

PRIOR AUTHORIZATION CRITERIA

DRUG CLASS DRONABINOL PRODUCTS

BRAND NAME
(generic)

MARINOL
(dronabinol)

SYNDROS
(dronabinol oral solution)

Status: CVS Caremark Criteria

Type: Initial Prior Authorization with Quantity Limit

POLICY

FDA-APPROVED INDICATIONS

Marinol and Syndros are indicated 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

The requested drug will be covered with prior authorization when the following criteria are met:

- The patient is receiving the requested drug for nausea and vomiting associated with cancer chemotherapy
- AND**
- The patient has experienced an inadequate treatment response, intolerance, or contraindication to at least ONE of the following antiemetic agents: A) dexamethasone, B) metoclopramide, C) promethazine, D) prochlorperazine, E) olanzapine, F) oral 5-HT₃ receptor antagonists (e.g., ondansetron, granisetron, Anzemet [dolasetron])

OR

- The patient has the diagnosis of anorexia associated with weight loss due to Acquired Immune Deficiency Syndrome (AIDS)

Quantity Limits apply.

Quantity Limit**

Drug	Quantity/25 days*	Quantity/75 days*
Marinol 2.5 mg, 5 mg, 10 mg capsules	120 capsules	360 capsules
Syndros oral solution	240 mL	720 mL

*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.

** Limits should accumulate across all drugs and strengths up to highest quantity listed depending on the order the claims are processed. Accumulation does not apply if limit is coded for daily dose.

REFERENCES

1. Marinol [package insert]. North Chicago, IL: AbbVie Inc.; August 2017.
2. Syndros [package insert]. Chandler, AZ: Insys Therapeutics, Inc.; May 2017.
3. AHFS DI (Adult and Pediatric) [database online]. Hudson, OH: Lexi-Comp, Inc.; http://online.lexi.com/lco/action/index/dataset/complete_ashp [available with subscription]. Accessed January 2018.
4. Micromedex Solutions [database online]. Greenwood Village, CO: Truven Health Analytics Inc. Updated periodically. www.micromedexsolutions.com [available with subscription]. Accessed January 2018.

5. National Comprehensive Cancer Network. Clinical Practice Guidelines in Oncology. Antiemesis. V.2.2017. Available at: www.nccn.org . Accessed January 2018.
6. Hesketh PJ, Kris MG, Basch E, et al. Antiemetics: American Society of Clinical Oncology Clinical Practice Guideline Update. *J Clin Onc* 2017; 35:3240-3261.