Dihydroergotamine Intravenous for Adults

Who can administer

May be administered by registered competent doctor or nurse/midwife

Prescription must be initiated by consultant/registrar neurologist- as significant contraindications and interactions

Important information

- Must be prescribed by a **consultant neurologist or Registrar neurologist as significant contraindications and interactions**
- **Drug name must be written in full - no abbreviations**, as experience shows that attempts to do so increase the risk of serious error
- **Unlicensed medicine**
- **Drug interactions -** several important and serious interactions. Use interaction checker before prescribing
    - Important: **should not** be administered to patients who have received a triptan in the preceding 24 hours (risk of arterial vasospasms) [ref 2]

Available preparations

Dihydroergotamine (DHE) Mesylate Injection USP 1mg in 1ml (unlicensed)

Reconstitution

Already in solution for injection

Infusion fluids

Sodium chloride 0.9%

Methods of intravenous administration

Intermittent intravenous infusion (locally preferred route - off-label[ref 4])

- Add required dose to 250mL infusion fluid and administer over one hour

Slow intravenous injection [ref 1,2]

- Administer required dose over 1 to 2 minutes

Dose in adults

Migraine

- Give 1mg at first sign of headache; repeat once after ONE hour if required.[ref 1)]
- The maximum recommended dose varies in different reference sources
    - SPC: maximum is 2mg per migraine attack
    - UpToDate and Martindale: maximum is 2 or 3mg in 24 hours and/or 6mg in 1 week

Intractable migraine (status migrainosus; >72 hours) [ref 2)]

- **Raskin protocol (off-label dosing):**
    - the doses given here are a modified version of the Raskin protocol- based on local expert opinion [ref 4)]
- 1. Pre-medicate with ondansetron 4mg IV every eight hours, given at least 30 minutes before each dihydroergotamine dose or alternative anti-emetic (where not contraindicated) [ref 4)]
- 2. Give 0.5mg dihydroergotamine
- 3. Titrate to a range of 0.2 to 1mg every 8 hours for 2 to 3 days - see Table 1 below for an example of dose titration
    - However, a **maximum daily dose of 2mg** should not be exceeded, **without consultant input**
    - Local expert opinion: max 8mg per week [ref 4)]

Table 1: Example of dose titration for intractable migraine

Start	Dose 1	0.5mg
8 hours later	Dose 2	0.7mg
8 hours later	Dose 3	0.8mg (max advised daily dose is 2mg see below)
8 hours later	Dose 4	1mg

After completion of dose titration, subsequent doses should be administered at the maximum tolerated dose (maximum 1 mg per dose).
A maximum of seven additional doses may be given on consultant advice.
A total daily dose of 2 mg should not be exceeded without consultant input.

Renal impairment [ref 2)]

- Contraindicated in severe renal impairment

Hepatic [ref 2)]

- Contraindicated in severe hepatic dysfunction

Monitoring

- Refer to full prescribing information [ref 1,2)]. In particular monitor for signs of ergotism, serotonin syndrome and cerebral, cardiovascular or vascular ischaemia

Storage

Store below 25^{0}C

References

1: SPC "Dihydroergotamine (DHE): Prescribing Information". Sterimax Inc. Oakville. USA. Date of revision Oct 2019

2. Uptodate "Dihydroergotamine: Drug Information. Lexicomp. Accessed May 2026

3. Martindale, accessed via Medicinescomplete May 2026

4: Expert opinion Dr Thomas Monahan, Consultant Neurologist. Email on file 8th, 23rd June, 2023, 21st May 2026

Therapeutic classification

Ergot alkaloid