

**dihydroergotamine mesylate, nasal (TRUDHESA)**

**Diagnoses Considered for Coverage:**

- Acute migraine

**Coverage Criteria:**

**1. For treatment of acute migraine, approve if:**

- Being used for acute treatment of migraine headaches, **and**
- Inadequate response or intolerable side effect with TWO different triptans, **and**
- Total number doses requested per month does not exceed the amount needed to treat the number of headache days experienced per month, **and**
- One of the following:
  - Inadequate response to dihydroergotamine 4mg/ml nasal spray (Migranal NS), **or**
  - Intolerable side effect or contraindication to dihydroergotamine 4mg/ml nasal spray (Migranal NS) not expected with Trudhesa, **and**
- Not being used in combination with any triptan or an ergot-type drug, **and**
- Dose does not exceed 12 mL per 28 days.

**Coverage Duration:** one year

Effective Date: 8/30/2023