Clinical Policy Title:	dronabinol
Policy Number:	RxA.225
Drug(s) Applied:	Marinol®, Syndros®
Original Policy Date:	02/07/2020
Last Review Date:	08/28/2024
Line of Business Policy Applies to:	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. 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. Accessed August 28, 2024.

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	08/28/2024	09/13/2024

therapy. 5. Updated approval duration verbiage. 6. References were reviewed and updated.		