

Sancuso (granisetron) Patch

Disclaimer

Clinical guidelines are developed and adopted to establish evidence-based clinical criteria for utilization management decisions. Clinical guidelines are applicable according to policy and plan type. The Plan may delegate utilization management decisions of certain services to third parties who may develop and adopt their own clinical criteria.

Coverage of services is subject to the terms, conditions, and limitations of a member's policy, as well as applicable state and federal law. Clinical guidelines are also subject to in-force criteria such as the Centers for Medicare & Medicaid Services (CMS) national coverage determination (NCD) or local coverage determination (LCD) for Medicare Advantage plans. Please refer to the member's policy documents (e.g., Certificate/Evidence of Coverage, Schedule of Benefits, Plan Formulary) or contact the Plan to confirm coverage.

Summary

Sancuso (granisetron) patch is a transdermal formulation of granisetron, a selective serotonin (5-HT₃) receptor antagonist. It has a unique FDA indication for chemotherapy-induced nausea/vomiting (CINV) prophylaxis in patients receiving multi-day, moderately and/or highly emetogenic chemotherapy. The patch is applied to the upper outer arm 24-48 hours prior to chemotherapy and is kept on until at least 24 hours after chemotherapy is completed. The patch can be worn for up to 7 days, depending on chemotherapy regimen duration.

Definitions

"Moderately or Highly emetogenic chemotherapy" is chemotherapy that has >30%-90% or >90% frequency of nausea and/or vomiting (i.e. cisplatin, doxorubicin, carboplatin)

Medical Necessity Criteria for Authorization

The Plan considers **Sancuso (granisetron) patch** medically necessary when **ALL** of the following criteria are met:

1. The member is 18 years or older; **AND**
2. The member is receiving moderately or highly emetogenic chemotherapy for 3 days or more; **AND**
3. The member meets **ONE** of the following conditions:
 - a. The member is unable to use, or has tried and failed at least one oral 5-HT3 antagonist such as granisetron tablet or ondansetron tablet; **or**
 - b. The member is unable to swallow tablets or solution; **AND**
4. Chart documentation is provided for review to substantiate the above listed requirements.

If the above prior authorization criteria are met, Sancuso (granisetron) patch will be approved for the duration of the chemotherapy regimen.

Experimental or Investigational / Not Medically Necessary

Sancuso (granisetron) patch for any other indication is considered not medically necessary by the Plan, as it is deemed to be experimental, investigational, or unproven.

References

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2. Flank J, Robinson PD, Holdsworth M, et al. Guideline for the Treatment of Breakthrough and the Prevention of Refractory Chemotherapy-Induced Nausea and Vomiting in Children With Cancer. Pediatr Blood Cancer. 2016;63(7):1144-1151.[PubMed 26960036]
3. Hesketh PJ, Kris MG, Basch E, et al. Antiemetics: ASCO guideline update. J Clin Oncol. 2020;38(24):2782-2797. doi:10.1200/JCO.20.01296
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6. Sancuso (granisetron transdermal) [prescribing information]. Bedminster, NJ: Kyowa Kirin; July 2022.

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Clinical Guideline Revision / History Information

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