symptom severity); **AND**
- Patient has not experienced any treatment-restricting adverse effects; **AND**
- Dosing is appropriate as per labeling or is supported by compendia.

DOSING AND ADMINISTRATION:

- Refer to product labeling at https://www.accessdata.fda.gov/scripts/cder/daf/
- Available as: 10mg ready-to-use, unit-dose disposable device for nasal administration. Each carton contains 6 devices/doses.