

**Dihydroergotamine mesylate nasal spray**  
**Effective 09/01/2022**

Plan	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange		Program Type	<input checked="" type="checkbox"/> Prior Authorization
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit			<input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Specialty Limitations	N/A			
Contact Information	Medical Benefit Pharmacy Benefit	Phone: 833-895-2611 Phone: 800-711-4555	Fax: 888-656-6671 Fax: 844-403-1029	
Exceptions	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 new to the plan and 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.

07/20/2022 – Reviewed and Updated at July P&T Mtg; separated out MH vs. Comm/Exch criteria. No clinical changes. Effective 09/01/2022.

