

<b>Clinical Policy Title:</b>	dronabinol
<b>Policy Number:</b>	RxA.225
<b>Drug(s) Applied:</b>	Syndros®, dronabinol
<b>Original Policy Date:</b>	02/07/2020
<b>Last Review Date:</b>	12/11/2025
<b>Line of Business Policy Applies to:</b>	All lines of business (except Medicare)

## Criteria

### I. Initial Approval Criteria

#### A. Anorexia associated with AIDS or cancer (must meet all):

1. Diagnosis of anorexia with weight loss in patients with AIDS or cancer;
2. For age < 65 years: Trial and failure of megestrol, unless contraindicated or clinically significant adverse effects are experienced.

#### Approval Duration

**All Lines of Business (except Medicare):** 6 months

#### B. Nausea and vomiting associated with cancer chemotherapy (must meet all):

1. Prescribed for the treatment of CINV;
2. Member is currently receiving cancer chemotherapy;
3. Trial and failure of at least two (2) conventional antiemetic treatments (e.g., selective serotonin receptor antagonists such as ondansetron, granisetron, Aloxi, Anzemet), metoclopramide; prochlorperazine.

#### Approval Duration

**All Lines of Business (except Medicare):** Projected course of chemotherapy up to 72 hours after completion of chemotherapy

### II. Continued Therapy Approval

#### A. All Indications in Section I (must meet all):

1. Member is currently receiving or has been treated with this medication within the past 120 days, excluding manufacturer samples;
2. If prescribed for nausea and vomiting associated with chemotherapy, the member continues to receive chemotherapy.

#### Approval Duration

**Anorexia associated with AIDS or cancer**

**All Lines of Business (except Medicare):** 12 months

## References

1. National Comprehensive Cancer Network. Antiemesis Version 1.2024. Available at: [https://www.nccn.org/professionals/physician\\_gls/pdf/antiemesis.pdf](https://www.nccn.org/professionals/physician_gls/pdf/antiemesis.pdf). Accessed August 28, 2024.
2. National Comprehensive Cancer Network. Palliative Care Version 1.2024 Available at: [https://www.nccn.org/professionals/physician\\_gls/pdf/palliative.pdf](https://www.nccn.org/professionals/physician_gls/pdf/palliative.pdf). Accessed August 28, 2024.

This clinical policy has been developed to authorize, modify, or determine coverage for individuals with similar conditions. Specific care and treatment may vary depending on individual need and benefits covered by the plan. This policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding payment or results. This document may contain prescription brand name drugs that are trademarks of pharmaceutical manufacturers that are not affiliated with RxAdvance.

Review/Revision History	Review/Revised Date	P&T Approval Date
Policy established.	01/2020	02/07/2020
Policy updated: 1. Formatting updated. 2. Clinical title updated 3. Continued criteria for approval updated. 4. Approval duration updated. 5. References updated.	07/28/2020	09/14/2020
Policy updated: 1. Continued Therapy Approval rephrased to "Member is currently receiving medication.."	02/25/2021	06/10/2021
Policy was reviewed: 1. Initial Approval Criteria I.B.4 and I.B.5 were updated to remove. 2. Initial Approval Criteria I.B.4: Updated to add Failure of at least two (2) conventional antiemetic treatments (e.g. selective serotonin (5-HT3 receptor antagonists such as ondansetron, granisetron, Aloxi, Anzemet) , metoclopramide; Prochlorperazine; 3. References were reviewed and updated.	01/19/2022	04/18/2022
Policy was reviewed: 1. References were reviewed and updated.	12/26/2022	04/13/2023
Policy was reviewed.	10/19/2023	10/19/2023
Policy was reviewed: 1. Removed age restrictions. 2. Removed dose restrictions. 3. Updated Continued therapy approval with the new verbiage containing 120 days lookback period. 4. Removed reauthorization requirement including positive response to therapy. 5. Updated approval duration verbiage. 6. References were reviewed	08/28/2024	09/13/2024

and updated.		
Policy was reviewed: 1. Removed Marinol from drug applied section.	12/05/2024	N/A
Policy reviewed.	12/11/2025	12/11/2025