

# SUSTOL® (granisetron) extended-release injection

## Commercial Payer Coverage Information

Payers create their own policies with regard to product coverage. Since information varies by payer, it is important to contact the payer directly or consult its website to obtain product-specific coverage information for SUSTOL®; when covered, it generally falls under the medical benefit. See below to learn more about payer coverage in a geographic area.

National	Prior Authorization	Comments*
Aetna	No	Covered to PI with published policy
Anthem	Yes	No Medical Policy
Cigna	Yes	Covered to PI with published policy
Health Care Service Corporation (HCSC)	No	Covered to PI with published policy
Humana	Yes	Covered to PI with published policy
UnitedHealthcare	No	Covered to PI

Regional Payers	Prior Authorization	Comments*
BC Idaho	No	No Medical Policy
BCBS Alabama	Yes	Covered to PI with published policy
BCBS Arizona	No	No Medical Policy
BCBS Arkansas	No	No Medical Policy
BCBS Georgia	Yes	No Medical Policy
BCBS Hawaii (HMSA)	No	No Medical Policy
BCBS Illinois	No	Covered to PI with published policy
BCBS Kansas	No	No Medical Policy
BCBS Kansas City	No	No Medical Policy
BCBS Louisiana	Yes	Covered to PI with published policy
BCBS Massachusetts	Yes	No Medical Policy
BCBS Michigan	No	No Medical Policy
BCBS Minnesota	No	No Medical Policy
BCBS Mississippi	Yes	No Medical Policy
BCBS Montana	No	Covered to PI with published policy
BCBS Nebraska	No	No Medical Policy
BCBS New Mexico	No	Covered to PI with published policy
BCBS North Carolina	Yes	Covered to PI with published policy

**Please see next page for additional information. This information was generated on November 2, 2020.**

Note that this information reflects general payer policy on the date it was generated and *may be subject to change*. Individual benefit verification is recommended.

For questions or assistance on how to access SUSTOL®, please call Heron Connect™ at **1-844-HERON11 (1-844-437-6611)** from 8 AM to 8 PM ET, Monday through Friday.

\* Covered to PI: Coverage is for indications in the FDA-approved Prescribing Information.

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BCBS Oklahoma	No	Covered to PI with published policy
BCBS Rhode Island	Yes	Covered to PI with published policy
BCBS South Carolina	Yes	No Medical Policy
BCBS Tennessee	No	No Medical Policy - Retired Policy
BCBS Texas	No	Covered to PI with published policy
BCBS Wyoming	Yes	No Medical Policy
BS California	Yes	Covered to PI with published policy
Capitol BCBS	Yes	Step Edit Required
Carefirst BCBS	Yes	Covered to PI
Emblem Health	Yes	Covered to PI with published policy
Empire BCBS	Yes	Covered to PI with published policy
Excellus BCBS	No	No Medical Policy
Federal Employee Plan	Yes	Covered to PI with published policy
Florida Blue	Yes	Covered to PI with published policy
Harvard Pilgrim	Yes	Covered to PI with published policy
Health Partners	No	No Medical Policy
Health Plan of Nevada	No	No Medical Policy
Highmark BCBS	Yes	Covered to PI
Horizon BCBS	Yes	Step Edit Required
Independence BCBS	Yes	Step Edit Required
Medica	Yes	Step Edit Required
Medical Mutual of Ohio	No	No Medical Policy
Oxford Health (UHC)	No	Covered to PI
Premera	No	No Medical Policy
Presbyterian	Yes	Covered to PI
Priority Health	No	No Medical Policy
Regence	No	No Medical Policy
Select Health	No	No Medical Policy
UPMC	Yes	Covered to PI with published policy
Wellmark	No	No Medical Policy

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