

PRIOR AUTHORIZATION CRITERIA

DRUG CLASS	DRONABINOL PRODUCTS
BRAND NAME* (generic)	MARINOL (dronabinol)
	SYNDROS (dronabinol oral solution)
Status: CVS Caremark® Criteria Type: Post Limit Prior Authorization	

POLICY

FDA-APPROVED INDICATIONS

Marinol

Marinol is indicated in adults for the treatment of:

- anorexia associated with weight loss in patients with Acquired Immune Deficiency Syndrome (AIDS).
- nausea and vomiting associated with cancer chemotherapy in patients who have failed to respond adequately to conventional antiemetic treatments.

Syndros

Syndros is indicated in adults for the treatment of:

- anorexia associated with weight loss in patients with Acquired Immune Deficiency Syndrome (AIDS).
- nausea and vomiting associated with cancer chemotherapy in patients who have failed to respond adequately to conventional antiemetic treatments.

COVERAGE CRITERIA

Nausea and Vomiting Associated with Cancer Chemotherapy

Authorization may be granted when the requested drug is being prescribed for nausea and vomiting associated with cancer chemotherapy when the following criteria is met:

- The patient has failed to respond adequately to a conventional antiemetic treatment [NOTE: Examples of conventional antiemetic treatments include dexamethasone, metoclopramide, olanzapine, prochlorperazine, and 5-HT3 receptor antagonists (e.g., Anzemet [dolasetron], granisetron, ondansetron)]

QUANTITY LIMITS APPLY

Marinol (dronabinol) 120 capsules per 25 days*, 360 capsules per 75 days* or Syndros (dronabinol) oral solution 240 mL per 25 days*, 720 mL per 75 days*

*The duration of 25 days is used for a 30-day fill period and 75 days is used for a 90-day fill period to allow time for refill processing.

DURATION OF APPROVAL (DOA)

- 138-J: DOA: 6 months

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