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AETNA BETTER HEALTH®				
Coverage Policy/Guideline				
Name: Symproic (naldemedine)			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	□Texas	

Intent:

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

Description:

Symproic 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:

Symproic

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 (for example, 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: Reference Formulary for drug specific quantity level limits

References:

- 1. Symproic [package insert]. Raleigh, NC: BioDelivery Sciences International, Inc.; July 2021.
- 2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Waltham, MA: UpToDate, Inc.; 2024. https://online.lexi.com. Accessed September 12, 2024.
- 3. Micromedex® (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: https://www.micromedexsolutions.com/ (cited: 09/12/2024).