

**Dihydroergotamine mesylate nasal spray**  
Effective 10/01/2020

<b>Plan</b>	<input checked="" type="checkbox"/> MassHealth <input checked="" type="checkbox"/> Commercial/Exchange	<b>Program Type</b>	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
<b>Benefit</b>	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		
<b>Specialty Limitations</b>	N/A		
<b>Contact Information</b>	<b>Specialty Medications</b>		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	<b>Non-Specialty Medications</b>		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	<b>Medical Specialty Medications (NLX)</b>		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
<b>Exceptions</b>	N/A		

**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**

1. Migranal (dihydroergotamine mesylate nasal spray) [package insert]. Bridgewater, NJ: Bausch Health US, LLC; 2019.
2. Silberstein SD, Rosenberg J. Multispecialty consensus on diagnosis and treatment of headache. *Neurology* 2000; 54:1553.
3. Silberstein SD. Practice parameter: evidence-based guidelines for migraine headache (an evidence-based review): report of the Quality Standards Subcommittee of the American Academy of Neurology. *Neurology* 2000; 55:754.
4. Kelley NE, Tepper DE. Rescue therapy for acute migraine, part 1: triptans, dihydroergotamine, and magnesium. *Headache* 2012; 52:114.
5. Ziegler D, Ford R, Kriegler J, et al. Dihydroergotamine nasal spray for the acute treatment of migraine. *Neurology* 1994; 44:447.
6. Gallagher RM. Acute treatment of migraine with dihydroergotamine nasal spray. Dihydroergotamine Working Group. *Arch Neurol* 1996; 53:1285.

### **Review History**

11/20/2019 – Reviewed at P&T

07/22/2020 – Reviewed at July P&T Mtg; updated criteria from Migranal to dihydroergotamine. Effective 10/01/2020.

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