

Effective Date 09/01/2017
Reviewed: 7/2018, 7/2019, 9/2020, 4/2021, 3/2022, 3/2023, 4/2024, 3/2025, 3/2026
Scope: Medicaid

Doxylamine Succinate and Pyridoxine

POLICY

I. CRITERIA FOR APPROVAL

An authorization may be granted when all the following criteria are met:

- A. Patient is pregnant and currently in gestational weeks 7 to 14
- B. Patient is being treated for nausea and vomiting in pregnancy
- C. Patient has failed or has a documented intolerance to, pyridoxine (vitamin B6) in combination with doxylamine
- D. Patient is not diagnosed with hyperemesis gravidarum

II. QUANTITY LIMIT

Doxylamine Succinate and Pyridoxine Hydrochloride 10mg/10mg: 4 tablets per day

III. COVERAGE DURATION

Coverage provided up to, and including, gestational week 14

IV. REFERENCES

1. Doxylamine succinate and pyridoxine hydrochloride tablet, extended release [package insert]. Parsippany, NJ; Teva Pharmaceuticals; December 2025. Accessed March 2026.