



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR MEDICAL SERVICES



Office of Pharmacy Service
Prior Authorization Criteria

Diclegis® (doxylamine and pyroxidine)
[Prior Authorization Request Form](#)

Prior authorization requests for Diclegis will be approved if the following criteria are met:

1. Diagnosis of nausea and vomiting associated with pregnancy; **AND**
2. Trial of doxylamine 10-12.5mg and pyridoxine 20mg. qid for five (5) days; **AND**
3. Trial of ondansetron 4-8mg for five (5) days; **AND**
4. Maximum dose of four (4) tablets daily

PI Duchesnay USA, Inc.
Bryn Mawr, PA, 19010

Up to Date ©2013

AWP \$415.00/30 days

Review and Approved
DUR Board 05/15/2013