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| Effective Date 09/01/2017                           |
| Reviewed: 7/2018, 7/2019, 9/2020, 4/2021,<br>3/2022 |
| 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