Sustol® (granisetron)

Humana

Pharmacy Coverage Policy

Effective Date: January 01, 2019
Revision Date: August 23, 2023
Review Date: August 16, 2023
Line of Business: Medicare, Commercial, Medicaid - South Carolina, Medicaid - Ohio
Policy Type: Prior Authorization

Products Affected

Sustol liquid,extended release subcutaneous syringe

Listed Indications

Prophylaxis of Chemotherapy-induced nausea and vomiting (Acute and/or Delayed)

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Does the member meet all of the following criteria?	
Criteria #1	• Member has failed to achieve control of nausea and/or vomiting with IV ondansetron or IV granisetron at the FDA indicated dose OR has experienced significant side effects necessitating alternative therapies***OR** • Coverage for the use of Sustol (granisetron) is considered reasonable and necessary without a failure of other 5-HT3 receptor antagonists (e.g., ondansetron, granisetron) for those members receiving highly emetogenic chemotherapy (HEC) or moderately emetogenic chemotherapy (MEC) * For Medicare this criteria does not apply to medical benefits
Approval Duration	
Initial	Sustol (granisetron) will be approved in plan year durations or as determined through clinical review.

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Background

This is a prior authorization policay about Sustol (granisetron).

- According to a Phase III study published in 2015 in the journal Future Oncology, Sustol (granisetron) was non-inferior to intravenous palonosetron in preventing acute chemotherapy-induced nausea and vomiting (CINV) after moderately emetogenic chemotherapy or highly emetogenic chemotherapy (HEC), and delayed CINV after moderately emetogenic chemotherapy, however Sustol (granisetron) was not superior to palonosetron in delayed CINV after HEC.
- The MAGIC trial, published in 2016 in the journal Future Oncology, showed that Sustol (granisetron) was superior to ondansetron in CINV prevention. This study also showed that Sustol (granisetron) was well-tolerated overall in the trial population, with no new or unexpected safety findings.

For information on Pediatric Dosing and Administration, please refer to the Prescribing Information.

Sustol (granisetron) should not be used in the following:

- Hypersensitivity to Sustol (granisetron) or any component of the product

Sustol (granisetron) is a selective serotonin-3 5-HT_3-receptor antagonist. It has minimal or no affinity for other receptor types. 5-HT_3 receptors are present on vagal nerve terminals peripherally and centrally in the chemoreceptor trigger zone; cytotoxic agents induce emesis by releasing 5-HT_3 from intestinal enterochromaffin cells, with subsequent 5-HT_3 binding to (activation of) vagal afferents. An advantage of Sustol (granisetron) over other 5-HT_3 antagonists is its longer elimination half-life which allows for less frequent dosing.

Sustol (granisetron) injection for subcutaneous use 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.

Granisetron is available as Sustol extended release subcutaneous injection:
• 10 mg/0.4mL prefilled syringe

Provider Claim Codes

For medically billed requests, please visit www.humana.com/PAL. Select applicable Preauthorization and Notification List(s) for medical and procedural coding information.

Medical Terms

Sustol; granisetron; CINV; antiemetic; nausea; vomiting; subcutaneous; pharmacy

References

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