



AETNA BETTER HEALTH®  
Coverage Policy/Guideline

Name: Calcitonin Gene Related Peptide (CGRP) Receptor  
Antagonist Nasal - Zavzpret

Page: 1 of 2

Effective Date: 2/1/2024

Last Review Date: 12/2023

Applies to:	<input type="checkbox"/> Illinois	<input type="checkbox"/> Florida Kids	<input type="checkbox"/> Maryland
	<input checked="" type="checkbox"/> New Jersey	<input type="checkbox"/> Michigan	<input type="checkbox"/> Florida
	<input type="checkbox"/> Pennsylvania Kids	<input type="checkbox"/> Virginia	

### Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for the oral or Nasal Calcitonin Gene Related Peptide (CGRP) Receptor Antagonists under the patient's prescription drug benefit.

### Description:

**Nurtec ODT** (*If request is for Nurtec, review using CGRP Inhibitors NJ State Protocol*)

#### Acute Treatment of Migraine

Nurtec ODT is indicated for the acute treatment of migraine with or without aura in adults.

#### Preventive Treatment of Episodic Migraine

Nurtec ODT is indicated for the preventive treatment of episodic migraine in adults.

**Qulipta** (*If request is for Qulipta, review using CGRP Inhibitors NJ State Protocol*)

Qulipta is indicated for the preventive treatment of episodic migraine in adults.

**Ubrelvy** (*If request is for Ubrelvy, review using CGRP Inhibitors NJ State Protocol*)

Ubrelvy is indicated for the acute treatment of migraine with or without aura in adults.

#### Limitations of Use

Ubrelvy is not indicated for the preventive treatment of migraine

#### **Zavzpret**

Zavzpret 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.

### Applicable Drug List:

Zavzpret

### Policy/Guideline:

**The requested drug will be covered with prior authorization when the following criteria are met:**

- The request is being prescribed for the *acute treatment* of migraine in an adult patient  
**AND**
  - The patient experienced an inadequate response or an intolerance to two triptan 5-HT<sub>1</sub> receptor agonists



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**OR**

- The patient has a contraindication that would prohibit a trial of triptan 5-HT1 receptor agonists

**AND**

- The requested drug will not be used concurrently with another CGRP receptor antagonist
- The patient has tried and failed, had an intolerance, or has a contraindication to Ubrelvy

**Approval Duration and Quantity Restrictions:**

**Approval:**

Acute treatment: 12 months

**Quantity Level Limit:**

Zavzpret	6 nasal spray units per 3 weeks
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**References:**

1. Nurtec ODT [package insert]. New Haven, CT: Biohaven Pharmaceuticals, Inc; February 2023.
2. Qulipta [package insert]. Madison, NJ: Allergan USA, Inc.; April 2023.
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4. Zavzpret [package insert]. New York, NY: Pfizer Las Division of Pfizer Inc.; March 2023.
5. Lexicomp Online, AHFS DI (Adult and Pediatric) Online, Waltham, MA: UpToDate, Inc.; 2023. <https://online.lexi.com>. Accessed April 3, 2023.
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7. American Headache Society. The American Headache Society Position Statement on Integrating New Migraine Treatments into Clinical Practice. Headache 2019; 59:1-18.
8. Marmura M, Silberstein S, Schwedt T. The Acute Treatment of Migraine in Adults: The American Headache Society Evidence Assessment of Migraine Pharmacotherapies. Headache 2015;55:3-20.
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10. Silberstein S, Holland S, Freitag F, et al. Evidence-Based Guideline Update: Pharmacologic Treatment for Episodic Migraine Prevention in Adults: Report of the Quality and the American Headache Society Standards Subcommittee of the American Academy of Neurology. Neurology 2012;78;1337-1346.
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12. American Academy of Neurology. Update: Pharmacologic Treatments for Episodic Migraine Prevention in Adults. Available at: <https://www.aan.com/Guidelines/Home/GetGuidelineContent/545>. Accessed April 2023.