

Market Applicability/Effective Date														
Market	FL & FHK	FL MMA	FL LTC	GA	KS	KY	LA	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	N/A	N/A	X	N/A	X	X	X	X	X	X	N/A	N/A	X

*FHK- Florida Healthy Kids

Granisetron Agents Quantity Limit

Override(s)	Approval Duration
Quantity Limit	1 year

Medications	Quantity Limit
Granisetron 1 mg tablets	10 tablets per 30 days
Granisol (granisetron) 2 mg/10 mL oral solution	50 mL per 30 days
Sancuso (granisetron transdermal system) patch	4 patches per 28 days

APPROVAL CRITERIA

Approve up to two (2) granisetron 1mg tablets or 10mL granisetron oral solution multiplied by the number of chemotherapy or radiation treatments per month

Approve up to sixty (60) 1 mg tablets or 300 mL solution per 30 days for treatment of persistent nausea and vomiting associated with palliative care *after* a trial and insufficient response or intolerance or contraindication to a dopamine antagonist (NCCN Guidelines Version 2.2015, Palliative Care).

Maximum is sixty (60) 1mg tablets per month or 300 mL per month

State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
N/A	N/A	N/A

Key References:

Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2016. URL: <http://www.clinicalpharmacology.com>. Updated periodically.

DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>.

DrugPoints® System (electronic version). Truven Health Analytics, Greenwood Village, CO. Updated periodically.

Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2016; Updated periodically.

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.