

CRITERIA FOR PRIOR AUTHORIZATION

Diclegis® (doxylamine succinate/pyridoxine hydrochloride delayed-release)
Bonjesta® (doxylamine succinate/pyridoxine hydrochloride extended release)

PROVIDER GROUP Pharmacy

MANUAL GUIDELINES The following drug requires prior authorization:
Doxylamine Succinate/Pyridoxine Hydrochloride (Diclegis/Bonjesta)

CRITERIA FOR DICLEGIS (must meet all of the following):

- Patient must be pregnant
- Patient must have nausea and vomiting of pregnancy (i.e., morning sickness)
- Patient must not have responded to conservative management for nausea and vomiting of pregnancy
- Patient must not be taking a monoamine oxidase inhibitor (MAOI) concurrently
- Patient must not have a known hypersensitivity to doxylamine succinate, other ethanolamine derivative antihistamines, pyridoxine hydrochloride or any inactive ingredient in the formulation
- Patient must be 18 years of age or older
- Dose must not exceed 4 tablets per day (Diclegis)
- Dose must not exceed 2 tablets per day (Bonjesta)

LENGTH OF APPROVAL 3 months

DRUG UTILIZATION REVIEW COMMITTEE CHAIR

PHARMACY PROGRAM MANAGER
DIVISION OF HEALTH CARE FINANCE
KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

DATE

DATE