



## **CANNABINOIDS**

**Marinol (dronabinol) capsules, Syndros (dronabinol) oral solution**

### **Pre - PA Allowance**

#### **Quantity**

<b>Medication</b>	<b>Strength</b>	<b>Quantity Limit</b>
Marinol	2.5 mg, 5 mg, 10 mg	180 capsules per 90 days
Syndros oral solution	5 mg/mL	360 mL per 90 days

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### **Prior-Approval Requirements**

*Prior authorization is not required if prescribed by an oncologist and/or the member has paid pharmacy claims for an oncology medication(s) in the past 6 months*

**Age** 18 years of age and older

#### **Diagnoses**

Patient must have **ONE** of the following:

1. Nausea and vomiting associated with cancer chemotherapy
2. Anorexia associated with weight loss in patients with AIDS

### **Prior - Approval Limits**

#### **Quantity**

<b>Medication</b>	<b>Strength</b>	<b>Quantity Limit</b>
Marinol	2.5 mg, 5 mg, 10 mg	360 capsules per 90 days <b>OR</b>
Syndros oral solution	5 mg/mL	720 mL per 90 days

**Duration** 12 months

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### **Prior – Approval *Renewal* Requirements**

Same as above

### **Prior - Approval *Renewal* Limits**

Same as above