Dihydroergotamine mesylate (Atzumi, Migranal, Trudhesa) Nasal Spray/Powder

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Quantity Limit
Atzumi (dihydroergotamine mesylate) Nasal Powder Device	1 carton (8 devices) per 28 days
Migranal (dihydroergotamine mesylate) Nasal Spray	1 kit (8 amps) per 28 days
Trudhesa (dihydroergotamine mesylate) Nasal Spray	8 vials per 28 days

APPROVAL CRITERIA

Requests for dihydroergotamine mesylate (Atzumi, Migranal, Trudhesa) nasal spray/powder may be approved if the following criterionis met:

I. Documentation is provided that individual has had a trial of and inadequate response or intolerance to two triptan agents. Medication samples/coupons/discount cards are excluded from consideration as a trial.

AND

For approval of up to a maximum of 2 kits of Migranal per 28 days, or maximum of 12 vials of Trudhesa per 28 days, or a maximum of 12 devices of Atzumi per 30 days, the individual must meet the following criteria:

I. Individual has a diagnosis of migraine headaches; **AND**

II. Individual has had a previous trial and an inadequate response to **one** of the following daily preventative therapies (AAN/AHS 2012, Level A or B evidence; ICSI 2013, High quality evidence, AHS 2024):
   A. One of the following antidepressants: amitriptyline, nortiptyline, duloxetine, venlafaxine; **OR**
   B. One of the following beta blockers: metoprolol, propranolol, timolol (oral) atenolol, nadalol, nebivolol; **OR**
   C. The following calcium channel blocker: verapamil; **OR**
   D. One of the following antiepileptic agents: valproate sodium, divalproex sodium, topiramate, gabapentin; **OR**
   E. The following angiotensin II receptor blockers: candesartan; **OR**
   F. One of the following CGRP-targeting agents (where formulary): erenumab [(CA SG), galcanezumab (all states), rimegepant (CA SG, CT, ME, NV) when used for migraine prophylaxis.

Key References:

1. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. http://dailymed.nlm.nih.gov/dailymed/about.cfm.
2. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
3. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2026; Updated periodically.
4. Headache Classification Committee of the International Headache Society (IHS). The International Classification of Headache Disorders, 3rd edition. *Cephalalgia.* 2018; 38(1):1-211.
5. Robbins MS, Starling AJ, Pringsheim TM, Becker WJ, Schwedt TJ. Treatment of cluster headache: The American Headache Society evidence-based guidelines. *Headache*. 2016;56:1093-1106.
6. Silberstein SD, Holland S, Freitag F, Dodick DW, Argoff C, Ashman E. Evidence-based guideline update: Pharmacologic treatment for episodic migraine prevention in adults. Report of the Quality Standards Subcommittee of the American Academy of Neurology and the American Headache Society. *Neurology*. 2012; 78:1337–1345.
7. The American Headache Society Consensus statement: Update on integrating new migraine treatments into clinical practice. *Headache*. 2021; 61:1021-1039.
8. Charles AC, Digre KB, Goadsby PJ, Robbins MS, Hershey A. Calcitonin gene-related peptide-targeting therapies are a first-line option for the prevention of migraine: An American Headache Society position statement update. Headache. 2024; 64: 333-341. doi:10.1111/head.14692.
9. Tfelt-Hansen PC. Triptans and ergot alkaloids in the acute treatment of migraine: similarities and differences. *Expert Rev Neurother.* 2013; 13(9): 961-963.
10. May A, Evers S, Goadsby PJ, et al. European Academy of Neurology guidelines on the treatment of cluster headache. Eur J Neurol. 2023; 30: 2955-2979. doi:10.1111/ene.15956.
11. Qaseem A, Tice JA, Etxeandia-Ikobaltzeta I, et al. Pharmacologic Treatments of Acute Episodic Migraine Headache in Outpatient Settings: A Clinical Guideline From the American College of Physicians. Ann Intern Med. Published online March 18, 2025. doi:10.7326/ANNALS-24-03095.

Federal and state laws or requirements, contract language, and Plan utilization management programs or policies may take precedence over the application of this clinical criteria.

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