

**Texas Prior Authorization Program
Clinical Criteria**

Drug/Drug Class

**Calcitonin Gene-Related Peptide Receptor (CGRP)
Antagonists (Acute Treatment)**

Clinical Information Included in this Document

Zavzpret (Zavegepant)

- **Drugs requiring prior authorization:** the list of drugs requiring prior authorization for this clinical criteria
- **Prior authorization criteria logic:** a description of how the prior authorization request will be evaluated against the clinical criteria rules
- **Logic diagram:** a visual depiction of the clinical criteria logic
- **Supporting tables:** a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes); provided when applicable
- **References:** clinical publications and sources relevant to this clinical criteria

Note: Click the hyperlink to navigate directly to that section.

Revision Notes

Initial publication and presentation to the DUR Board



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Drugs Requiring Prior Authorization

The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.

Drugs Requiring Prior Authorization	
Label Name	GCN
ZAVZPRET 10 MG NASAL SPRAY	53837



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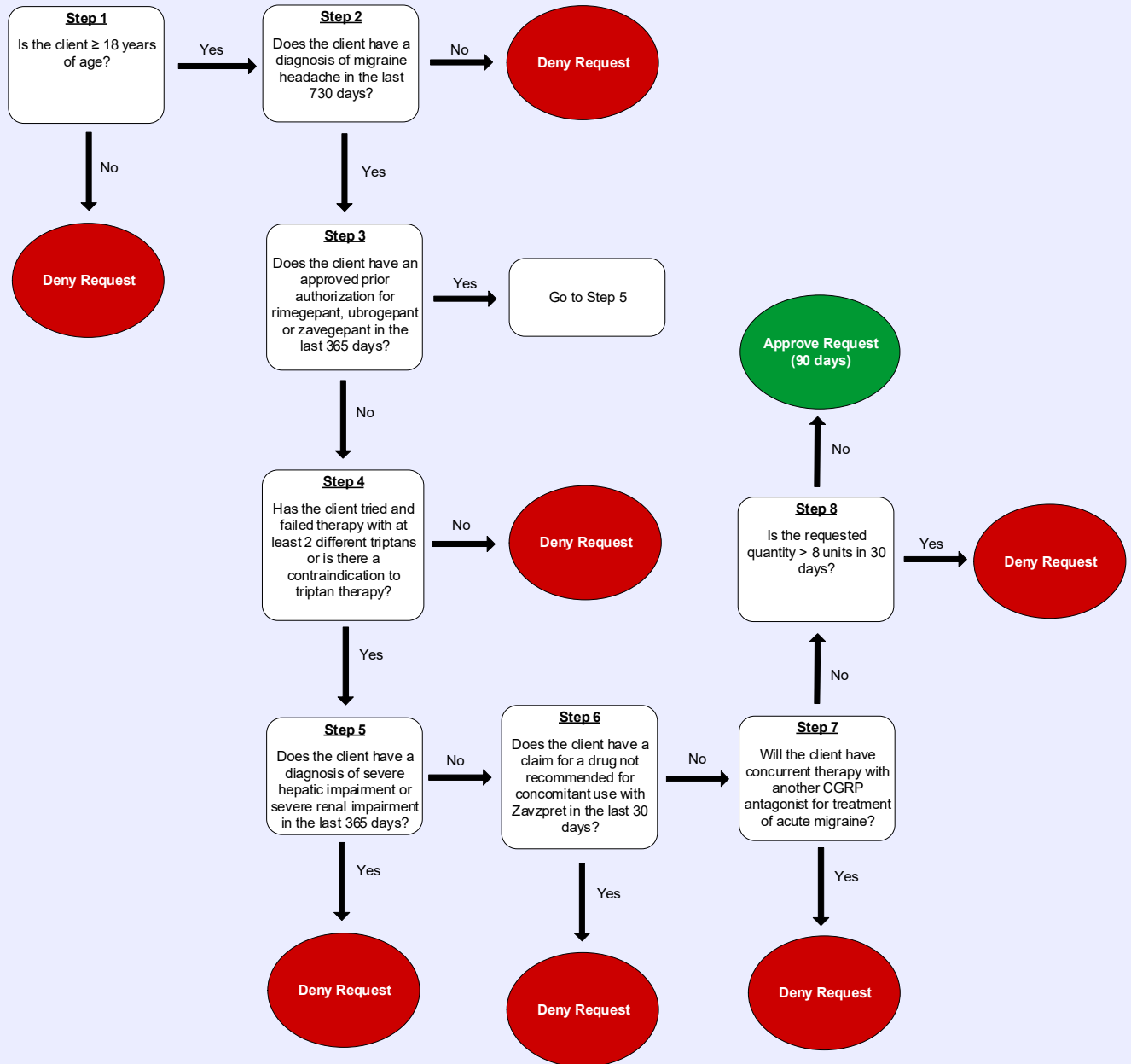
Clinical Criteria Logic

