

ALASKA MEDICAID  
Prior Authorization Criteria

**Movantik™ (naloxegol)**

**Indication:**

“Movantik (naloxegol) is an opioid antagonist indicated for the treatment of opioid-induced constipation (OIC) in adult patients with chronic non-cancer pain.”<sup>1</sup>

**Dosage Form/Strength:**

Tablets: 12.5mg, 25mg

**Point of Sale System Coding for 30-day Lookback:**

- Claims for Movantik will pay automatically at point of sale if the patient has a claim for any opioid (narcotic analgesic) medication with a date of service in the past 30 days.
- If there is no claim for an opioid (narcotic analgesic) medication with a date of service in the past 30 days, the following Prior Authorization criteria must be met.

**Criteria for Initial Approval:**

- The patient has a diagnosis of opioid-induced constipation (OIC) and chronic non-cancer pain; **AND,**
- The patient is 18 years of age or older; **AND,**
- The patient is currently taking an opioid; **AND,**
- The patient has tried an over-the-counter medication to treat constipation and failed after at least a 1 week trial.

**Criteria for Reauthorization Approval:**

- Patient meets all of the criteria for the initial authorization.
- There is documented evidence of a positive clinical response to Movantik therapy.

**Criteria for Denial:**

- The patient does not have a diagnosis of opioid-induced constipation (OIC) and chronic non-cancer pain; **OR,**
- The patient is less than 18 years of age; **OR,**
- The patient is not currently taking an opioid; **OR,**
- The patient has not tried and failed a 1 week trial of an over-the-counter medication for constipation, **OR,**
- The patient has a known or suspected gastrointestinal obstruction and is at increased risk of recurrent obstruction; **OR,**
- Concomitant use with strong CYP3A4 inhibitor(s) **OR** concomitant use with moderate CYP3A4 inhibitor(s) without adjustment of Movantik dosage.

Movantik criteria

Version 1

Last updated: 11/27/2015

Approved: 1/22/2016

Effective for Dates of Service: 11/30/2016 and thereafter

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**Length of Authorization:**

1. Initial coverage may be approved for up to three months.
2. Subsequent re-authorizations may be issued for up to an additional 6 months.

**Quantity Limit:**

1. The dispensing limit is 1 tablet per day.

**Mechanism of Action:**

“Naloxegol is an antagonist of opioid binding at the mu-opioid receptor. When administered at the recommended dose levels, naloxegol functions as a peripherally-acting mu-opioid receptor antagonist in tissues such as the gastrointestinal tract, thereby decreasing the constipating effects of opioids.

Naloxegol is a PEGylated derivative of naloxone, and is a substrate for the P-glycoprotein transporter (P-gp). Also, the presence of the PEG moiety in naloxegol reduces its passive permeability as compared with naloxone. Due to the reduced permeability and increased efflux of naloxegol across the blood-brain barrier, related to P-gp substrate properties, the CNS penetration of naloxegol is expected to be negligible at the recommended dose levels limiting the potential for interference with centrally mediated opioid analgesia.”<sup>1</sup>

**References / Footnotes:**

<sup>1</sup> Movantik™ Prescribing Information. AstraZeneca Pharmaceuticals LP, Wilmington, DE. Revised 1/2015. < <http://www.azpicentral.com/movantik/movantik.pdf#page=1>> Accessed 11/27/2015.