

Effective Date: 11/1/07

CRITERIA FOR PRIOR AUTHORIZATION

Antiemetic

PROVIDER GROUP: Pharmacy

MANUAL GUIDELINES: The following drug(s) requires prior authorization:
Nabilone (Cesamet®)

CRITERIA:

Must meet all of the following:

- 1) Limited to the treatment of nausea and vomiting associated with cancer chemotherapy for beneficiaries 18 and older.
- 2) Beneficiary must have experienced an inadequate response to conventional antiemetic treatment (i.e. 5-HT3 receptor antagonists, Anticholinergics, Antidopaminergics, etc.)

Prior Authorization will be approved for six (6) months.



 Drug Utilization Review Committee Director

Date 9/12/07



 Pharmacy Program Manager,
 Kansas Health Policy Authority

Date 9/12/07