1. Is the client greater than or equal to (\geq) 18 years of age?
 Yes (Go to #2)
 No (Deny)
2. Does the client have a diagnosis of **migraine headache** in the last 730 days?
 Yes (Go to #3)
 No (Deny)
3. Does the client have an approved prior authorization for rimegepant, ubrogepant or zavegepant in the last 365 days?
 Yes (Go to #5)
 No (Go to #4)
4. Has the client tried and failed therapy with at least 2 different **triptans**, or does the client have a contraindication to triptan therapy?
 Yes (Go to #5)
 No (Deny)
5. Does the client have a diagnosis of **severe hepatic impairment** or severe renal impairment in the last 365 days?
 Yes (Deny)
 No (Go to #6)
6. Does the client have a claim for a **drug listed in Zavzpret Table 6** in the last 30 days?
 Yes (Deny)
 No (Go to #7)
7. Will the client have concurrent therapy with another **CGRP antagonist** for treatment of acute migraine?
 Yes (Deny)
 No (Go to #8)
8. Is the requested quantity greater than ($>$) 8 units in 30 days?
 Yes (Deny)
 No (Approve – 90 days)



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Clinical Criteria Logic Diagram





CGRP Antagonists (Acute)

Clinical Criteria Supporting Tables

Step 2 (diagnosis of migraine headache)	
Required diagnosis: 1	
Look back timeframe: 730 days	
ICD-10 Code	Description
G43001	MIGRAINE WITHOUT AURA, NOT INTRACTABLE WITH STATUS MIGRAINOSUS
G43009	MIGRAINE WITHOUT AURA, NOT INTRACTABLE WITHOUT STATUS MIGRAINOSUS
G43011	MIGRAINE WITHOUT AURA, INTRACTABLE WITH STATUS MIGRAINOSUS
G43019	MIGRAINE WITHOUT AURA, INTRACTABLE WITHOUT STATUS MIGRAINOSUS
G43101	MIGRAINE WITH AURA, NOT INTRACTABLE WITH STATUS MIGRAINOSUS
G43109	MIGRAINE WITH AURA, NOT INTRACTABLE WITHOUT STATUS MIGRAINOSUS
G43111	MIGRAINE WITH AURA, INTRACTABLE WITH STATUS MIGRAINOSUS
G43119	MIGRAINE WITH AURA, INTRACTABLE WITHOUT STATUS MIGRAINOSUS
G43401	HEMIPLEGIC MIGRAINE, NOT INTRACTABLE WITH STATUS MIGRAINOSUS
G43409	HEMIPLEGIC MIGRAINE, NOT INTRACTABLE WITHOUT STATUS MIGRAINOSUS
G43411	HEMIPLEGIC MIGRAINE, INTRACTABLE WITH STATUS MIGRAINOSUS
G43419	HEMIPLEGIC MIGRAINE, INTRACTABLE WITHOUT STATUS MIGRAINOSUS
G43501	PERSISTENT MIGRAINE AURA WITHOUT CEREBRAL INFARCTION WITH STATUS MIGRAINOSUS
G43509	PERSISTENT MIGRAINE AURA WITHOUT CEREBRAL INFARCTION WITHOUT STATUS MIGRAINOSUS
G43511	PERSISTENT MIGRAINE AURA WITHOUT CEREBRAL INFARCTION, INTRACTABLE WITH STATUS MIGRAINOSUS
G43519	PERSISTENT MIGRAINE AURA WITHOUT CEREBRAL INFARCTION, INTRACTABLE WITHOUT STATUS MIGRAINOSUS
G43601	PERSISTENT MIGRAINE AURA WITH CEREBRAL INFARCTION, NOT INTRACTABLE WITH STATUS MIGRAINOSUS
G43609	PERSISTENT MIGRAINE AURA WITH CEREBRAL INFARCTION, NOT INTRACTABLE WITHOUT STATUS MIGRAINOSUS
G43611	PERSISTENT MIGRAINE AURA WITH CEREBRAL INFARCTION, INTRACTABLE WITH STATUS MIGRAINOSUS
G43619	PERSISTENT MIGRAINE AURA WITH CEREBRAL INFARCTION, INTRACTABLE WITHOUT STATUS MIGRAINOSUS

