MEDICAL MUTUAL®

Drug Policy

Policy: **Impacted Drugs:**	**Mu-Opioid Receptor Antagonists for Opioid-Induced Constipation (OIC)** • Symproic (naldemedine) • Movantik (naloxegol)	**Annual Review Date:** **05/16/2024** **Last Revised Date:** **05/16/2024**

OVERVIEW

Movantik and Symproic are a mu-opioid receptor antagonists that acts peripherally in tissues such as the GI tract, thereby decreasing the constipating effects of opioids. Movantik and Symproic are indicated for the treatment of OIC in adult patients with chronic non-cancer pain, including patients with chronic pain related to prior cancer or its treatment who do not require frequent (e.g. weekly) opioid dosage escalation.

POLICY STATEMENT

This policy involves the use of Movantik and Symproic. Prior authorization is recommended for pharmacy benefit coverage of Movantik and Symproic. Approval is recommended for those who meet the conditions of coverage in the **Criteria and Initial/Extended Approval** for the diagnosis provided. **Conditions Not Recommended for Approval** are listed following the recommended authorization criteria. Requests for uses not listed in this policy will be reviewed for evidence of efficacy and for medical necessity on a case-by-case basis.

All approvals for initial therapy are provided for the initial approval duration noted below; if reauthorization is allowed, a response to therapy is required for continuation of therapy unless otherwise noted below.

Automation: None

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of Movantik and Symproic is recommended in those who meet the following criteria:

1. **Opioid Induced Constipation (OIC)**
   Criteria. *Patient must meet the following criteria (A and B):*
   - **A.** The patient is 18 years of age or older; AND
   - **B.** The patient has a documented diagnosis of chronic non-cancer pain, including chronic pain related to prior cancer or its treatment in patients who do NOT require frequent (e.g., weekly) dosage escalations.

Initial Approval/ Extended Approval.
A) *Initial Approval:* 365 days
B) *Extended Approval:* 365 days

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CONDITIONS NOT RECOMMENDED FOR APPROVAL

Movantik and Symproic have not been shown to be effective, or there are limited or preliminary data or potential safety concerns that are not supportive of general approval for the following conditions. (Note: This is not an exhaustive list of Conditions Not Recommended for Approval).

1. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

Documentation Requirements:

The Company reserves the right to request additional documentation as part of its coverage determination process. The Company may deny reimbursement when it has determined that the drug provided or services performed were not medically necessary, investigational or experimental, not within the scope of benefits afforded to the member and/or a pattern of billing or other practice has been found to be either inappropriate or excessive. Additional documentation supporting medical necessity for the services provided must be made available upon request to the Company. Documentation requested may include patient records, test results and/or credentials of the provider ordering or performing a service. The Company also reserves the right to modify, revise, change, apply and interpret this policy at its sole discretion, and the exercise of this discretion shall be final and binding.

REFERENCES

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