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.
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

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.

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Key References:
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