# 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 and Syndros are 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**

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

- The requested drug is being prescribed for nausea and vomiting associated with cancer chemotherapy
   AND
- 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.

POST LIMIT QUANTITY		
Drug	1 Month Limit*	3 Month Limit*
Marinol 2.5 mg, 5 mg, 10 mg (dronabinol capsules)	120 capsules / 25 days	360 capsules / 75 days
Syndros (dronabinol oral solution)	240 mL / 25 days	720 mL / 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.		

# **REFERENCES**

- 1. Marinol [package insert]. Parsippany, NJ: ThePharmaNetwork LLC; August 2017.
- 2. Syndros [package insert]. Chandler, AZ: Insys Therapeutics, Inc.; September 2018.
- 3. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Hudson, OH: Wolters Kluwer Clinical Drug Information, Inc. http://online.lexi.com/. Accessed January 2021.
- 4. Micromedex (electronic version). Truven Health Analytics, Greenwood Village, Colorado, USA. http://www.micromedexsolutions.com/. Accessed January 2021.

Dronabinol Post Limit PA Policy 138-J 01-2021 v2.docx

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- 5. National Comprehensive Cancer Network (NCCN). NCCN Clinical Practice Guidelines in Oncology. Antiemesis. V. 1.2021. Available at https://www.nccn.org/professionals/physician\_gls/pdf/antiemesis.pdf. Accessed January 2021.
- 6. Hesketh P, Kris M, Basch E, et al. Antiemetics: American Society of Clinical Oncology Clinical Practice Guideline Update. *J Clin Oncol.* 2017;35:3240-61.
- 7. American Society of Clinical Oncology. Understanding Chemotherapy. https://www.cancer.net/navigating-cancer-care/how-cancer-treated/chemotherapy/understanding-chemotherapy. May 2019. Accessed January 2021.
- 8. American Cancer Society. How is Chemotherapy Used to Treat Cancer? https://www.cancer.org/treatment/treatments-and-side-effects/treatment-types/chemotherapy/how-is-chemotherapy-used-to-treat-cancer.html. November 2019. Accessed January 2021.