

## Commercial/Healthcare Exchange PA Criteria

*Effective: August 2017*

**Prior Authorization:** Syndros

**Products Affected:** Syndros (dronabinol) oral solution

**Medication Description:** Syndros is an orally active cannabinoid which, like other cannabinoids has complex effects on the central nervous system, including central sympathomimetic activity.

**Covered Uses:**

1. For chemotherapy-induced nausea and vomiting, in adult patients with inadequate response to conventional antiemetic treatments.
2. For anorexia associated with weight loss in patients with AIDS

**Exclusion Criteria:**

1. Patients with a history of a hypersensitivity reaction to dronabinol
2. Patients who are receiving, or have recently received, disulfiram- or metronidazole-containing products within 14 days

**Required Medical Information:**

1. Diagnosis
2. Medical history
3. Previous therapies tried/failed

**Age Restrictions:** 18 years of age and older

**Prescriber Restrictions:** N/A

**Coverage Duration:** 12 months

**Other Criteria:**

**Chemotherapy-induced nausea and vomiting**

- A. The patient has experienced an inadequate treatment response, intolerance, or contraindication to at least one of the following anti-emetic agents: ondansetron, or granisetron; **AND**
- B. The patient has had a trial of generic dronabinol capsules unless contraindicated (e.g., oral or motor difficulties, dysphagia).

**Anorexia associated with weight loss in patients with AIDS**

- A. Patient has a diagnosis of HIV-AIDS; **AND**
- B. The patient has had a trial of generic dronabinol capsules unless contraindicated (e.g., oral or motor difficulties, dysphagia).

**References:**

Product Information: SYNDROS oral solution, dronabinol oral solution. Insys Therapeutics, Inc. (per FDA), Chandler, AZ, 2017.

## Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	Policy Update	CCI adoption of EH template and criteria. CCI P&T Review History: 8/17, 11/17, 11/18	All	10/21/2019