

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Dronabinol (Marinol)

Notes:

- Quantity Limits: No

Initiation (new start) criteria and criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously:

Non-formulary **dronabinol (Marinol)** will be covered on the prescription drug benefit when the following criteria are met:

- Dronabinol is being prescribed for the treatment of anorexia associated with weight loss in patients with acquired immunodeficiency syndrome (AIDS)
- Dronabinol is being prescribed by an Immune Deficiency Clinic (IDC) provider

OR

- Dronabinol is being prescribed for the treatment of breakthrough nausea associated with cancer chemotherapy
- Dronabinol is being prescribed by a Hematologist/Oncologist or Palliative Care Provider
- Patient has tried and failed, or is intolerant to, at least one medication from at least three of the following classes (or contraindication to all):
 - 5-HT₃ receptor antagonist (e.g. ondansetron, palonosetron, granisetron)
 - Dopamine antagonist (e.g. prochlorperazine, promethazine)
 - Prokinetic agent (e.g. metoclopramide)
 - Glucocorticoid (e.g. dexamethasone)
 - Antipsychotic (e.g. olanzapine)
 - Benzodiazepine (e.g. lorazepam)