

Date of Request _____

Kytril **Kytril (Granisetron HCl) is a 5-HT3 receptor antagonist used for the prevention of nausea and vomiting associated with chemotherapy and radiation therapy.**

Oral or intravenous dosing according to FDA approved protocol, oral not to exceed 12 hours after chemotherapy or radiation treatment.

Member Information

Relationship (Circle)

Name _____

Enrollment / Cardholder ID _____

Group / Plan _____

Birth date _____

Address: _____

City State Zip _____

Subscriber Spouse Dependent

Gender (Circle)

Male Female

AGE: _____ Weight (kg): _____

Practitioner Information

Name _____

Agent / Contact Name _____

Specialty _____

Office / Clinic Name _____

Address _____

City State Zip _____

Phone () - _____

Fax () - _____

ID Number _____

Email _____ @ _____

Date(s) of treatment (chemotherapy / radiation): _____

Quantity / Days Requested: _____

Requested Drug / Pharmaceutical

Kytril (Granisetron HCl)

Strength / Dose

Therapy Start Date

Duration of Therapy (Expected)

Type of Request (Circle)

One-Time On-Going

Condition / Diagnosis Related - Reason for Request

Clinical Drug / Lab History Pertinent to Request

Labs: Baseline / Ongoing

Formulary Alternative(s) Attempted YES NO (Circle)

Please List:

Contact Pharmacy? Y N

Pharmacy Phone Number

Practitioner Signature