Step 2 (diagnosis of migraine headache)	
Required diagnosis: 1	
Look back timeframe: 730 days	
ICD-10 Code	Description
G43701	CHRONIC MIGRAINE WITHOUT AURA WITH STATUS MIGRAINOSUS
G43709	CHRONIC MIGRAINE WITHOUT AURA WITHOUT STATUS MIGRAINOSUS
G43711	CHRONIC MIGRAINE WITHOUT AURA, INTRACTABLE WITH STATUS MIGRAINOSUS
G43719	CHRONIC MIGRAINE WITHOUT AURA, INTRACTABLE WITH STATUS MIGRAINOSUS
G43B0	OPHTHALMOPLAGIC MIGRAINE NOT INTRACTABLE
G43B1	OPHTHALMOPLAGIC MIGRAINE INTRACTABLE
G43801	OTHER MIGRAINE, NOT INTRACTABLE WITH STATUS MIGRAINOSUS
G43809	OTHER MIGRAINE, NOT INTRACTABLE WITHOUT STATUS MIGRAINOSUS
G43811	OTHER MIGRAINE, INTRACTABLE WITH STATUS MIGRAINOSUS
G43819	OTHER MIGRAINE, INTRACTABLE WITHOUT STATUS MIGRAINOSUS
G43821	MENSTRUAL MIGRAINE, NOT INTRACTABLE WITH STATUS MIGRAINOSUS
G43829	MENSTRUAL MIGRAINE, NOT INTRACTABLE WITHOUT STATUS MIGRAINOSUS
G43831	MENSTRUAL MIGRAINE, INTRACTABLE WITH STATUS MIGRAINOSUS
G43839	MENSTRUAL MIGRAINE, INTRACTABLE WITHOUT STATUS MIGRAINOSUS
G43901	MIGRAINE, UNSPECIFIED, NOT INTRACTABLE WITH STATUS MIGRAINOSUS
G43909	MIGRAINE, UNSPECIFIED, NOT INTRACTABLE WITHOUT STATUS MIGRAINOSUS
G43911	MIGRAINE, UNSPECIFIED, INTRACTABLE WITH STATUS MIGRAINOSUS
G43919	MIGRAINE, UNSPECIFIED, INTRACTABLE WITHOUT STATUS MIGRAINOSUS

Step 4 (history of triptan therapy)	
Required claims: 2	
Label Name	GCN
ALMOTRIPTAN MALATE 12.5 MG TAB	12472
ALMOTRIPTAN MALATE 6.25 MG TAB	13587
AMERGE 1 MG TABLET	81112
AMERGE 2.5 MG TABLET	81111
ELETRIPTAN HBR 20 MG TABLET	15173
ELETRIPTAN HBR 40 MG TABLET	15174
FROVA 2.5 MG TABLET	14977

Step 4 (history of triptan therapy)	
Required claims: 2	
Label Name	GCN
FROVATRIPTAN SUCC 2.5 MG TAB	14977
IMITREX 100 MG TABLET	05701
IMITREX 20 MG NASAL SPRAY	50744
IMITREX 25 MG TABLET	05702
IMITREX 4 MG/0.5 ML CARTRIDGES	26667
IMITREX 4 MG/0.5 ML PEN INJECT	26666
IMITREX 50 MG TABLET	05700
IMITREX 6 MG/0.5 ML CARTRIDGES	24708
IMITREX 6 MG/0.5 ML PEN INJECT	50741
IMITREX 6MG/0.5 ML VIAL	50742
IMITREXX 5 MG NASAL SPRAY	50740
MAXALT 10 MG TABLET	19592
MAXALT MLT 10 MG TABLET	19594
NARATRIPTAN HCL 1 MG TABLET	81112
NARATRIPTAN HCL 2.5 MG TABLET	81111
ONZETA XSAIL 11 MG/NOSEPIECE	40608
RELPAX 20 MG TABLET	15173
RELPAX 40 MG TABLET	15174
RIZATRIPTAN 10 MG ODT	19594
RIZATRIPTAN 10 MG TABLET	19592
RIZATRIPTAN 5 MG ODT	19593
RIZATRIPTAN 5 MG TABLET	19591
SUMATRIPTAN 20 MG NASAL SPRAY	50744
SUMATRIPTAN 4 MG/0.5 ML CART	26667
SUMATRIPTAN 4 MG/0.5 ML INJECT	26666
SUMATRIPTAN 5 MG NASAL SPRAY	50740
SUMATRIPTAN 6 MG/0.5 ML CART	24708
SUMATRIPTAN 6 MG/0.5 ML INJECT	50741
SUMATRIPTAN 6 MG/0.5 ML VIAL	50742
SUMATRIPTAN SUCC 100 MG TABLET	05701
SUMATRIPTAN SUCC 25 MG TABLET	05702
SUMATRIPTAN SUCC 50 MG TABLET	05700
SUMATRIPTAN-NAPROXEN 85-500 MG	99597
TREXIMET 85-500 MG TABLET	99597
ZEMBRACE SYMTOUCH 3 MG/0.5 ML	40811
ZOLMITRIPTAN 2.5 MG ODT	42098

