| ΔΕΤΝΔ ΒΕ                  | ETTER HEALTH®      |                          | **            | etna*  |
|---------------------------|--------------------|--------------------------|---------------|--------|
| Coverage Policy/Guideline |                    |                          |               |        |
| Name: Movantik            |                    |                          | Page:         | 1 of 1 |
| Effective Date: 2/13/2025 |                    | Last Review Date: 1/2025 |               |        |
| Applies to:               | ⊠Illinois          | □Florida                 | ⊠Florida Kids |        |
|                           | ⊠New Jersey        | ⊠Maryland                | □Michigan     |        |
|                           | ⊠Pennsylvania Kids | □Virginia                |               |        |

### Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Movantik under the patient's prescription drug benefit.

# **Description:**

Movantik is 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 (for example, weekly) opioid dosage escalation.

## **Applicable Drug List:**

Movantik

## **Policy/Guideline:**

# The requested drug will be covered with prior authorization when the following criteria are met:

 The requested drug is being prescribed for the treatment of opioid-induced constipation (OIC) in an adult patient with chronic non-cancer pain, including chronic pain related to prior cancer or its treatment who does not require frequent (e.g., weekly) opioid dosage escalation

#### **AND**

• The patient had treatment failure with at least one medication from the stimulant laxative group (for example, bisacodyl, sodium picosulfate, or senna)

# **Approval Duration and Quantity Restrictions:**

Approval: 12 months

Quantity Level Limit: 30 tablets per 30 days

### **References:**

- 1. Movantik [package insert]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; April 2020.
- 2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online, Hudson, Ohio: UpToDate, Inc.; 2021; Accessed September 2, 2021.
- 3. Micromedex (electronic version). IBM Watson Health, Greenwood Village, Colorado, USA. Available at: https://www.micromedexsolutions.com. Accessed September 2, 2021.