This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

WEB-PEC-0634-17
This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.
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.

### Key References:


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| 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 | X |

*FHK- Florida Healthy Kids

