

dihydroergotamine mesylate injection (DHE-45)

Diagnoses Considered for Coverage:

- Migraine headaches
- Cluster headaches

Coverage Criteria:

For acute treatment of migraines and patient experiences 8 or less headache days per month:

- Inadequate response or intolerable side effect with 2 different triptans, **and**
- The total number of injections requested per month does not exceed the amount needed to treat the number of headache days experienced per month, **and**
- Not being used in combination with any triptan, or an ergot-type drug (i.e. ergotamine, Cafergot, Migranal), **and**
- Dose does not exceed 3 mg taken over 24 hours and 6 mg per week.

For acute treatment of migraines and patient experiences more than 8 headache days per month:

- Patient is currently being followed by a neurologist or at a headache clinic, **and**
- Patient is currently taking a migraine prophylactic medication OR contraindication to ALL the following migraine prophylactic drugs: divalproex, valproate, topiramate, amitriptyline, venlafaxine, atenolol, and nadolol, **and**
- Inadequate response or intolerable side effect with TWO different triptans, **and**
- Not being used in combination with any triptan, or an ergot-type drug (eg. ergotamine, Cafergot, Migranal), **and**
- Total number of injections requested per month does not exceed the amount needed to treat the number of headache days experienced per month, **and**
- Dose does not exceed 3 mg taken over 24 hours and 6 mg per week

For cluster headaches:

INITIAL

- One of the following:
 - Patient is currently taking a prophylactic medication recognized for use in cluster headaches from the following list: prednisone, dexamethasone, verapamil, lithium, or topiramate OR
 - Patient had an inadequate response, intolerance, or

contraindication to ALL cluster headache prophylactic drugs listed above, **and**

- Inadequate response, intolerable side effect, or contraindication with sumatriptan (Imitrex, Alsuma, Onzetra, Zembrace) and zolmitriptan (Zomig, Zomig ZMT), **and**
- Total number of injections requested per month does not exceed the amount needed to treat the number of headache days experienced per month, **and**
- Not being used in combination with any triptan, or an ergot-type drug (e.g. ergotamine, Cafergot, Migranal), **and**
- Dose does not exceed 3 mg taken over 24 hours and 6 mg per week.

Coverage Duration: 3 months

REAUTHORIZATION

- One of the following:
 - Patient is currently taking a prophylactic medication recognized for use in cluster headaches from the following list: prednisone, dexamethasone, verapamil, lithium or topiramate OR
 - Patient had an inadequate response, intolerance, or contraindication to ALL cluster headache prophylactic drugs listed above, **and**
- Not being used in combination with any triptan, or an ergot-type drug (e.g. ergotamine, Cafergot, Migranal), **and**
- Total number of injections requested per month does not exceed the amount needed to treat the number of headache days experienced per month, **and**
- Dose does not exceed 3 mg taken over 24 hours and 6 mg per week.

Coverage Duration: 3 months

Coverage Duration:
Migraine headaches: one year
Cluster headaches: 3 months

Effective Date: 02/28/2024