

5-HT3 ANTAGONISTS

Aloxi injection (palonosetron)

Anzemet* tablets (dolasetron)

Granisetron injection, granisetron tablets, Sancuso patch, Sustol injection (granisetron)

Ondansetron 16mg tablets*, Ondansetron 24mg tablets, Zofran, Zuplenz oral film*
(ondansetron)

* Prior authorization for certain formulations applies only to formulary exceptions due to being a non-covered medication.

Pre - PA Allowance

Quantity

Medication	Quantity Limit
Kytril (granisetron) 1 mg	6 tablets per 90 days
Sancuso (granisetron) patches	6 patches per 90 days
Zofran (ondansetron) 4 mg	36 units per 90 days
Zofran (ondansetron) 8 mg	
Zofran ODT (ondansetron) 4 mg	
Zofran ODT (ondansetron) 8 mg	
Zofran solution (ondansetron) 4 mg/5 mL	180 mL per 90 days

Prior-Approval Requirements

Prior authorization is not required if prescribed by an oncologist and/or the member has paid pharmacy claims for an oncology medication(s) in the past 6 months for a diagnosis of cancer

Diagnoses

All 5-HT3 Antagonists (except for ondansetron 24mg tablets)

Patient must have **ONE** the following:

1. Prevention of nausea and/or vomiting due to radiation or cancer chemotherapy
2. Treatment of nausea and or vomiting due to radiation or cancer chemotherapy
3. Post-operative nausea and/or vomiting
 - a. Operation was within the last month
4. **Zofran and Zuplenz only:** Nausea and/or vomiting of pregnancy (NVP)
 - a. Patient has had an inadequate treatment response, intolerance, or contraindication to another treatment such as vitamin B6 or doxylamine



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Ondansetron 24mg tablets only

Age 18 years of age or older

Diagnosis

Patient must have the following:

1. Prevention of nausea and/or vomiting due to radiation or cancer chemotherapy

Prior - Approval Limits

Quantity

Medication	Quantity Limit per 30 days	Quantity Limit per 90 days
Aloxi (palonosetron) 0.25mg/5mL	20 mLs per 30 days OR	60 mLs per 90 days OR
Palonosetron 0.25mg/2mL		
Granisetron 0.1mg/mL	4 mLs per 30 days OR	12 mLs per 90 days OR
Granisetron 1mg/mL single use vials		
Granisetron 4mg/4mL multiuse vial		
Kytril (granisetron) 1mg	6 tablets per 30 days OR	12 tablets per 90 days OR
Sancuso (granisetron) patches	6 patches per 30 days OR	12 patches per 90 days OR
Sustol ER Injection (granisetron) 10 mg/0.4mL	4 syringes per 30 days OR	12 syringes per 90 days OR
Ondansetron 24mg tablets	Not approved for use post-op	6 tablets per 90 days OR
Zofran (ondansetron) 4mg/2mL	20 mLs per 30 days OR	60 mLs per 90 days OR
Zofran (ondansetron) 40mg/20mL multiuse vial		



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Zofran (ondansetron) 4mg	90 units per 30 days OR	240 units per 90 days OR
Zofran (ondansetron) 8mg		
Zofran ODT (ondansetron) 4mg		
Zofran ODT (ondansetron) 8mg		
Zofran solution (ondansetron) 4mg/5mL	360 mLs per 30 days	1,250 mLs per 90 days

Medication with approved Formulary Exception only	Quantity Limit per 30 days	Quantity Limit per 90 days
Anzemet (dolasetron) 50mg, 100mg	4 tablets per 30 days	10 tablets per 90 days
Ondansetron ODT 16mg	30 tablets per 30 days	90 tablets per 90 days
Zuplenz oral film (ondansetron) 4mg, 8mg	90 units per 30 days	240 units per 90 days

Duration 1 month for post-operative nausea and/or vomiting
 9 months for nausea and/or vomiting of pregnancy (NVP)
 12 months for all other diagnoses

Prior – Approval *Renewal* Requirements

Same as above

Prior - Approval *Renewal* Limits

Same as above