

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
Cesamet (nabilone)	N/A

OVERRIDE(S)

Prior Authorization of Benefits

APPROVAL DURATION

1 year

APPROVAL CRITERIA

Requests for Cesamet (nabilone) may be approved when the following criteria are met:

- I. Individual is using for chemotherapy-induced nausea and vomiting and has tried and failed TWO of the following medications:
 - a. Promethazine (Phenergan)
 - b. Prochloroperazine (Compazine)
 - c. Metoclopramide (Reglan)
 - d. Ondansetron
 - e. Granisetron
 - f. Dexamethasone