

**Movantik (naloxegol)**  
**Effective 03/01/2026**

<b>Plan</b>	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	<b>Program Type</b>	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
<b>Benefit</b>	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit		
<b>Specialty Limitations</b>	N/A		
<b>Contact Information</b>	<b>Medical Benefit</b>	Phone: 833-895-2611	Fax: 888-656-6671
	<b>Pharmacy Benefit</b>	Phone: 800-711-4555	Fax: 844-403-1029
<b>Exceptions</b>	N/A		

### Overview

Movantik (anloxegeol) is an opioid antagonist indicated for the treatment of opioid-induced constipation (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. i

### Coverage Guidelines

Authorization may be reviewed for members new to the plan within the past 90 days who are currently receiving treatment with the requested medication, excluding when the product is obtained as samples or via manufacturer's patient assistance programs

### OR

Authorization may be granted when ALL the following criteria are met:

1. Diagnosis of opioid-induced constipation
2. Member is actively using opioid analgesics for chronic, noncancer-related pain
3. All other causes of constipation have been ruled out (medication-induced constipation, gastrointestinal [GI] motility issues, GI obstruction, etc.)
4. Member is 18 years of age or older
5. Member has failed dietary and lifestyle modifications
6. Member has experienced an allergy or side effect with or has had at least a 1-week trial resulting in treatment failure or inadequate response with at least two (2) different **laxative** agents such as saline, stimulant, bulk, or osmotic laxatives (e.g., milk of magnesia, lactulose, polyethylene glycol [PEG], psyllium, methylcellulose, magnesium citrate, senna, bisacodyl, etc.)

### Limitations

1. Approvals will be granted for 12 months.
2. The following quantity limits apply:

Drug Name and Dosage Form	Quantity Limitation
Movantik tablet	1 tablet per day

### References

1. Bui K, She F, Sostek M. The effects of renal impairment on the pharmacokinetics, safety, and tolerability of naloxegol. J Clin Pharmacol. 2014;54(12):1375-1382.

2. Bui K, She F, Sostek M. The effects of renal impairment on the pharmacokinetics, safety, and tolerability of naloxegol. *J Clin Pharmacol.* 2014;54(12):1375-1382.
3. Chey WD, Webster L, Sostek M, et al. Naloxegol for opioid-induced constipation in patients with noncancer pain. *N Engl J Med* 2014; 370:2387.
4. Chey WD, Webster L, Sostek M, et al. Naloxegol for opioid-induced constipation in patients with noncancer pain. *N Engl J Med* 2014; 370:2387.
5. Movantik (naloxegol) [prescribing information]. Wilmington, DE: AstraZeneca Pharmaceuticals; March 2023.
6. Webster L, Dhar S, Eldon M, Masuoka L, Lappalainen J, Sostek M. A phase 2, double-blind, randomized, placebo-controlled, dose-escalation study to evaluate the efficacy, safety, and tolerability of naloxegol in patients with opioid-induced constipation. *Pain.* 2013;154(9):1542-1550. [PubMed 23726675]

### **Review History**

04/25/2016 – Reviewed

07/2016 – Effective

04/24/2017 – Reviewed

02/26/2018 – Reviewed in P&T Meeting

03/18/2020 – Reviewed and Updated P&T Mtg (added QL) (effective 6/1/20)

09/22/2021 – Reviewed Sept P&T; updated started and Stabilized statement to stated members new to the plan; references updated. Effective 12/01/2021.

09/21/2022 – Reviewed at Sept P&T; Separated out Comm/Exch vs MH policy; no clinical updates.

02/11/2026 – Reviewed at February P&T. No clinical changes. Effective 03/01/2026.