Step 4 (history of triptan therapy)	
Required claims: 2	
Label Name	GCN
ZOLMITRIPTAN 2.5 MG TABLET	46131
ZOLMITRIPTAN 5 MG ODT	14324
ZOLMITRIPTAN 5 MG TABLET	46132
ZOMIG 2.5 MG NASAL SPRAY	24218
ZOMIG 2.5 MG TABLET	46131
ZOMIG 5 MG NASAL SPRAY	18972
ZOMIG 5 MG TABLET	46132
ZOMIG ZMT 2.5 MG TABLET	42098
ZOMIG ZMT 5 MG TABLET	14324

Step 5 (diagnosis of severe hepatic/renal impairment)	
Required diagnosis: 1	
Look back timeframe: 365 days	
ICD-10 Code	Description
B160	ACUTE HEPATITIS B WITH DELTA-AGENT WITH HEPATIC COMA
B161	ACUTE HEPATITIS B WITH DELTA-AGENT WITHOUT HEPATIC COMA
B162	ACUTE HEPATITIS B WITHOUT DELTA-AGENT WITH HEPATIC COMA
B169	ACUTE HEPATITIS B WITHOUT DELTA-AGENT AND WITHOUT HEPATIC COMA
B170	ACUTE DELTA-(SUPER) INFECTION OF HEPATITIS B CARRIER
B1710	ACUTE HEPATITIS C WITHOUT HEPATIC COMA
B1711	ACUTE HEPATITIS C WITH HEPATIC COMA
B172	ACUTE HEPATITIS E
B178	OTHER SPECIFIED ACUTE VIRAL HEPATITIS
B179	ACUTE VIRAL HEPATITIS, UNSPECIFIED
B180	CHRONIC VIRAL HEPATITIS B WITH DELTA-AGENT
B181	CHRONIC VIRAL HEPATITIS B WITHOUT DELTA-AGENT
B182	CHRONIC VIRAL HEPATITIS C
B188	OTHER CHRONIC VIRAL HEPATITIS
B189	CHRONIC VIRAL HEPATITIS, UNSPECIFIED
B190	UNSPECIFIED VIRAL HEPATITIS WITH HEPATIC COMA
B1910	UNSPECIFIED VIRAL HEPATITIS B WITHOUT HEPATIC COMA
B1911	UNSPECIFIED VIRAL HEPATITIS B WITH HEPATIC COMA
B1920	UNSPECIFIED VIRAL HEPATITIS C WITHOUT HEPATIC COMA
B1921	UNSPECIFIED VIRAL HEPATITIS C WITH HEPATIC COMA
B199	UNSPECIFIED VIRAL HEPATITIS WITHOUT HEPATIC COMA

