

CRITERIA FOR PRIOR AUTHORIZATION

Opioid Induced Constipation Agents

PROVIDER GROUP: Pharmacy

MANUAL GUIDELINES: The following drug requires prior authorization:

- Relistor® (methylnaltrexone)
- Movantik® (naloxegol)
- Symproic® (naldemedine)

CRITERIA for Patients with Chronic Non-Cancer Pain (All Agents): (must meet all of the following)

- Patient must be 18 years of age or older
- Patient must have opioid-induced constipation
- Patient must have 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
- Patient must have been on chronic opioid therapy for at least 4 weeks
- Patient does not have:
 - Known or suspected mechanical gastrointestinal obstruction
 - Severe hepatic impairment (Child-Pugh Class C) (Symproic only)
- Dose must not exceed:
 - 12mg/day for Relistor injection
 - 450 mg/day for Relistor tablets
 - 25mg/day for Movantik tablets
 - 0.2 mg/d for Symproic tablets

CRITERIA for Patients Receiving Palliative Care (RELISTOR INJECTION ONLY): (must meet all of the following)

- Patient must be 18 years of age or older
- Patient must have opioid-induced constipation with advanced illness and be receiving palliative care
- Documentation of current opioid therapy
- Patient’s response to standard laxative therapy has not been sufficient
- Patient does not have known or suspected mechanical gastrointestinal obstruction
- Dose must not exceed 12mg/day

LENGTH OF APPROVAL: 6 months

Drug Utilization Review Committee Chair

Pharmacy Program Manager,
Division of Health Care Finance
Kansas Department of Health and Environment

Date

Date