

# QUANTITY LIMIT CRITERIA

**DRUG CLASS**

**ANTIEMETICS**

**BRAND NAME**  
(generic)

**granisetron hydrochloride (ALL PRODUCTS)**

**SANCUSO**  
(granisetron transdermal system)

**SUSTOL**  
(granisetron extended-release injection)

**Status: CVS Caremark Criteria**

**Type: Quantity Limit**

## POLICY

### FDA-APPROVED INDICATIONS

#### **Granisetron Tablets**

Granisetron Hydrochloride Tablets are indicated for the prevention of:

- Nausea and vomiting associated with initial and repeat courses of emetogenic cancer therapy, including high-dose cisplatin.
- Nausea and vomiting associated with radiation, including total body irradiation and fractionated abdominal radiation.

#### **Granisetron Injection**

Granisetron Hydrochloride Injection is a serotonin-3 (5-HT<sub>3</sub>) receptor antagonist indicated for:

- The prevention of nausea and/or vomiting associated with initial and repeat courses of emetogenic cancer therapy, including high-dose cisplatin.

#### **Sancuso Transdermal System**

Sancuso (granisetron transdermal system) is indicated for the prevention of nausea and vomiting in patients receiving moderately and/or highly emetogenic chemotherapy regimens of up to 5 consecutive days duration.

#### **Sustol Extended-Release Injection**

Sustol is indicated in combination with other antiemetics in adults for the prevention of acute and delayed nausea and vomiting associated with initial and repeat courses of moderately emetogenic chemotherapy (MEC) or anthracycline and cyclophosphamide (AC) combination chemotherapy regimens.

## REFERENCES

1. Granisetron Injection [package insert]. Sunrise, FL: Cipla USA, Inc.; December 2018.
2. Granisetron Tablet [package insert]. Boca Raton, FL: Breckenridge Pharmaceutical, Inc.; October 2018.
3. Sancuso Patch [package insert]. Bedminster, NJ: Kyowa Kirin, Inc.; September 2017.
4. Sustol Injection [package insert]. Chaska, MN: Lifecore Biomedical; May 2017.
5. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Hudson, OH: Wolters Kluwer Clinical Drug Information, Inc. <http://online.lexi.com/>. Accessed January 2019.
6. Micromedex (electronic version). Truven Health Analytics, Greenwood Village, Colorado, USA. <http://www.micromedexsolutions.com/>. Accessed January 2019.

7. National Comprehensive Cancer Network. Clinical Practice Guidelines in Oncology. Antiemesis. V.3.2018. Available at: [www.nccn.org](http://www.nccn.org). Accessed January 2019.

**LIMIT CRITERIA**

<b>Drug</b>	<b>4 Weeks Limit and 12 Weeks Limit*</b>
Granisetron Tablets	12 tablets / 21 days
Granisetron Injection 0.1 mg/mL or 1 mg/mL	2 mL / 21 days
Sancuso Patches	2 patches / 21 days
Sustol Extended-Release Injection 10 mg/0.4 ml	0.8 mL / 21 days

*\* This drug is indicated for short-term acute use; therefore, the mail limit will be the same as the retail limit. The duration of 21 days is used for a 28-day fill period.*