

New Hampshire Medicaid Fee-for-Service Program

Syndros® (dronabinol) Criteria

Approval Date: August 7, 2020

Syndros® (dronabinol) is an oral solution approved for anorexia associated with weight loss in patients with acquired immune deficiency syndrome (AIDS) or treatment of nausea and vomiting associated with cancer chemotherapy (chemotherapy-induced nausea and vomiting [CINV]) in patients who have failed to respond adequately to conventional antiemetic treatments.

Criteria for Approval

1. Patient is ≥ 18 years old; **AND**
2. Patient has a diagnosis of anorexia due to AIDS or CINV; **AND**
3. Patient is unable to take dronabinol capsules.
4. **For AIDS wasting:** Patient tried and failed or is intolerant to megestrol acetate
5. **For CINV:** Patient tried and failed or is intolerant to 5HT₃ antagonist, neurokinin-1 (NK1) antagonists or dexamethasone

Quantity Limitation: 90 mL (three bottles) per 30 days

Approval period:

- AIDS wasting: One year
- CINV: Duration of chemotherapy course

Criteria for Denial

1. Failure to meet criteria for approval
2. Hypersensitivity reaction to dronabinol or alcohol
3. Patient is currently receiving or has received disulfiram- and/or metronidazole-containing products within the last 14 days.

References

Available upon request.

Proprietary & Confidential

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Revision History

Reviewed by	Reason for Review	Date Approved
DUR Board	New	10/24/2017
Commissioner	Approval	12/05/2017
DUR Board	Revision	03/12/2019
Commissioner Designee	Approval	04/05/2019
DUR Board	Revision	06/30/2020
Commissioner Designee	Approval	08/07/2020