Medical Policy:

Metoclopramide and Ondansetron Infusion for Hyperemesis Gravidarum

POLICY NUMBER	LAST REVIEW	ORIGIN DATE
MG.MM.PH.CC5	May 29, 2024	April 21, 2017

Definitions

Hyperemesis gravidarum (HG) — a severe form of nausea and vomiting in pregnancy, generally described as unrelenting and excessive, which prevents adequate food and fluid intake. HG usually starts before 9 weeks of gestation and may resolve by 22 weeks with the most refractory cases lasting until delivery.

Severe and/or inadequately treated HG is typically associated with:

1. Loss of weight ≥ 5% of pre-pregnancy body weight (usually > 10%)
2. Dehydration (may be evidenced by diagnostic laboratory studies; e.g., urinalysis for ketones and specific gravity, serum electrolytes, liver enzymes and bilirubin, amylase/lipase, TSH, free thyroxine, urine culture, calcium level and hematocrit, etc.)
3. Nutritional deficiencies
4. Difficulty with daily activities

Guideline

Members diagnosed with HG (documentation must support 1–4 above) may be eligible for coverage of home infusion with metoclopramide or ondansetron when a trial of medications, regardless of drug class, fails to relieve symptoms; either:

1. Any 2 oral medications (includes sublingual)
2. Any oral medication and at least 1 rectal medication

The following pharmacologic management guide for nausea, vomiting and dehydration is recommended.

Note: drugs and classes listed not meant to be all-inclusive; dosing protocols not included, as accepted variances exist within the medical community.

- 1st. Monotherapy — Pyridoxine (vitamin B6)
- 2nd. Add doxylamine (antihistamine)
- 3rd. Add Metoclopramide (prokinetic) orally. The following may also be added: Promethazine (antidopaminergic), orally or rectally; or, dimenhydrinate (antihistamine), orally or rectally
- 4th. Intravenous fluid replacement with thiamine followed by intravenous multivitamins with the addition of dimenhydrinate, metoclopramide or promethazine infusion
- 5th. Ondansetron 4–8mg orally or IV every 8 hours can be used (see Limitations/Exclusions cautionary information on dosing)
- 6th. Methylprednisolone (corticosteroid), orally or intravenously, for 3 days with tapering to lowest effective dose over 2 weeks or ondansetron infusion1 (serotonin antagonist). Methylprednisolone should not be administered before 10 weeks of gestation

Limitations/Exclusions

Ondansetron should not be given IV in doses greater than 16 mg to avoid the potential cardiac risk associated with prolonged QT interval. Antihistamines should be avoided in women taking ondansetron or other medications that prolong the Q-T interval.

Electrolyte and electrocardiogram monitoring are recommended for members being treated with ondansetron who have risk factors for arrhythmia, including family or personal history of prolonged QT interval, heart failure, hypokalemia, hypomagnesemia, and use of other medications that lead to prolongation of the QT interval.

Applicable Procedure Codes

Code	Description
99601	Home infusion/specialty drug administration, per visit (up to 2 hours)
99602	Home infusion/specialty drug administration, per visit (up to 2 hours); each additional hour (List separately in addition to code for primary procedure)
J2405	Injection, ondansetron HCl, per 1 mg
J2765	Injection, metoclopramide HCl, up to 10 mg
S9351	Home infusion therapy, continuous or intermittent antiemetic infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and visits coded separately), per diem
S9379	Home infusion therapy, infusion therapy, not otherwise classified; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem

ICD-10 Diagnoses

Code	Description
O21.0	Mild hyperemesis gravidarum
O21.1	Hyperemesis gravidarum with metabolic disturbance

Revision History

Company(ies)	DATE	REVISION
EmblemHealth & ConnectiCare	5/29/2024	Annual Review: no criteria changes
EmblemHealth & ConnectiCare	10/4/2023	Annual Review: no criteria changes
EmblemHealth & ConnectiCare	1/19/2023	Transfer to New Template
EmblemHealth & ConnectiCare	12/30/2020	No policy changes
EmblemHealth & ConnectiCare	4/21/2017	Moved Ondansetron from 6th to 5th in the treatment paradigm and added administration protocol and removed time-frame prerequisite prior to IV fluid replacement

References

1. American College of Obstetricians and Gynecologists. ACOG Practice Bulletin number 153. Nausea and Vomiting of Pregnancy. 2015.
2. HER Foundation. Understanding Hyperemesis. April 2016. http://www.hyperemesis.org/hyperemesis-gravidarum/treatments/medications.php. Accessed April 16, 2018.
3. Micromedex® Healthcare Series [Internet database]. Greenwood Village, Colo: Thomson Healthcare. Updated periodically. Specialty-matched clinical peer review.