

Market Applicability/Effective Date														
Market	FL & FHK	FL MMA	FL LTC	GA	KS	KY	LA	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	NA	NA	X	NA	X	X	X	X	X	X	NA	NA	X

*FHK- Florida Healthy Kids

Medication	Comments
Marinol (dronabinol)	N/A

OVERRIDE(S)

Prior Authorization of Benefits

APPROVAL DURATION

1 Year

APPROVAL CRITERIA

Requests for Marinol (dronabinol) may be approved for individuals who meet the following criteria:

- I. Individual has a diagnosis of acquired immunodeficiency syndrome (AIDS), and medication is being used to treat anorexia associated with weight loss; **OR**
- II. Individual is using for chemotherapy-induced nausea and vomiting and has tried two of the following medications:
 - a. promethazine (Phenergan)
 - b. prochlorperazine (Compazine)
 - c. metoclopramide (Reglan)
 - d. ondansetron (Zofran)
 - e. granisetron (Kytril)
 - f. dexamethasone

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market-specific restrictions or transition-of-care benefit limitations may apply.