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| <b>Policy Name:</b> | <b>Migranal (dihydroergotamine Mesylate) Nasal Spray</b> | <b>Policy #:</b> | <b>2509P</b> |
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## 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 and Health Alliance Northwest 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)
  - 1.4 Documented failure, intolerance, or contraindication to at least three formulary triptan agents (such as sumatriptan)
- 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 12 months

## CPT Codes

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## HCPCS Codes

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## References

1. Migranal (dihydroergotamine mesylate) nasal spray [prescribing information]. Bridgewater, NJ: Bausch Health US LLC; September 2022.
2. Silberstein S, Holland S, Freitag F, et al; American Academy of Neurology; American Headache Society, Evidence-based guideline update: Pharmacologic treatment for episodic migraine prevention in adults: report of the Quality Standards Subcommittee of the American Academy of Neurology and the American Headache Society. Neurology April 24, 2012 vol.78 no. 17 1337–1345.

3. 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.
4. 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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#### DISCLAIMER

This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.