

Dihydroergotamine mesylate (Migranal, Trudhesa) Nasal Spray

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

Medications	Quantity Limit
Migranal (dihydroergotamine mesylate) Nasal Spray Dihydroergotamine mesylate Nasal Spray	1 kit (8 amps) per 28 days
Trudhesa (dihydroergotamine mesylate) Nasal Spray	2 kits (8 vials) per 28 days

APPROVAL CRITERIA

Requests for dihydroergotamine mesylate (Migranal, Trudhesa) nasal spray may be approved if the following criteria are met:

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

Preferred agents: Almotriptan tablets (not in CA, CO), eletriptan (generic Relpax) tablets (not in CA, CO), naratriptan (generic Amerge) tablets, rizatriptan/rizatriptan ODT (generic Maxalt/Maxalt-MLT), sumatriptan (generic Imitrex) tablets/nasal spray (not in CA, CO, CT)/injection, zolmitriptan/zolmitriptan ODT (generic Zomig/Zomig ZMT) (not in CA, CO) tablets

AND

For approval of up to a maximum of 2 kits of Migranal or maximum of 3 kits of Trudhesa per 28 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/AHA 2012/2015, Level A or B evidence; ICSI 2013, High quality evidence, AHS 2024):
 - A. One of the following antidepressants: amitriptyline, nortriptyline, duloxetine, venlafaxine; **OR**
 - B. One of the following beta blockers: metoprolol, propranolol, timolol (oral) atenolol, nadolol, 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 [where formulary (CA SG, CT, FL, GA, IN, KY, MD, ME, MO, NH, NV, NY, OH, TX, VA, WI, NY)]; **OR**
- F. One of the following CGRP-targeting agents: erenumab [where formulary (CA SG)], galcanezumab, rimegepant [where formulary (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.; 2024; Updated periodically.
4. Beithon J, Gallenberg M, Johnson K, Kildahl P, Krenik J, Liebow M, Linbo L, Myers C, Peterson S, Schmidt J, Swanson J. Institute for Clinical Systems Improvement. Diagnosis and Treatment of Headache. Available from: [icsi.org/wp-content/uploads/2019/01/Headache.pdf](https://www.icsi.org/wp-content/uploads/2019/01/Headache.pdf). Updated January 2013.
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. The American Headache Society Consensus statement: Update on integrating new migraine treatments into clinical practice. *Headache*. 2021; 61:1021-1039.
7. Tfelt-Hansen PC. Triptans and ergot alkaloids in the acute treatment of migraine: similarities and differences. *Expert Rev Neurother*. 2013; 13(9): 961-963.

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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