

POLICY NAME	Migranal (dihydroergotamine Mesylate) Nasal	POLICY #	2509P
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Criteria

Coverage Criteria

- ☐ Documented headache diary which details the previous 30 days
- ☐ Documented 15 headaches per month
- ☐ 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
- ☐ Documented failure, intolerance, or contraindication to at least three formulary triptan agents (such as sumatriptan)
- ☐ Requests for brand Migranal nasal spray require documented allergic reaction to dihydroergotamine mesylate nasal solution