



Montana Healthcare Programs  
Drug Prior Authorization Coverage Criteria

Diclegis™ (doxylamine succinate and pyridoxine hydrochloride)

**Review Criteria**

- Subject to Preferred Drug List requirements
- Member must be pregnant and have failed conservative management of hyperemesis (e.g., small frequent meals, avoiding fatty/spicy foods, trying herbal remedies, etc.)
- Montana Medicaid requests that member utilize the individual over-the-counter (OTC) components that make this combination product before the higher cost prescription formulation would be considered

Limitations:

- If prescription formulation is approved, maximum daily dose is 4 tablets daily