



PHARMACY COVERAGE GUIDELINES
SECTION: DRUGS

ORIGINAL EFFECTIVE DATE: 11/16/17
LAST REVIEW DATE: 5/17/18
LAST CRITERIA REVISION DATE: 5/17/18
ARCHIVE DATE:

**BONJESTA® (doxylamine-pyridoxine) oral tablet delayed release 20-20 mg
DICLEGIS® (doxylamine-pyridoxine) oral tablet delayed release 10-10 mg**

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Pharmacy Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.

This Pharmacy Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide BCBSAZ complete medical rationale when requesting any exceptions to these guidelines.

The section identified as "Description" defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as "Criteria" defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Pharmacy Coverage Guidelines are subject to change as new information becomes available.

For purposes of this Pharmacy Coverage Guideline, the terms "experimental" and "investigational" are considered to be interchangeable.

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This Pharmacy Coverage Guideline does not apply to FEP or other states' Blues Plans.

Information about medications that require precertification is available at www.azblue.com/pharmacy.

Some large (100+) benefit plan groups may customize certain benefits, including adding or deleting precertification requirements.

All applicable benefit plan provisions apply, e.g., waiting periods, limitations, exclusions, waivers and benefit maximums.

Precertification for medication(s) or product(s) indicated in this guideline requires completion of the request form in its entirety with the chart notes as documentation. All requested data must be provided. Once completed the form must be signed by the prescribing provider and faxed back to BCBSAZ Pharmacy Management at (602) 864-3126 or emailed to Pharmacyprecert@azblue.com. **Incomplete forms or forms without the chart notes will be returned.**



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DICLEGIS® (doxylamine-pyridoxine) oral tablet delayed release 10-10 mg (cont.)

Criteria:

- **Criteria for initial therapy:** Bonjesta and Diclegis are considered *medically necessary* and will be approved when **ALL** of the following criteria are met:
1. Individual is 18 years of age or older
 2. A confirmed diagnosis of nausea and vomiting of pregnancy
 3. Individual has failure, contraindication or intolerance to simultaneous use of generic **doxylamine** and generic **pyridoxine** (Vitamin B6)
 4. **For Bonjesta:** Individual has failure, contraindication or intolerance to Diclegis
 5. There are **NO** contraindications.
 - Contraindications include:
 - Known hypersensitivity to doxylamine succinate, other ethanolamine derivative antihistamines, pyridoxine hydrochloride or any inactive ingredient in the formulation
 - Monoamine oxidase (MAO) inhibitors intensify and prolong the adverse central nervous system effects of Diclegis

Initial approval duration: 9 months

Description:

Bonjesta and Diclegis are fixed dose combination drug products of doxylamine succinate and pyridoxine hydrochloride, indicated for the treatment of nausea and vomiting of pregnancy (NVP) in women who do not respond to conservative management. These agents have not been studied in woman with hyperemesis gravidarum. The mechanism of action of Diclegis and Bonjesta are unknown, however, doxylamine is known to compete with histamine for H1-receptor sites and block the chemoreceptor trigger zone thereby decreasing nausea and vomiting.

Diclegis is formulated as a delayed release (enteric coated) tablet containing 10 mg of doxylamine and 10 mg of pyridoxine. Bonjesta is formulated as an extended release tablet containing an enteric coated core of 10 mg doxylamine and 10 mg of pyridoxine and an immediate release coating containing 10 mg of doxycycline and 10 mg of pyridoxine.

Both Diclegis and Bonjesta are considered safe to use during pregnancy. However women should not breastfeed while using doxylamine succinate/pyridoxine HCl.

The active ingredients of Bonjesta and Diclegis are available over-the-counter (OTC) as separate products. OTC products that contain doxylamine succinate are Unisom®, Nitetime Sleep-Aid, and Sleep Aid. OTC products that contain pyridoxine hydrochloride are pyridoxine and Vitamin B-6.



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During pregnancy, 70-85% of women experience nausea and vomiting, commonly known as morning sickness. The most severe form, hyperemesis gravidarum, occurs in 0.5-2% of pregnancies, causes weight loss, and is the second most common cause of hospitalization during pregnancy. Early treatment of NVP may help prevent progression to hyperemesis gravidarum.

The 2015 clinical consensus guidelines for NVP from the American College of Obstetricians and Gynecologists (ACOG) recommends pyridoxine alone or in combination with doxylamine as first line pharmacologic therapy.

Resources:

Bonjesta. Package Insert. Revised by manufacturer 11/2017. Accessed 4/03/17.

Diclegis. Package Insert. Revised by manufacturer 9/2013. Accessed 10/13/17.

Bonjesta product information accessed 05-04-18 at DailyMed:

<https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=dba60bb4-54ff-4e06-b8d2-acbbd3717666>

Diclegis product information accessed 05-04-18 at DailyMed:

<https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=8bde08f6-e8bd-4e90-baa7-82e01876a86a>

UpToDate: Treatment and outcome of nausea and vomiting of pregnancy. Current through Apr 2018. https://www.uptodate-com.mwu.idm.oclc.org/contents/treatment-and-outcome-of-nausea-and-vomiting-of-pregnancy?search=nausea%20and%20vomiting%20in%20pregnancy&source=search_result&selectedTitle=1~121&usage_type=default&display_rank=1

Goodwin TM and Ramin SM: Nausea and vomiting of pregnancy. Practice Bulletin No. 153. American College of Obstetricians and Gynecologists. Obstet Gynecol 2015; 126:e12-24.

Pharmacy Prior Authorization Request Form

6. Is there any additional information the prescribing provider feels is important to this review? Please specify below.
For example, explain the negative impact on medical condition, safety issue, reason formulary agent is not suitable to a specific medical condition, expected adverse clinical outcome from use of formulary agent, or reason different dosage form or dose is needed.

Signature affirms that information given on this form is true and accurate and reflects office notes

Prescribing Provider's Signature:

Date:

Please note: Some medications may require completion of a drug-specific request form.

Incomplete forms or forms without the chart notes will be returned.

Office notes, labs, and medical testing relevant to the request that show medical justification are required.