(ZOFRAN®) Intravenous Pump Therapy for the Management of Hyperemesis Gravidarum

Origination: 3/29/05	**Revised:** 8/11/20	**Annual Review:** 11/12/24
Line of Business: Commercial Only ☐ QHP/Exchange Only ☐ Medicare Only ☐ Commercial & QHP/Exchange ☐ Commercial, QHP/Exchange, & Medicare ☒		

Purpose:

To provide ondansetron hydrochloride (ZOFRAN®) Intravenous Pump Therapy for the Management of Hyperemesis Gravidarum guidelines for Population Health and Provider Alliances associates to reference when making benefit determinations.

Background Information:

Definition:

Hyperemesis Gravidarum

- Persistent, continuous, severe, pregnancy-related nausea and vomiting, often accompanied by dry retching. The condition can cause systemic effects such as dehydration, weight loss, fluid-electrolyte and acid-base imbalance leading to metabolic acidosis, and rarely, death. About 2 out of 1000 pregnant women require hospitalization for medical management of the disorder.[1]

Medication Summary

- Zofran is a selective 5-HT_3 receptor antagonist and is Pregnancy Category B. Zofran is indicated for prevention of nausea and vomiting associated with moderate to highly-emetogenic cancer chemotherapy and prevention of postoperative nausea and/or vomiting.

Coverage Guidelines

- Member must be eligible and have applicable benefits.

- The OB Case Manager will review request for zofran-pump therapy including:
  Documentation that Member had first-line therapeutic failure of ONE (1) of the following medications:
  - Promethazine (Phenergan) via oral **OR** rectal route of administration
  - Metoclopramide (Reglan) via oral route of administration
  - Ondansetron (Zofran) via oral route of administration

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Pump Therapy for the Management of Hyperemesis Gravidarum

References:

1. Taber's® Cyclopedic Medical Dictionary (2001). F.A. Davis Company Philadelphia. Edition 19.

2. Glaxo Smith Kline. Zofran Package Insert. Research Triangle Park, NC 27709. February 2006.

Disclaimer Information:

Coverage Issues Guidelines and Medical Technology Assessment Recommendations are developed to determine coverage for AvMed's benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. AvMed makes coverage decisions using these guidelines, along with the Member's benefit document. The use of this guideline is neither a guarantee of payment nor a final prediction of how specific claim(s) will be adjudicated.

Coverage Issues Guidelines and Medical Technology Assessment Recommendations are developed for selected therapeutic or diagnostic services found to be safe, but proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in the AvMed service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations.

Treating providers are solely responsible for the medical advice and treatment of Members. This guideline may be updated and therefore is subject to change.