**Market Applicability/Effective Date**

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*FHK- Florida Healthy Kids

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**Dihydroergotamine Mesylate (DHE)**

**CG-DRUG-14**

<table>
<thead>
<tr>
<th>Override(s)</th>
<th>Approval Duration</th>
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<tbody>
<tr>
<td>Prior Authorization</td>
<td>1 year</td>
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**Medications**

Dihydroergotamine Mesylate (DHE) injection

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**APPROVAL CRITERIA**

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:

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

II. Individual has 1 or more of the following fully reversible aura symptoms:
   - A. Visual (for example, flickering lights, spots or lines); **OR**
   - B. Sensory (for example, pins and needles, numbness); **OR**
   - C. Speech and/or language (for example, aphasia); **OR**
   - D. Motor (for example, weakness); **OR**
   - E. Brainstem (for example, ataxia or vertigo); **OR**
   - F. Retinal (for example, blindness);

**AND**

III. Individual has 2 or more of the following characteristics:
   - A. At least 1 aura symptom develops gradually over 5 or more minutes, and/or 2 or more aura symptoms occur in succession; **OR**
   - B. Each individual aura symptom lasts 5 to 60 minutes; **OR**
   - C. At least 1 aura symptom is unilateral; **OR**
   - D. The aura is accompanied, or followed within 60 minutes, by headache;

**AND**

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

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:

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-0597-17
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I. Individual has 5 or more headache attacks; AND

II. Individual's headaches last 4 to 72 hours (untreated or unsuccessfully treated); AND

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

AND

IV. Individual's headache is accompanied by 1 or more of the following:
   A. Nausea, vomiting or both; OR
   B. Photophobia or phonophobia;

AND

V. Individual's headache is not attributed to another headache disorder.

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:

I. Individual has 5 or more headache attacks; AND

II. Individual has severe or very severe unilateral orbital, supraorbital and/or temporal pain lasting 15 to 180 minutes if untreated; AND

III. Individual's headache is accompanied by 1 or both of the following:
   A. 1 or more of the following symptoms or signs, ipsilateral to the headache:
      1. Conjunctival injection and/or lacrimation; OR
      2. Nasal congestion and/or rhinorrhea; OR
      3. Eyelid edema; OR
      4. Forehead and facial sweating; OR
      5. Forehead and facial flushing; OR
      6. Sensation of fullness in the ear; OR
      7. Miosis and/or ptosis;

   OR
   B. A sense of restlessness or agitation;

AND

IV. 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

V. Individual's headache is not attributed to another headache disorder.
Intravenous or subcutaneous dihydroergotamine therapy may be approved in an adult for any of the following conditions:

I. Individual has status migrainosis or rebound withdrawal type of headaches; **OR**

II. Individual has only received narcotics for severe migraine or cluster headaches; **OR**

III. Individual is unresponsive to prior use of triptans for severe migraine or cluster headache.

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**State Specific Mandates**

<table>
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<tr>
<th>State name</th>
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<th>Mandate details (including specific bill if applicable)</th>
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**Key References:**


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