



Please complete ALL information below and fax your request to 1-888-671-5285

Bonjesta® & Diclegis® Prior Authorization Request Form
DO NOT COPY FOR FUTURE USE. FORMS ARE UPDATED FREQUENTLY AND MAY BE BARCODED

Member Information (required) Provider Information (required)
Member Name: Insurance ID#: Date of Birth: Street Address: City: State: Zip: Phone:
Provider Name: NPI#: Specialty: Office Phone: Office Fax: Office Street Address: City: State: Zip:

Medication Information (required)
Medication Name: Strength: Dosage Form:
Check if generic substitution is acceptable
Check if request is for continuation of therapy
Directions for Use:

Clinical Information (required)
Select the diagnosis below:
Nausea and vomiting of pregnancy
Other diagnosis: ICD-10 Code(s):
Clinical information:
Has the patient tried and had an inadequate response to conservative management...?
Has the patient had a trial and failure or intolerance to generic doxylamine or generic pyridoxine...?
Is the requested medication being used in combination with a monoamine oxidase (MAO) inhibitor...?
Quantity limit requests:
What is the quantity requested per DAY?
What is the reason for exceeding the plan limitations?
Titration or loading dose purposes
Patient is on a dose-alternating schedule...
Requested strength/dose is not commercially available
Other:

Are there any other comments, diagnoses, symptoms, medications tried or failed, and/or any other information the physician feels is important to this review?

Please note: This request may be denied unless all required information is received.