PRIOR AUTHORIZATION CRITERIA

DRUG CLASS	**ANTIEMETICS**
BRAND NAME (generic)	**SANCUSO (granisetron transdermal system)**

Status: CVS Caremark® Criteria
Type: Initial Prior Authorization

POLICY

FDA-APPROVED INDICATIONS
Sancuso is indicated for the prevention of nausea and vomiting in adults receiving moderately and/or highly emetogenic chemotherapy regimens of up to 5 consecutive days duration.

COVERAGE CRITERIA

Nausea and Vomiting Associated with Moderately or Highly Emetogenic Chemotherapy
Authorization may be granted when the requested drug is prescribed for prevention of nausea and vomiting in an adult receiving a moderately and/or highly emetogenic chemotherapy regimen when the following criteria is met:

- The patient is unable to swallow or digest tablets/capsules

Duration Of Approval (DOA):

- 506-A: DOA: 6 months

REFERENCES

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3. Micromedex (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: https://www.micromedexsolutions.com/ (cited: 11/29/2023).
4. National Comprehensive Cancer Network. Clinical Practice Guidelines in Oncology. Antiemesis. Version 2. 2023. Available at: https://www.nccn.org/professionals/physician_gls/pdf/antiemesis.pdf. Accessed November 30, 2023.
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