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.

CRX-ALL-0396-19
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.

CRX-ALL-0396-19
Requests for intravenous, intramuscular or subcutaneous dihydroergotamine (DHE) injection may not be approved if the following criteria met:

I. Individual is using concomitantly with a potent CYP3A4 inhibitor (including ritonavir, nelfinavir, idinavir, erythromycin, clarithromycin, troleandomycin, ketoconazole, itraconazole); OR

II. Individual has a diagnosis of ischemic heart disease (angina pectoris, history of myocardial infarction, documented silent ischemia) or has clinical symptoms consistent with coronary artery vasospasm including Prinzmetal’s variant angina; OR

III. Individual has uncontrolled hypertension; OR

IV. Individual has hemiplegic or basilar migraine; OR

V. Individual has used a 5-HT1 agonist (such as sumatriptan), ergotamine-containing or ergot-type medication or methysergide within the previous 24 hours; OR

VI. Individual has peripheral arterial disease; OR

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.

CRX-ALL-0396-19
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.

CRX-ALL-0396-19