Clinical Policy Title:	dihydroergotamine mesylate
Policy Number:	RxA.846
Drug(s) Applied:	dihydroergotamine mesylate
Original Policy Date:	10/11/2024
Last Review Date:	05/14/2026
Line of Business Policy Applies to:	All lines of business (except Medicare)

Criteria

I. Initial Approval Criteria

A. Migraine (must meet all)**:**

1. Diagnosis of migraine headaches with or without aura,
2. Documented trial and failure of at least two (2) triptans (e.g., eletriptan, rizatriptan, sumatriptan), unless contraindicated or adverse effects experienced,

Approval Duration

All Lines of Business (except Medicare): 12 months

II. Continued Therapy Approval

A. Migraine (must meet all)**:**

1. Member is currently receiving medication that has been authorized by RxAdvance or the member has met initial approval criteria.

Approval Duration

All Lines of Business (except Medicare): 12 months

References

1. Migranal. Prescribing Information. Bausch Health US, LLC. September 2022. Available at: https://dailymed.nlm.nih.gov/dailymed/fda/fdaDrugXsl.cfm?setid=a24befa8-b952-48ac-942a-379585250782&type=display. Accessed October 11, 2024.

Review/Revision History	Review/Revision Date	P&T Approval Date
Policy established.	10/10/2024	12/05/2024
Policy was reviewed	4/27/2026	N/A
Policy was reviewed: 1. Added ST for triptans and removed CGRPs used for acute treatment	5/14/26	N/A

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