

5-HT₃ RECEPTOR ANTAGONISTS PA SUMMARY

PREFERRED	Ondansetron, Zofran injection, Zofran solution
NON-PREFERRED	Aloxi, Anzemet, Granisetron, Kytril

LENGTH OF AUTHORIZATION: 1 Year

NOTE:

- ❖ *All formulations of Aloxi and Granisetron (Kytril) require prior authorization. Only injectable formulations of Anzemet and Zofran require prior authorization.*
- ❖ ***The criteria details below are for the outpatient pharmacy program. If an injectable medication is being administered in a physician's office then the criteria information below does not apply. Instead, the physician's office must bill this drug through the DCH physician's injectable program and not the outpatient pharmacy program. Information regarding the physician's injectable program can be located at www.ghp.georgia.gov.***

PA CRITERIA:

- ❖ Aloxi and granisetron are approvable for prevention of chemotherapy-induced nausea and vomiting for members who have tried and failed ondansetron. In addition, injectable formulations of Aloxi and granisetron are only approvable if they are administered in a member's home by home health.
- ❖ Anzemet injection and Zofran injection are only approvable if they are administered in a member's home by home health.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **SXC Health Solutions at 1-866-525-5827**.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process please go to www.ghp.georgia.gov, select the Provider Information tab, click on "view full text" in the Pharmacy Services box, click on "Prior Approval Process" in the list on the left.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limit please go to www.ghp.georgia.gov, select Provider Information, click on "view full list" in the Medicaid Provider Manuals box then select Pharmacy Services from the list shown.

