UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2018 P 2125-3
Program	Prior Authorization/Medical Necessity
Medication	Dihyroergotamine nasal spray (Migranal)*, Ergomar (ergotamine)
P&T Approval Date	4/2017, 6/2017, 3/2018
Effective Date	6/1/2018; Oxford only: 6/1/2018

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]:**

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 (Document drug name and date of trials):
   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 (Document drug name and date of trials):
   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 (Document drug name and date of trials):
   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.

[a] State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.

*** Brand Migranal is typically excluded from coverage.**

3. Additional Clinical Programs:

- Supply limits may apply.

4. **References:**

1. Migranal prescribing information. Valeant Pharmaceuticals North America LLC. Bridgewater, NJ. August 2017.
2. Ergomar prescribing information. TerSera Therapeutics. Cedar Rapids IA. November 2016.
3. Acute treatment of migraine in adults. Up-to-date. 2017.
4. Gilmore B., Michael M. Treatment of acute migraine headache. Am Fam Physician. 2011 Feb 1;83(3):271-80.

Program	Prior Authorization/Medical Necessity – Dihydroergotamine nasal spray
Change Control	
Date	Change
4/2017	New program.
6/2017	Added Ergomar to criteria. State mandate reference language updated.
3/2018	Added documentation of drug name and date of trials into the criteria.