

Market Applicability/Effective Date														
Market	FL & FHK	FL MMA	FL LTC	GA	KS	KY	LA	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	N/A	N/A	X	N/A	X	X	X	X	X	X	N/A	N/A	X

\*FHK- Florida Healthy Kids

## Ondansetron Agents Quantity Limit

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Strength	Quantity Limit
Zofran (ondansetron)	4mg tablets	48 tabs/ 30 days
	8mg tablets	24 tabs/ 30 days
	24mg tablets	8 tabs/ 30 days
	4mg/ 5mL oral solution	240 mL/ 30 days
Zofran ODT (ondansetron)	4mg ODT tablets	48 tabs/ 30 days
	8mg ODT tablets	24 tabs/ 30days
Zuplenz (ondansetron)	4mg soluble films	48 films/30 days
	8mg soluble films	24 films/30 days

### APPROVAL CRITERIA

- I. For prevention of chemotherapy or radiotherapy induced nausea and vomiting, due to daily chemotherapy or radiotherapy; **OR**
- II. Treatment of nausea and vomiting related to palliative care after trial of and insufficient response or intolerance or contraindication to dopamine receptor antagonist therapy (NCCN Guidelines Version 1.2016, Palliative Care);

May approve the following quantity override amounts:

Medication	Override Limit
Zofran (ondansetron) 4 mg tablets	180 tablets per 30 days
Zofran (ondansetron) 8 mg tablets	90 tablets per 30 days
Zofran (ondansetron) 24 mg tablets	30 tablets per 30 days
Zofran (ondansetron) 4 mg/5 mL oral solution	900 mL per 30 days
Zofran ODT (ondansetron orally disintegrating) 4 mg tablets	180 tablets per 30 days
Zofran ODT (ondansetron orally disintegrating) 8 mg tablets	90 tablets per 30 days
Zuplenz (ondansetron) 4 mg soluble film	180 films per 30 days
Zuplenz (ondansetron) 8 mg soluble film	90 films per 30 days

### **OR**

- III. Treatment of hyperemesis gravidarum, may approve up to the following additional amounts AFTER a trial of ONE of the medications listed below:

- A. Pyridoxine (vitamin B6) either alone or in combination with doxylamine (ACOG 2015); **OR**

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

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- B. H1 antagonist (e.g., doxylamine, dimenhydrinate, meclizine, hydroxyzine); **OR**
- C. Dopamine antagonist (e.g., metoclopramide, trimethobenzamide); **OR**
- D. Phenothiazine (e.g., promethazine, prochlorperazine);

May approve the following quantity override amounts:

Medication	Override Limit
Zofran (ondansetron) 4 mg tablets	60 tablets per 30 days
Zofran (ondansetron) 8 mg tablets	30 tablets per 30 days
Zofran (ondansetron) 24 mg tablets	10 tablets per 30 days
Zofran (ondansetron) 4 mg/5 mL oral solution	300 mL per 30 days
Zofran ODT (ondansetron orally disintegrating) 4 mg tablets	60 tablets per 30 days
Zofran ODT (ondansetron orally disintegrating) 8 mg tablets	30 tablets per 30 days
Zuplenz (ondansetron) 4 mg soluble film	60 films per 30 days
Zuplenz (ondansetron) 8 mg soluble film	30 films per 30 days

State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
N/A	N/A	N/A

**Key References:**

Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2015. URL: <http://www.clinicalpharmacology.com>. Updated periodically.

DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed April 21, 2015.

DrugPoints® System (electronic version). Truven Health Analytics, Greenwood Village, CO. Updated periodically.

Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2015; Updated periodically.

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