

Ondansetron criteria for coverage above quantity limit

Ages – under 6- requires PA

Ages- 6 to 12- Allowed 6 tablets per 90 days

Ages 13 + - Allowed 30 tablets per 180 days

1. Does member have a funded condition on the OHP prioritized list?
 - a. Yes- Continue to question 2
 - b. No- Deny Cat 1- *Submitted documentation does not indicate member has a funded condition.*

2. Is member currently undergoing treatment for cancer?
 - a. Yes- Approve for 12 months
 - b. No- Continue to question 3

3. Has member recently had a surgical procedure?
 - a. Yes- Approve for 1 month for acute use during post-operative period
 - b. No- Continue to question 4.

4. Is member currently pregnant?
 - a. Yes- Approve for duration of member pregnancy (PA to end at delivery)
 - b. No- Deny Cat 3- *Use of ondansetron is outside the FDA approved indication.*