Clinical Policy Title:	dihydroergotamine mesylate
Policy Number:	RxA.714
Drug(s) Applied:	Trudhesa™
Original Policy Date:	12/07/2021
Last Review Date:	01/01/2024
Line of Business Policy Applies to:	All lines of business (except Medicare)

Criteria

I. Initial Approval Criteria

A. Acute migraine

1. Diagnosis of acute migraine;
2. Trial and failure of the following, unless contraindicated or clinically significant adverse effects are experienced (i and ii):
   i. Two generic triptans (e.g., sumatriptan, rizatriptan, zolmitriptan, etc.);
   ii. Nurtec or Ubrelvy.

Approval Duration

All lines of business (except Medicare): 12 months

II. Continued Therapy Approval

A. Acute migraine

1. Member is currently receiving or has been treated with this medication within the past 90 days, excluding manufacturer samples.

Approval Duration

All lines of business (except Medicare): 12 months

References

1. Dihydroergotamine Mesylate Nasal Spray prescribing information Bridgewater, NJ: Bausch Health US, LLC; July 2019. Available at: https://www.bauschhealth.com/Portals/25/PDF/PI/Migranal-AG-PI.pdf?ver=2021-05-21-022912-477. Accessed December 12, 2023.

Review/Revision History	Review/Revision Date	P&T Approval Date
Policy established.	9/29/2021	12/07/2021
Policy was reviewed: 1. Initial Approval Criteria I.A.5: Updated to remove Reyvow. 2. References were reviewed and updated.	09/07/2022	10/19/2022
Policy was reviewed: 1. Removed prior age criteria. 2. Removed requirement of	12/12/2023	01/01/2024

atleast 4 but not more than 14 headaches per month. 3. Added requirement to try/fail of two generic triptans and Nurtec or Ubrelvy. 4. Removed requirement for Trudhesa not prescribed concurrently with strong CYP3A4 inhibitors. 5. Removed prior dosing criteria. 6. Updated approval duration. 7. Removed reauthorization requirement for positive response to therapy. 8. References were reviewed and updated.		