An Independent Member of the Blue Shield Association



dihydroergotamine, nasal spray (MIGRANAL) MIGRANAL (dihydroergotamine, nasal spray)

Diagnoses Considered for Coverage:

• Acute treatment of migraine

Coverage Criteria:

For acute treatment of migraines and patient experiences ≤ 8 headache days per month:

- Inadequate response, intolerable side effect, or contraindication with TWO preferred triptans [i.e. naratriptan (Amerge), rizatriptan (Maxalt, Maxalt MLT), rizatriptan, oral-disintegrating tablet (Maxalt MLT), sumatriptan (Imitrex), zolmitriptan (Zomig, Zomig ZMT), almotriptan (Axert), and frovatriptan (Frova)], and
- Not being used in combination with any triptan or an ergot-type drug (e.g. ergotamine, Cafergot, Migranal), and
- Total number doses requested per month does not exceed the amount needed to treat the number of headache days experienced per month.

Coverage Duration: one year

For acute treatment of migraines and patient experiences > 8 headache days per month:

Initial Treatment

- Patient is being followed by a neurologist or by a headache clinic, and
- Total number doses requested per month does not exceed the amount needed to treat the number of headache days experienced per month, and
- Not being used in combination with any triptan or an ergot-type drug (e.g. ergotamine, Cafergot, Migranal), and
- Inadequate response or intolerable side effect with TWO preferred triptans [i.e. naratriptan (Amerge), rizatriptan (Maxalt, Maxalt MLT), sumatriptan (Imitrex), zolmitriptan (Zomig, Zomig ZMT), or contraindication to all triptans, and
- One of the following:
 - Patient is currently taking a migraine prophylactic medication,
 OR
 - Patient has a contraindication to ALL AAN supported (level A and B) migraine prophylactic drugs: amitriptyline, venlafaxine, atenolol, metoprolol, nadolol, propranolol, timolol, divalproex sodium,

valproic acid, and topiramate.

Coverage Duration: one year

Coverage Duration: see specific criteria

Effective Date: 11/29/2023