

# SmartPA Criteria Proposal

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|-----------------------------------|--|
| <b>Drug/Drug Class:</b>           | Antiemetic THC Derivative Agents PDL Edit  |
| <b>First Implementation Date:</b> | April 4, 2019  |
| <b>Proposed Date:</b>             | December 17, 2020  |
| <b>Prepared For:</b>              | MO HealthNet   |
| <b>Prepared By:</b>               | MO HealthNet/Conduent  |
| <b>Criteria Status:</b>           | <input checked="" type="checkbox"/> Existing Criteria<br><input type="checkbox"/> Revision of Existing Criteria<br><input type="checkbox"/> New Criteria |

## Executive Summary

**Purpose:** The MO HealthNet Pharmacy Program will implement a state-specific preferred drug list.

**Why Issue Selected:** The Tetrahydrocannabinol (THC) derivative agents have indications that include prevention and treatment of nausea and vomiting associated with chemotherapy. Dronabinol and Marinol also have an indication for treating anorexia in patients with AIDS. The management of chemotherapy-induced nausea and vomiting is a critical aspect of treating cancer patients. The THC derivative agents are controlled substances and therefore need to be managed appropriately.

Total program savings for the PDL classes will be regularly reviewed.

| Program-Specific Information: | Preferred Agents   | Non-Preferred Agents   |
|-------------------------------|--|--|
|                               | <ul style="list-style-type: none"> <li>Dronabinol</li> </ul> | <ul style="list-style-type: none"> <li>Cesamet®</li> <li>Marinol®</li> </ul> |

**Type of Criteria:**  Increased risk of ADE  Preferred Drug List  
 Appropriate Indications  Clinical Edit

**Data Sources:**  Only Administrative Databases  Databases + Prescriber-Supplied

## Setting & Population

- Drug class for review: Antiemetic THC Derivative Agents
- Age range: All appropriate MO HealthNet participants

## Approval Criteria

- Failure to achieve desired therapeutic outcomes with a trial on 1 or more preferred agents
  - Documented trial period for preferred agents (2 claims in 90 days) **OR**
  - Documented ADE/ADR to preferred agents

## Denial Criteria

- Lack of adequate trial on required preferred agents
- Therapy will be denied if all approval criteria are not met

## Required Documentation

Laboratory Results:   
MedWatch Form:

Progress Notes:   
Other:

## Disposition of Edit

Denial: Exception "0160" (Preferred Drug List Edit)  
Rule Type: PDL

## Default Approval Period

1 year

## References

1. Drug Effectiveness Review Project – Drug Class Review on Antiemetics - Newer. Center for Evidence-Based Policy, Oregon Health & Science University; January 2009; Expanded Scan August 2018.
2. Evidence-Based Medicine and Fiscal Analysis: "Antiemetic Agents – Therapeutic Class Review", Conduent Business Services, L.L.C., Richmond, VA; November 2020.
1. Evidence-Based Medicine Analysis: "Antiemetics - 5-HT3, THC Derivatives, NK1 & Other Agents", UMKC-DIC; September 2020.
2. Lippincott, Williams, Wilkins. PDR Electronic Library, Montvale NJ; 2019.
3. USPDI, Micromedex; 2020.
4. Drug Facts and Comparisons On-line; 2020.

### SmartPA PDL Proposal Form

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