Program Number | 2017 P 2125-2
Program | Prior Authorization/Medical Necessity
Medication/Therapeutic Class | Dihydroergotamine nasal spray (Migranal*), Ergomar (ergotamine)
P&T Approval Date | 4/2017, 6/2017
Effective Date | 9/1/2017; Oxford only: 9/1/2017

1. **Background:**

Migranal (dihydroergotamine) nasal spray is indicated for the acute treatment of migraine headaches with or without aura. Migranal nasal spray is not intended for the prophylactic therapy of migraine or for the management of hemiplegic or basilar migraine. Ergomar is indicated to abort or prevent vascular headache, e.g., migraine, migraine variants or a so-called "histaminic cephalalgia". Ergomar should not be used for chronic daily administration.

The U.S. Headache Consortium guidelines offer a general strategy based on expert consensus. Nonsteroidal anti-inflammatory drugs (NSAIDs) or caffeine-containing combination analgesics may be first-line treatment for mild to moderate migraine, or severe migraine that has previously responded to these agents. Triptans are considered first-line abortive treatment of moderate to severe migraine, or mild attacks that have not responded to nonprescription medicines. Ergotamine-containing compounds may also be reasonable in this situation.

This program requires a member to try one oral triptan and one nasal triptan prior to receiving coverage for brand or generic Migranal or two oral triptans prior to receiving coverage of Ergomar.

2. **Coverage Criteria:**

   A. **Dihydroergotamine Nasal Spray (Migranal*)** will be approved based on all of the following criteria:

      1. Diagnosis of moderate to severe migraine headaches with or without aura.

         -AND-

      2. History of failure, contraindication, or intolerance to one of the following oral triptans:

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a. almotriptan (Axert)
b. eletriptan (Relpax)
c. frovatriptan (Frova)
d. naratriptan (Amerge)
e. rizatriptan (Maxalt/Maxalt MLT)
f. sumatriptan (Imitrex)
g. zolmitriptan (Zomig)

-AND-

3. History of failure, contraindication, or intolerance to one of the following:
   a. sumatriptan nasal spray (generic Imitrex)
   b. zolmitriptan nasal spray (Zomig Nasal Spray)

B. Ergomar (ergotamine) will be approved based on all of the following criteria:

1. Diagnosis of moderate to severe migraine headaches with or without aura.

-AND-

2. History of failure, contraindication, or intolerance to two of the following oral triptans:
   a. almotriptan (Axert)
   b. eletriptan (Relpax)
   c. frovatriptan (Frova)
   d. naratriptan (Amerge)
   e. rizatriptan (Maxalt/Maxalt MLT)
   f. sumatriptan (Imitrex)
   g. zolmitriptan (Zomig)

Authorization will be issued for 12 months.

* Brand Migranal is typically excluded from coverage.
Supply limits may apply.

3. Additional Clinical Programs:
   * Brand Migranal is typically excluded from coverage.
   Supply limits may apply.
4. References:
   1. Migranal prescribing information. Valeant Pharmaceuticals North America LLC.
      Bridgewater, NJ. November 2014.
   2. Ergomar prescribing information. TerSera Therapeutics. Cedar Rapids IA.
      November 2016.
      2011 Feb 1;83(3):271-80.

<table>
<thead>
<tr>
<th>Program</th>
<th>Prior Authorization/Medical Necessity – Dihydroergotamine nasal spray</th>
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<tbody>
<tr>
<td></td>
<td>Change Control</td>
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<tr>
<td>Date</td>
<td>Change</td>
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<tr>
<td>4/2017</td>
<td>New program.</td>
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<tr>
<td>6/2017</td>
<td>Added Ergomar to criteria. State mandate reference language updated.</td>
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