Migranal® (dihydroergotamine mesylate nasal spray)
Effective February 1, 2020

<table>
<thead>
<tr>
<th>Plan</th>
<th>Benefit</th>
<th>Program Type</th>
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<tr>
<td>☑ MassHealth</td>
<td>☑ Pharmacy Benefit</td>
<td>☑ Prior Authorization</td>
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<tr>
<td>☑ Commercial/Exchange</td>
<td>☐ Medical Benefit (NLX)</td>
<td>☐ Quantity Limit</td>
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<td>☐ Quantity Limit</td>
<td>☐ Step Therapy</td>
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Specialty Limitations: N/A

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<thead>
<tr>
<th>Plan</th>
<th>Specialty Medications</th>
<th>Non-Specialty Medications</th>
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<tr>
<td>All Plans</td>
<td>Phone: 866-814-5506</td>
<td>Fax: 866-249-6155</td>
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<tr>
<td>MassHealth</td>
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<td>Exchange</td>
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Medical Specialty Medications (NLX)
| All Plans         | Phone: 844-345-2803 | Fax: 844-851-0882 |

Contact Information

Overview
Migraine is a common episodic disorder. Migranal (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
11/20/19 – Reviewed at P&T

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