

CRITERIA FOR PRIOR AUTHORIZATION

Marinol®, Syndros® (dronabinol)

PROVIDER GROUP Pharmacy
Professional

MANUAL GUIDELINES The following drug requires prior authorization:
Dronabinol (Marinol®, Syndros®)

CRITERIA FOR PRIOR AUTHORIZATION: (must meet all of the following)

- Patient must have one of the following diagnoses
 - Intractable nausea associated with cancer chemotherapy
 - Anorexia associated with weight loss in patients with AIDS
- Must be prescribed by or in consultation with an oncologist or HIV specialist
- Dose must not exceed 30mg/day

CRITERIA FOR RENEWAL: (must meet one of the following)

- Patients with a diagnosis of AIDS wasting must have continued wasting based on reductions of BMI
- Patients with nausea associated with cancer chemotherapy must have continued nausea associated with cancer chemotherapy

LENGTH OF APPROVAL 6 months

DRUG UTILIZATION REVIEW COMMITTEE CHAIR

PHARMACY PROGRAM MANAGER
DIVISION OF HEALTH CARE FINANCE
KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

DATE

DATE