**dihydroergotamine nasal spray pump (generic MIGRANAL)**

**Plan Limitations:**
- Applies to all Blue Shield of California Medicare Part D plans

**Diagnoses Considered for Coverage:**
- All FDA-approved indications not otherwise excluded from Part D

**Coverage Criteria:**

1) **Migraine Headache:**
   - Total number of doses requested per month does not exceed the amount needed to treat the number of headache days experienced per month, AND
   - Patient has had inadequate response, intolerable side effect, or contraindication with two preferred triptans, AND
   - Dose is not to exceed FDA label maximum, AND
   - If patient exceeds 8 headache days per month:
     - Patient must be followed by a neurologist or headache specialist, AND
     - Patient is currently taking a migraine prophylactic medication, OR
     - Patient has a contraindication to all of the following migraine prophylactic drugs: divalproex, valproate, topiramate, amitriptyline, venlafaxine, atenolol, and nadolol.

2) **Cluster Headache:**
   - Dihydroergotamine nasal spray is not being used with another triptan or ergot-type drug for diagnosis of Cluster Headache, AND
   - Patient is currently being followed by a Neurologist or headache specialist, AND
   - Total number of doses requested per month does not exceed the amount needed to treat the number of headache days experienced per month, AND
   - Patient is currently taking prophylactic medication recognized for use in cluster headaches including prednisone, dexamethasone, verapamil, lithium or topiramate, OR
   - Patient has contraindication to listed agents recognized as being efficacious for cluster headache prophylaxis, and patient has inadequate response, intolerable side effect, or contraindication with two preferred triptans, AND
   - Dose is not to exceed FDA label maximum.

**Coverage Duration:**
- Annual

Updated 01/2017