Doxylamine succinate and pyridoxine delayed release tablets
Effective 12/1/2019

<table>
<thead>
<tr>
<th>Plan</th>
<th>Program Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>☒ MassHealth</td>
<td>☒ Prior Authorization</td>
</tr>
<tr>
<td>☒ Commercial/Exchange</td>
<td>☐ Quantity Limit</td>
</tr>
<tr>
<td>☑ Pharmacy Benefit</td>
<td>☐ Step Therapy</td>
</tr>
<tr>
<td>☐ Medical Benefit (NLX)</td>
<td></td>
</tr>
</tbody>
</table>

Specialty Limitations: N/A

<table>
<thead>
<tr>
<th>Specialty Medications</th>
<th>Non-Specialty Medications</th>
<th>Medical Specialty Medications (NLX)</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Plans</td>
<td>Phone: 866-814-5506</td>
<td>Fax: 866-249-6155</td>
</tr>
<tr>
<td>MassHealth</td>
<td>Phone: 877-433-7643</td>
<td>Fax: 866-255-7569</td>
</tr>
<tr>
<td>Commercial</td>
<td>Phone: 800-294-5979</td>
<td>Fax: 888-836-0730</td>
</tr>
<tr>
<td>Exchange</td>
<td>Phone: 855-582-2022</td>
<td>Fax: 855-245-2134</td>
</tr>
<tr>
<td>All Plans</td>
<td>Phone: 844-345-2803</td>
<td>Fax: 844-851-0882</td>
</tr>
</tbody>
</table>

Exception: N/A

Overview
Doxylamine with pyridoxine delayed-release tablets (10mg/10mg or Bonjesta 20mg/20mg) are indicated for the treatment of nausea and vomiting of pregnancy in women who do not respond to conservative management.

Coverage Guidelines
Authorization may be granted for members who are currently receiving treatment with doxylamine with pyridoxine delayed release tablets (10mg/10mg) or Bonjesta excluding when the product is obtained as samples or via manufacturer’s patient assistance programs.

OR
Authorization may be granted if the member meets all following criteria and documentation has been submitted:
1. The member has a diagnosis of nausea and vomiting associated with an active pregnancy
2. The member has had an inadequate response to combination therapy with pyridoxine and doxylamine taken concurrently.

OR
3. The provider submits clinical rationale why treatment with the concurrent use of pyridoxine and doxylamine is not appropriate.

Limitations
1. Initial approvals will be for a duration of 4 months.
2. Reauthorizations may be granted for up to an additional 6 months.
3. The following quantity limits apply:
   - Doxylamine with pyridoxine 10mg/10mg #120 tablets per 30 days
References
1. Bonjesta (doxylamine and pyridoxine) [prescribing information]. Bryn Mawr, PA: Duchesnay USA; November 2017
3. Doxylamine/pyridoxine [prescribing information]. Actavis Laboratories; January 2019

Review History
2014 – Implementation
02/20/19 –Reviewed
04/27/15 – Reviewed
02/22/16 – Reviewed
02/27/17 – Reviewed
03/22/18 – Added Bonjesta
09/24/18 – Updated references
09/18/19 – Generic Diclegis
09/16/20 – Reviewed at P&T

Disclaimer
AllWays Health Partners complies with applicable federal civil rights laws and does not discriminate or exclude people on the basis of race, color, national origin, age, disability, or sex.