Dihydroergotamine mesylate nasal spray  
Effective 10/01/2020

<table>
<thead>
<tr>
<th>Plan</th>
<th>Program Type</th>
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</table>
| ☒ MassHealth  
☒ Commercial/Exchange | ☒ Prior Authorization  
☐ Quantity Limit  
☐ Step Therapy |

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Specialty Limitations</th>
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| ☒ Pharmacy Benefit  
☐ Medical Benefit (NLX) | N/A |

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<thead>
<tr>
<th>Specialty Medications</th>
<th>Non-Specialty Medications</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Plans Phone: 866-814-5506 Fax: 866-249-6155</td>
<td>MassHealth Phone: 877-433-7643 Fax: 866-255-7569</td>
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<tr>
<td>Commercial Phone: 800-294-5979 Fax: 888-836-0730</td>
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<tr>
<td>Exchange Phone: 855-582-2022 Fax: 855-245-2134</td>
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<th>Medical Specialty Medications (NLX)</th>
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<tr>
<td>All Plans Phone: 844-345-2803 Fax: 844-851-0882</td>
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**Overview**

Dihydroergotamine mesylate nasal spray is used for the treatment of acute migraine headaches with or without aura by activation of serotonin (5HT), noradrenaline, and dopamine receptors located on intracranial blood vessels resulting in vasoconstriction.

**Coverage Guidelines**

Authorization may be granted for members who are currently receiving treatment with dihydroergotamine nasal spray excluding when the product is obtained as samples or via manufacturer’s patient assistance program  
**OR**

Approval of dihydroergotamine mesylate nasal spray will be granted if the member meets all the following criteria and documentation has been provided:

- The member has a diagnosis of acute migraine headaches with or without aura
- The member is 18 years of age or older
- The member has had inadequate response, adverse reaction, or contraindication to intranasal sumatriptan
- The member has had inadequate response, adverse reaction, or contraindication to intranasal Zomig (zolmitriptan)
- The quantity being prescribed does not exceed 8 units (vials) per 30 days

**Continuation of Therapy**

Reauthorization will be granted if documentation is submitted indicating a positive response to therapy.
Limitations

1. Initial approvals will be granted for 6 months
2. Reauthorizations will be granted for 1 year

References


Review History

11/20/2019 – Reviewed at P&T

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