Step 5 (diagnosis of severe hepatic/renal impairment)	
Required diagnosis: 1	
Look back timeframe: 365 days	
K700	ALCOHOLIC FATTY LIVER
K7010	ALCOHOLIC HEPATITIS WITHOUT ASCITES
K7011	ALCOHOLIC HEPATITIS WITH ASCITES
K702	ALCOHOLIC FIBROSIS AND SCLEROSIS OF LIVER
K7030	ALCOHOLIC CIRRHOSIS OF LIVER WITHOUT ASCITES
K7031	ALCOHOLIC CIRRHOSIS OF LIVER WITH ASCITES
K7040	ALCOHOLIC HEPATIC FAILURE WITHOUT COMA
K7041	ALCOHOLIC HEPATIC FAILURE WITH COMA
K709	ALCOHOLIC LIVER DISEASE, UNSPECIFIED
K710	TOXIC LIVER DISEASE WITH CHOLESTASIS
K7110	TOXIC LIVER DISEASE WITH HEPATIC NECROSIS WITHOUT COMA
K7111	TOXIC LIVER DISEASE WITH HEPATIC NECROSIS WITH COMA
K712	TOXIC LIVER DISEASE WITH ACUTE HEPATITIS
K713	TOXIC LIVER DISEASE WITH CHRONIC PERSISTENT HEPATITIS
K714	TOXIC LIVER DISEASE WITH CHRONIC LOBULAR HEPATITIS
K7150	TOXIC LIVER DISEASE WITH CHRONIC ACTIVE HEPATITIS WITHOUT ASCITES
K7151	TOXIC LIVER DISEASE WITH CHRONIC ACTIVE HEPATITIS WITH ASCITES
K716	TOXIC LIVER DISEASE WITH HEPATITIS, NOT ELSEWHERE CLASSIFIED
K717	TOXIC LIVER DISEASE WITH FIBROSIS AND CIRRHOSIS OF LIVER
K718	TOXIC LIVER DISEASE WITH OTHER DISORDERS OF LIVER
K719	TOXIC LIVER DISEASE, UNSPECIFIED
K7200	ACUTE AND SUBACUTE HEPATIC FAILURE WITHOUT COMA
K7201	ACUTE AND SUBACUTE HEPATIC FAILURE WITH COMA
K7210	CHRONIC HEPATIC FAILURE WITHOUT COMA
K7211	CHRONIC HEPATIC FAILURE WITH COMA
K7290	HEPATIC FAILURE, UNSPECIFIED WITHOUT COMA
K7291	HEPATIC FAILURE, UNSPECIFIED WITH COMA
K730	CHRONIC PERSISTENT HEPATITIS, NOT ELSEWHERE CLASSIFIED
K731	CHRONIC LOBULAR HEPATITIS, NOT ELSEWHERE CLASSIFIED
K732	CHRONIC ACTIVE HEPATITIS, NOT ELSEWHERE CLASSIFIED
K738	OTHER CHRONIC HEPATITIS, NOT ELSEWHERE CLASSIFIED
K739	CHRONIC HEPATITIS, UNSPECIFIED
K740	HEPATIC FIBROSIS
K741	HEPATIC SCLEROSIS
K742	HEPATIC FIBROSIS WITH HEPATIC SCLEROSIS

Step 5 (diagnosis of severe hepatic/renal impairment)	
Required diagnosis: 1	
Look back timeframe: 365 days	
K743	PRIMARY BILIARY CIRRHOSIS
K744	SECONDARY BILIARY CIRRHOSIS
K745	BILIARY CIRRHOSIS, UNSPECIFIED
K7460	UNSPECIFIED CIRRHOSIS OF LIVER
K7469	OTHER CIRRHOSIS OF LIVER
K750	ABSCESS OF LIVER
K751	PHLEBITIS OF PORTAL VEIN
K752	NONSPECIFIC REACTIVE HEPATITIS
K753	GRANULOMATOUS HEPATITIS, NOT ELSEWHERE CLASSIFIED
K754	AUTOIMMUNE HEPATITIS
K7581	NONALCOHOLIC STEATOHEPATITIS (NASH)
K7589	OTHER SPECIFIED INFLAMMATORY LIVER DISEASES
K759	INFLAMMATORY LIVER DISEASE, UNSPECIFIED
K761	CHRONIC PASSIVE CONGESTION OF LIVER
K763	INFARCTION OF LIVER
K7689	OTHER SPECIFIED DISEASES OF LIVER
K769	LIVER DISEASE, UNSPECIFIED
K77	LIVER DISORDERS IN DISEASES CLASSIFIED ELSEWHERE
N184	CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE) (eGFR 15-29 mL/min/1.73m ²)
N185	CHRONIC KIDNEY DISEASE, STAGE 5 (eGFR less than 15 mL/min/1.73m ²)
N186	END STAGE RENAL DISEASE

