

Movantik (naloxegol)
Effective 12/01/2021

Plan	<input checked="" type="checkbox"/> MassHealth <input type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		<input checked="" type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Specialty Limitations	N/A		
Contact Information	Specialty Medications		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	N/A		

Overview

Movantik is a prescription medicine used to treat constipation that is caused by prescription pain medicines called opioids, in adults with long-lasting (chronic) pain that is not caused by active cancer.

Coverage Guidelines

Authorization may be granted for members new to the plan who are currently receiving and are stable on Movantik excluding when the product is obtained as samples or via manufacturer's patient assistance program.

OR

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

1. The patient has a diagnosis of opioid-induced constipation
2. The patient 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. The patient is at least 18 years of age
5. The patient has failed dietary and lifestyle modifications
6. The patient 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:

Movantik tablets	30 tablets per month
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References

1. Movantik (naloxegol) [prescribing information]. Wilmington, DE: AstraZeneca Pharmaceuticals; April 2020.
2. 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.
3. UpToDate: Common Strategies for Managing Opioid Induced Constipation [cited December 31, 2018]. Available from: uptodate.com/contents/constipation-in-the-older-adult
4. 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]
5. 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.
6. Movantik (naloxegol) [prescribing information]. Wilmington, DE: AstraZeneca Pharmaceuticals; February 2018.
7. 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.
8. UpToDate: Common Strategies for Managing Opioid Induced Constipation [cited December 31, 2018]. Available from: uptodate.com/contents/constipation-in-the-older-adult
9. 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]
10. 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.

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 AllWays Health Partners; references updated. Effective 12/01/2021.

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

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