

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

Chemotherapy-induced nausea and vomiting is one of the most distressing symptoms of chemotherapy. Nausea and vomiting are one of the most common side effects of chemotherapy, and while this can occur in those receiving cancer-related radiation and surgery, chemotherapy-induced nausea and vomiting (CINV) is potentially the most severe. There are three distinct types of CINV: acute emesis, occurring within 1-2 hours of chemotherapy; delayed emesis, occurring more than 24 hours after chemotherapy; and, anticipatory emesis, occurring prior to chemotherapy administration as a conditioned response by the individual who has previously experienced nausea and/or vomiting from prior chemotherapy exposures. The goal of managing CINV is preventing it entirely, thus a typical regimen will include several drugs from different classes administered 1-2 days prior to chemotherapy and 1-2 days after the last chemotherapy administration day (e.g., in a multi-day chemotherapy regimen). The classes of drugs most broadly accepted as having the highest therapeutic index for management of CINV include the type-three 5-hydroxytryptamine (5-HT₃) receptor antagonists (e.g. ondansetron, dolasetron, granisetron, palonosetron), the neurokinin-1 receptor (NK1R) antagonists (e.g., aprepitant, fosaprepitant, rolapitant) and glucocorticoids (e.g., dexamethasone).

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, respectively (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 2 days or more; *AND*
3. The member meets **ONE** of the following:
 - a. Sancuso is being used to treat stage IV advanced, metastatic cancer [based upon applicable state regulations; *or*
 - b. The member is unable to use, or has tried and failed at least **ONE** oral 5-HT3 antagonist (e.g., granisetron, or ondansetron formulary alternatives); *or*
 - c. The member is unable to swallow tablets or solution.

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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Clinical Guideline Revision / History Information

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