Prior Authorization DRUG Guidelines

Zofran and Zofran ODT
(Prior Auth is only for
Quantity Limit up to 12 Tablets
– See Formulary

Effective Date: 07-28-05
Date Developed: 07-08-05 by C. Wilhelmy MD
Date Revised: 10-17-11 by A. Reeves MD
Date Approved by P&T Committee: 07-28-05; 10-25-11

Prior Authorization Criteria
Zofran and Zofran ODT are subject to Prior Authorization. VCHCP considers these medications to be medically necessary for those members who meet the following criteria:

A. Member is receiving chemotherapy or radiation therapy for a cancer diagnosis
OR

B. Member has hyperemesis gravidarum and meets ALL of the following criteria (approval will be made for a 30-day duration; approval is renewable if criteria continue to be met):
Parenteral hydration would otherwise be necessary or has already been tried
AND
Ineffectiveness of non-pharmacological therapies is documented. Non-pharmacological therapies include, but are not limited to, small meals low in fat, high in carbohydrates, and bedrest
AND
Vomiting despite adequate treatment with at least two (2) of the following antiemetics: aprepitant (Emend) dimenhydrinate (Dramamine) diphenhydramine (Benadryl) metoclopramide (Reglan) prochlorperazine (Compazine)-oral or per rectum promethazine (Phenergan) trimethobenzamide (Tigan)
AND
Weight loss or no weight gain has occurred.

Quantity Limits:
Zofran 12 tablets (4mg & 8mg) or 1 tablet (24mg)
Zofran ODT 12 tablets

Ondansetron (Zofran) Orally disintegrating Tablet (ODT): 4 mg, 8 mg

Ondansetron (Zofran) Oral Solution: 4 mg/5 ml (50 ml bottle)

Ondansetron (Zofran) Injection: 2 mg/ml (2 ml single dose, 20 ml multidose vial)

Ondansetron (Zofran) Injection premixed: 32 mg/50 ml in 5% Dextrose

Zuplenz (ondansetron) oral soluble film: 4 mg, 8 mg (package size 10)

References:

USPDI Drug Information for the HealthCare Professional (online through Stat!Ref).