Zavzpret Step 6 (history of a drug not recommended for concomitant use)	
Required claims: 1	
Look back timeframe: 30 days	
Label Name	GCN
ATORVASTATIN 10 MG TABLET	43720
ATORVASTATIN 20 MG TABLET	43721
ATORVASTATIN 40 MG TABLET	43722
ATORVASTATIN 80 MG TABLET	43723
CRESTOR 10MG TABLET	19153
CRESTOR 20MG TABLET	19154
CRESTOR 40MG TABLET	19155
CRESTOR 5MG TABLET	20229
CYCLOSPORINE 100 MG CAPSULE	13910

Zavzpret Step 6 (history of a drug not recommended for concomitant use)	
Required claims: 1	
Look back timeframe: 30 days	
Label Name	GCN
CYCLOSPORINE 25 MG CAPSULE	13911
CYCLOSPORINE MOD 100 MG	13919
CYCLOSPORINE MOD 100 MG/ML	13917
CYCLOSPORINE MOD 25 MG	13918
CYCLOSPORINE MOD 50 MG	13916
EZALLOR SPRINKLE 10MG CAPSULE	39996
EZALLOR SPRINKLE 20MG CAPSULE	40734
EZALLOR SPRINKLE 40MG CAPSULE	41027
EZALLOR SPRINKLE 5MG CAPSULE	38314
FLUVASTATIN ER 80MG TABLET	89424
FLUVASTATIN SODIUM 20MG CAPSULE	00030
FLUVASTATIN SODIUM 40MG CAPSULE	00031
GENGRAF 100 MG CAPSULE	13919
GENGRAF 100 MG/ML SOLUTION	13917
GENGRAF 75 MG CAPSULE	13918
LESCOL XL 80 MG TABLET	89424
LIPITOR 10MG TABLET	43720
LIPITOR 20MG TABLET	43721
LIPITOR 40MG TABLET	43722
LIPITOR 80MG TABLET	43723
LIVALO 1MG TABLET	28588
LIVALO 2MG TABLET	28594
LIVALO 4MG TABLET	28595
NEORAL 100 MG GELATIN CAPSULE	13919
NEORAL 100 MG/ML SOLUTION	13917
NEORAL 25 MG GELATIN CAPSULE	13918
RIFABUTIN 150 MG CAPSULE	29810
RIFADIN 150 MG CAPSULE	41260
RIFADIN 300 MG CAPSULE	41261
RIFADIN IV 600 MG VIAL	41470
RIFAMATE CAPSULE	89800
RIFAMPIN 150 MG CAPSULE	41260
RIFAMPIN 300 MG CAPSULE	41261
RIFAMPIN IV 600 MG VIAL	41470
RIFATER TABLET	14142
ROSUVASTATIN 10MG TABLET	19153

Zavzpret Step 6 (history of a drug not recommended for concomitant use)	
Required claims: 1	
Look back timeframe: 30 days	
Label Name	GCN
ROSUVASTATIN 20MG TABLET	19154
ROSUVASTATIN 40MG TABLET	19155
ROSUVASTATIN 5MG TABLET	20229
SANDIMMUNE 100 MG CAPSULE	13910
SANDIMMUNE 100 MG/ML SOLN	08220
SANDIMMUNE 25 MG CAPSULE	13911
ZYPITAMAG 1MG TABLET	43614
ZYPITAMAG 2MG TABLET	43615
ZYPITAMAG 4MG TABLET	43616

Step 7 (concurrent therapy with CGRP antagonist)	
Required claims: 1	
Label Name	GCN
NURTEC ODT 75 MG TABLET	47762
UBRELVY 100 MG TABLET	47478
UBRELVY 50 MG TABLET	47477



CGRP Antagonists (Acute)

Clinical Criteria References

1. Clinical Pharmacology [online database]. Tampa, FL: Elsevier/Gold Standard, Inc.; 2023. Available at www.clinicalpharmacology.com. Accessed on October 13, 2023.
2. Micromedex [online database]. Available at www.micromedexsolutions.com. Accessed on October 13, 2023.
3. Zavzpret Prescribing Information. New York, NY. Pfizer, Inc. March 2023.

Publication History

The Publication History records the publication iterations and revisions to this document. Notes for the *most current revision* are also provided in the **Revision Notes** on the first page of this document.

Publication Date	Notes
10/13/2023	<ul style="list-style-type: none">• Initial publication and presentation to the DUR Board