



**Dihydroergotamine mesylate nasal spray
Trudhesa (dihydroergotamine nasal spray)
Effective 09/01/2022**

Plan	<input checked="" type="checkbox"/> MassHealth <input type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		<input checked="" type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Specialty Limitations	N/A		
Contact Information	Specialty Medications		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	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
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
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 reviewed on a case by case basis for members new to the plan who are currently receiving treatment with the requested medication excluding when the product is obtained as samples or via manufacturer’s patient assistance programs.

OR

Authorization may be granted for members when ALL the following criteria are met, and documentation is provided:

Acute treatment of migraine

1. Appropriate diagnosis
2. The member has had inadequate response, adverse reaction, or contraindication to intranasal sumatriptan
3. The member has had inadequate response, adverse reaction, or contraindication to intranasal zolmitriptan
4. 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 (e.g., decrease headache frequency).

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. Trudhesa (dihydroergotamine mesylate) [prescribing information]. Seattle, WA: Impel NeuroPharma Inc; September 2021.
3. Silberstein SD, Rosenberg J. Multispecialty consensus on diagnosis and treatment of headache. *Neurology* 2000; 54:1553.
4. 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.
5. Kelley NE, Tepper DE. Rescue therapy for acute migraine, part 1: triptans, dihydroergotamine, and magnesium. *Headache* 2012; 52:114.
6. Ziegler D, Ford R, Kriegler J, et al. Dihydroergotamine nasal spray for the acute treatment of migraine. *Neurology* 1994; 44:447.
7. Gallagher RM. Acute treatment of migraine with dihydroergotamine nasal spray. Dihydroergotamine Working Group. *Arch Neurol* 1996; 53:1285.

Review History

07/20/2022 – Reviewed and created for July P&T. Separated out Comm/Exch vs Masshealth. Added new drug Trudhesa to MH criteria. Effective 9/1/22

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