Drug/Drug Class

Doxylamine/Pyridoxine

This criteria was recommended for review by an MCO to ensure appropriate and safe utilization

Clinical Information Included in this Document

- **Drugs requiring prior authorization**: the list of drugs requiring prior authorization for this clinical criteria
- **Prior authorization criteria logic**: a description of how the prior authorization request will be evaluated against the clinical criteria rules
- **Logic diagram**: a visual depiction of the clinical criteria logic
- **Supporting tables**: a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes); provided when applicable
- **References**: clinical publications and sources relevant to this clinical criteria

**Note**: Click the hyperlink to navigate directly to that section.

Revision Notes

Updated with DUR Board recommendations
### Drugs Requiring Prior Authorization

The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.

<table>
<thead>
<tr>
<th>Label Name</th>
<th>GCN</th>
</tr>
</thead>
<tbody>
<tr>
<td>BONJESTA ER 20-20MG TABLET</td>
<td>42645</td>
</tr>
<tr>
<td>DICLEGIS DR 10-10MG TABLET</td>
<td>73860</td>
</tr>
</tbody>
</table>
1. Does the client have a diagnosis of nausea and vomiting associated with pregnancy in the last 180 days?
   [ ] Yes (Go to #2)
   [ ] No (Deny)

2. Is the request for less than or equal to (≤) 2 tablets per day?
   [ ] Yes (Approve – 180 days)
   [ ] No (And the request is for Bonjesta, deny)
   [ ] No (And the request is for Diclegis, go to #3)

3. Is the request for less than or equal to (≤) 4 tablets per day?
   [ ] Yes (Approve – 180 days)
   [ ] No (Deny)
Doxylamine/Pyridoxine

Clinical Criteria Logic Diagram

**Step 1**
Does the client have a diagnosis of n/v associated with pregnancy in the last 180 days?

- **Yes**: Deny Request
- **No**: Deny Request

**Step 2**
Is the request for ≤2 tablets per day?

- **Yes**: Approve Request (180 days)
- **No**: No, and the request is for Bonjesta

**Step 3**
Is the request for ≤4 tablets per day?

- **Yes**: Approve Request (180 days)
- **No**: Deny Request
### Doxylamine/Pyridoxine

#### Clinical Criteria Supporting Tables

**Step 2 (diagnosis of n/v associated with pregnancy)**

**Required diagnosis:** 1

**Look back timeframe:** 180 days

<table>
<thead>
<tr>
<th>ICD-10 Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>O210</td>
<td>MILD HYPEREMESIS GRAVIDARUM</td>
</tr>
<tr>
<td>O211</td>
<td>HYPEREMESIS GRAVIDARUM WITH METABOLIC DISTURBANCE</td>
</tr>
<tr>
<td>O212</td>
<td>LATE VOMITING OF PREGNANCY</td>
</tr>
<tr>
<td>O218</td>
<td>OTHER VOMITING COMPLICATING PREGNANCY</td>
</tr>
<tr>
<td>O219</td>
<td>VOMITING OF PREGNANCY, UNSPECIFIED</td>
</tr>
</tbody>
</table>


Publication History

The Publication History records the publication iterations and revisions to this document. Notes for the *most current revision* are also provided in the Revision Notes on the first page of this document.

<table>
<thead>
<tr>
<th>Publication Date</th>
<th>Notes</th>
</tr>
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<tbody>
<tr>
<td>10/25/2019</td>
<td>• Initial publication and presentation to the DUR Board</td>
</tr>
<tr>
<td>10/29/2019</td>
<td>• Updated with DUR Board recommendations</td>
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