



CANNABINOIDS

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

Pre - PA Allowance

Quantity

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

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

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

Duration 12 months

Prior – Approval *Renewal* Requirements

Same as above

Prior - Approval *Renewal* Limits

Same as above