



Drug Name: Granisetron
 Date: 9-2017

Drug Name:	Granisetron
Prescriber Restrictions:	
Age Restrictions:	
Exclusion Criteria:	
Required Medical Information:	<p>Diagnosis is one of the following AND</p> <ul style="list-style-type: none"> • Chemotherapy-induced nausea/vomiting; Chemotherapy-induced nausea/vomiting prophylaxis; Radiation-induced nausea/vomiting prophylaxis; • Off-Label, Recommended post-operative nausea/vomiting (PONV) or post-operative nausea/vomiting (PONV) prophylaxis • Patient has failed ondansetron
Coverage duration:	As requested