



Prior Authorization Approval Criteria
Department of Pharmacy Services

Generic Name: ondansetron

Brand Name: Zofran

Medication Class: 5HT3 antiemetic

FDA Approved Uses: -Prevention of nausea and vomiting associated with emetogenic cancer chemotherapy.
-Prevention of nausea and vomiting associated with radiotherapy in patients receiving either total body irradiation, single high-dose fraction to the abdomen, or daily fractions to the abdomen.
-Postoperative nausea and vomiting; Prophylaxis.

Other Uses: -Hyperemesis gravidarum

Usual Doses: -Prevention of nausea and vomiting associated with chemotherapy or radiation therapy: 8 mg every 8 hours for 1-2 doses beginning 30 minutes prior to chemotherapy or 1-2 hours prior to radiation therapy followed by 8 mg every 12-24 hours for 1-2 days after chemotherapy or radiation therapy.
- Postoperative nausea and vomiting: 8-16mg 1 hour prior to surgery
-Hyperemesis gravidarum: Determined by prescriber.

Duration of Therapy: -Prevention of nausea and vomiting associated with chemotherapy or radiation therapy: 3days total
- Postoperative nausea and vomiting: 1 day
-Hyperemesis gravidarum: Up to the duration of pregnancy

Criteria for Use: (bullet points below are all inclusive unless otherwise noted)

- Nausea and vomiting due to chemotherapeutic agents.
- Allowed for up to 3 times a day for 3 days post chemotherapy.
- Acute use only, not for chronic use for non-chemotherapy emesis

Or

- Use in pregnant woman who have failed conventional antiemetic therapy (ie. promethazine, prochlorperazine and metoclopramide) and are at risk of dehydration and require IV fluids.

Not approved if:

- Nausea and vomiting is due to a GI viral illness.
- Chronic use of an antiemetic is needed, without a clinically defined etiology.

P&T Approval: _____ Date: _____