Pharmacy Drug Policy & Procedure

Policy Name:	Migranal (dihydroergotamine Mesylate) Nasal Spray	Policy #:	2509P

Purpose of the Policy

The purpose of this policy is to establish the criteria for coverage of Migranal nasal spray.

Statement of the Policy

Health Alliance Medical Plans will approve the use of Migranal nasal spray when the following criteria have been met.

Criteria

1. Coverage Criteria

1.1 Documented headache diary which details the previous 30 days

1.2 Documented 15 headaches per month

1.3 Documented stability on at least 1 supported migraine preventative therapies (such as topiramate, metoprolol, propranolol, timolol, atenolol, nadolol, amitriptyline, nortriptyline, duloxetine, venlafaxine, divalproex or valproic acid) with claims history to support member compliance with filling at least a 90 day supply within a 120 day time frame

1.4 Documented failure, intolerance, or contraindication to at least three formulary triptan agents (such as sumatriptan)

1.5 Requests for brand Migranal nasal spray require documented allergic reaction to dihydroergotamine mesylate nasal solution

2. Managed Dose Limit

2.1 A managed dose limit will be in place allowing only a quantity of 8 units per 30 days.

3. Approval Period

3.1 Initial: 12 months

3.2 Reauthorization: 12 months with documented clinical benefit from therapy

CPT Codes	
HCPCS Codes	

References

1. Migranal (dihydroergotamine mesylate) nasal spray [prescribing information]. Bridgewater, NJ: Bausch Health US LLC; September 2022.

2. American Headache Society. The American Headache Society Consensus Statement: Update on integrating new migraine treatments into clinical practice. Headache. 2021 Jul;61(7):1021-1039.
3. Marmura MJ, Silberstein SD, Schwedt TJ. The acute treatment of migraine in adults: the American headache society evidence assessment of migraine pharmacotherapies. Headache 2015; 55:3.

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