

# Criteria-Based Consultation Prescribing Program

## CRITERIA FOR DRUG COVERAGE

### Zavegepant (Zavzpret)

#### Notes:

- Quantity Limits: Yes
- ^ Adequate trial of a triptan is use in at least 3 migraine episodes. Pain reduction in at least 2 episodes is considered effective.

**Initiation (new start) criteria, and criteria for current Kaiser Permanente members already taking the medication who have not been reviewed previously:** Non-formulary **zavegepant (Zavzpret)** will be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Prescribed by a neurology provider
- Patient is at least 18 years old
- Prescribed for the treatment of acute migraine
- Patient has failed a trial<sup>^</sup> of or has an allergy or intolerance to at least 3 triptans at maximum tolerated doses **OR** patient has documented contraindication to triptan use (i.e. coronary artery disease, history of ischemic stroke due to atherosclerosis, peripheral vascular disease, uncontrolled hypertension)
- Patient has failed a trial of or has an allergy or intolerance to ubrogepant (Ubrelyv), and rimegepant (Nurtec)

**Criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously:** Non-formulary **zavegepant (Zavzpret)** will be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Patient is at least 18 years old
- Prescribed for the treatment of acute migraine
- Patient has failed a trial<sup>^</sup> of or has an allergy or intolerance to at least 3 triptans at maximum tolerated doses **OR** patient has documented contraindication to triptan use (i.e. coronary artery disease, history of ischemic stroke due to atherosclerosis, peripheral vascular disease, uncontrolled hypertension)
- Patient has failed a trial of or has an allergy or intolerance to ubrogepant (Ubrelyv), and rimegepant (Nurtec)

# Criteria-Based Consultation Prescribing Program CRITERIA FOR DRUG COVERAGE

## Zavegepant (Zavzpret)

**Continued use criteria for patients previously approved per the above criteria who are currently stable on the medication:** Non-formulary **zavegepant (Zavzpret)** will continue to be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Prescribed by a neurology provider
- Patient has experienced an adequate clinical response to treatment, per provider documentation

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