

Market Applicability/Effective Date														
Market	FL & FHK	FL MMA	FL LTC	GA	KS	KY	LA	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	N/A	N/A	X	N/A	X	X	X	X	X	X	N/A	N/A	N/A

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Dihydroergotamine Mesylate (DHE)

CG-DRUG-14

Override(s)	Approval Duration
Prior Authorization	1 year

Medications
Dihydroergotamine Mesylate (DHE) injection

APPROVAL CRITERIA

Requests for dihydroergotamine mesylate injectable may be approved if the following criteria are met:

- I. Individual has had a trial (medication samples/coupons/discount cards are excluded from consideration as a trial) of and inadequate response or intolerance to two preferred triptan agents;

Preferred agents: sumatriptan tablet, naratriptan tablet

AND

- II. Intravenous or subcutaneous dihydroergotamine therapy may be approved for the acute treatment of migraine attacks with aura in an adult meeting the following International Headache Society (IHS) diagnostic criteria:

A. Individual has 2 or more headache attacks; **AND**

B. Individual has 1 or more of the following fully reversible aura symptoms:

1. Visual (for example, flickering lights, spots or lines); **OR**
2. Sensory (for example, pins and needles, numbness); **OR**
3. Speech and/or language (for example, aphasia); **OR**
4. Motor (for example, weakness); **OR**
5. Brainstem (for example, ataxia or vertigo); **OR**
6. Retinal (for example, blindness);

AND

C. Individual has 2 or more of the following characteristics:

1. At least 1 aura symptom develops gradually over 5 or more minutes, and/or 2 or more aura symptoms occur in succession; **OR**
2. Each individual aura symptom lasts 5 to 60 minutes; **OR**
3. At least 1 aura symptom is unilateral; **OR**
4. The aura is accompanied, or followed within 60 minutes, by headache;

AND

D. Individual's headache is not attributed to another disorder (for example, ischemia stroke or transient ischemic attack).

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OR

III. Intravenous or subcutaneous dihydroergotamine therapy may be approved for the acute treatment of migraine attacks without aura in an adult meeting the following IHS diagnostic criteria:

- A. Individual has 5 or more headache attacks; **AND**
- B. Individual's headaches last 4 to 72 hours (untreated or unsuccessfully treated);

AND

- C. Individual's headache has 2 or more of the following characteristics:
 - 1. Unilateral location; **OR**
 - 2. Pulsating quality; **OR**
 - 3. Moderate or severe pain intensity; **OR**
 - 4. Aggravation by or causing avoidance of routine physical activity (for example, walking or climbing stairs);

AND

- D. Individual's headache is accompanied by 1 or more of the following:
 - 1. Nausea, vomiting or both; **OR**
 - 2. Photophobia or phonophobia;

AND

- E. Individual's headache is not attributed to another headache disorder.

OR

IV. Intravenous or subcutaneous dihydroergotamine therapy may be approved for the acute treatment of cluster headache episodes in an adult meeting the following IHS diagnostic criteria:

- A. Individual has 5 or more headache attacks; **AND**
- B. Individual has severe or very severe unilateral orbital, supraorbital and/or temporal pain lasting 15 to 180 minutes if untreated; **AND**
- C. Individual's headache is accompanied by 1 or both of the following:
 - 1. 1 or more of the following symptoms or signs, ipsilateral to the headache:
 - a. Conjunctival injection and/or lacrimation; **OR**
 - b. Nasal congestion and/or rhinorrhea; **OR**
 - c. Eyelid edema; **OR**
 - d. Forehead and facial sweating; **OR**
 - e. Forehead and facial flushing; **OR**
 - f. Sensation of fullness in the ear; **OR**
 - g. Miosis and/or ptosis;

OR

- 2. A sense of restlessness or agitation;

AND

- D. Attacks have a frequency from 1 every other day to 8 per day for more than half of the time the disorder is active; **AND**
- E. Individual's headache is not attributed to another headache disorder.

OR

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V. Intravenous or subcutaneous dihydroergotamine therapy may be approved in an adult for any of the following conditions:

- A. Individual has status migrainosis or rebound withdrawal type of headaches; **OR**
- B. Individual has only received narcotics for severe migraine or cluster headaches; **OR**
- C. Individual is unresponsive to prior use of triptans for severe migraine or cluster headache.

Note: Dihydroergotamine is contraindicated in the following: Ischemic heart disease; coronary artery vasospasm; uncontrolled hypertension; use with potent CYP 3A4 inhibitors (such as but not limited to ritonavir, erythromycin, ketoconazole); use with an ergot-alkaloid or triptan within 24 hours; hemiplegic or basilar migraine; peripheral arterial disease; sepsis; following vascular surgery; severely impaired hepatic or renal function; hypersensitivity to ergot alkaloids; or concomitant therapy with peripheral and central vasoconstrictors.

State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
N/A	N/A	N/A

Key References:

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- Dihydroergotamine Mesylate Monograph. Lexicomp[®] Online, American Hospital Formulary Service[®] (AHFS[®]) Online, Hudson, Ohio, Lexi-Comp., Inc. Last revised January 1, 2010. Accessed on December 2, 2016.
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- Headache Classification Committee of the International Headache Society (IHS). The International Classification of Headache Disorders, 3rd edition (beta version). Cephalalgia. 2013; 33(9):629-808.
- Institute for Clinical Systems Improvement. Health care guideline: Diagnosis and treatment of headache. January 2013, 11th Edition; 6, 32-37.
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11. Silberstein SD. Practice parameter. Evidence-based guidelines for migraine headache (an evidence-based review): report of the Quality Standards Subcommittee of the American Academy of Neurology. *Neurology*. 2000; 55(6):754-762. Erratum in: *Neurology* 2000; 56(1):142.
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