ConnectiCare

Commercial/Healthcare Exchange PA Criteria
Effective: January, 1 2021

Prior Authorization: Dihydroergotamine mesylate spray

Products Affected: Dihydroergotamine mesylate nasal spray (4 mg/mL)

Medication Description: Dihydroergotamine mesylate is a 5-HT(1D) receptor agonist used to treat migraine headache with or without aura. Its clinical efficacy is thought to be related to the activation of 5-HT(1D) receptors found in the intracranial blood vessel and in the arterio-venous anastomoses resulting in vasoconstriction. It is also thought to inhibit pro-inflammatory neuropeptide release caused by the activation of the same receptors found on the sensory nerve endings of the trigeminal system.

Covered Uses: Acute treatment of migraine headaches with or without aura.

Exclusion Criteria:

- Prophylactic therapy of migraine or for the
- Management of hemiplegic or basilar migraine.
- Coadministration with potent CYP3A4 inhibitors (ritonavir, nelfinavir, indinavir, erythromycin, clarithromycin, troleandomycin, ketoconazole, itraconazole)
- Coadministration with peripheral or central vasoconstrictors
- Concomitant use or use within 24 hours of 5-HT1 receptor agonists (eg, sumatriptan), ergotamine containing or ergot type medications, or methysergide
- Following vascular surgery
- Hemiplegic or basilar migraine
- Ischemic heart disease (eg, angina pectoris, history of myocardial infarction, or documented silent ischemia)
- Patients having symptoms consistent with coronary artery vasospasm, including Prinzmetal's variant angina
- Nursing mothers
- Peripheral arterial disease
- Pregnancy
- Sepsis
- Severe hepatic impairment
- Severe renal impairment
- Uncontrolled hypertension

Required Medical Information:

1. Diagnosis
2. Previous therapies tried and failed

Age Restrictions: 18 years of age and older

Prescriber Restrictions: N/A

Coverage Duration: 12 months

Other Criteria:

Acute treatment of migraine headaches with or without aura.

A. Patient has a diagnosis of moderate to severe migraine headaches with or without aura; **AND**
B. Patient has a documented intolerance to, contraindication, or treatment failure to TWO of the following oral triptans: (almotriptan, frovatriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan); **AND**
C. Patient has a documented intolerance to, contraindication, or treatment failure to sumatriptan nasal spray or sumatriptan injection (generic Imitrex)

References:

1. Migranal (dihydroergotamine mesylate) [prescribing information]. Bridgewater, NJ: Valeant Pharmaceuticals North America LLC; August 2019.

Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	1/1/2020