

Effective Date: 12/2017
Revised: 12/2018, 10/2019, 2/2020
Reviewed: 12/2017, 12/2018, 10/2019, 2/2020
Scope: Medicaid

NON-ONCOLOGY POLICY

DRONABINOL (CAPSULES AND SOLUTION)

For oncology indications, please refer to NHPRI Dronabinol Oncology Policy

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indication

Marinol and Syndros is indicated for the treatment of:

- Anorexia associated with weight loss in patients with Acquired Immune Deficiency Syndrome (AIDS).

II. CRITERIA FOR APPROVAL

Authorization of 12 months may be granted when the patient has the diagnosis of anorexia associated with weight loss due to Acquired Immune Deficiency Syndrome (AIDS)

III. QUANTITY LIMIT

- 4 capsules / day
- 4 ml/ day

IV. REFERENCES

1. Marinol [package insert]. North Chicago, IL: AbbVie Inc.; December 2018.
2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Hudson, OH: Wolters Kluwer Clinical Drug Information, Inc. <http://online.lexi.com/>. Accessed January 2019.

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3. Micromedex (electronic version). Truven Health Analytics, Greenwood Village, Colorado, USA.
<http://www.micromedexsolutions.com/>. Accessed January 2019.
4. Dronabinol [package insert]. Spring Valley, NY: Par Pharmaceutical Companies, Inc.; January 2012.