



PREFERRED STEP THERAPY POLICY

- POLICY:** Bowel Agents – Opioid-Induced Constipation Preferred Step Therapy Policy
- Movantik[®] (naloxegol tablets – Valinor)
 - Relistor[®] (methylnaltrexone bromide tablets and injection – Salix/Progenics)
 - Symproic[®] (naldemedine tablets – Shionogi/BioDelivery Sciences International)

REVIEW DATE: 11/15/2023

INSTRUCTIONS FOR USE

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CIGNA NATIONAL FORMULARY COVERAGE:

OVERVIEW

Movantik, Relistor (tablets and injection), and Symproic are indicated for the treatment of **opioid-induced constipation (OIC)** in adults with 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.¹⁻³ Additionally, Relistor injection (not tablets) is indicated for the treatment of **OIC in adults with advanced illness or pain caused by active cancer who require opioid dosage escalation for palliative care.**² Movantik, Relistor, and Symproic are mu-opioid receptor antagonists that act peripherally in tissues such as the gastrointestinal tract, thereby decreasing the constipating effects of opioids.

Guidelines

The American Gastroenterological Association (AGA) published a guideline and technical review on opioid-induced constipation in 2019.^{4,5} In patients with laxative-refractory OIC, the AGA recommends Symproic or Movantik and suggests Relistor (tablets or injection).⁴ The technical review notes that the quality of

evidence was rated down for Relistor due in part to the short duration of the trials (4 weeks, followed by as-needed dosing for 8 weeks).⁵

An additional guideline from the American Academy of Pain Medicine (AAPM) [2017] notes that peripherally-acting mu-opioid receptor antagonists, including Movantik and Relistor, have demonstrated efficacy in reducing OIC.⁶ The AAPM guideline was written prior to the approval of Symproic.

POLICY STATEMENT

This program has been developed to encourage the use of two Step 1 Products prior to the use of a Step 2 Product. If the Preferred Step Therapy rule is not met for a Step 2 Product at the point of service, coverage will be determined by the Preferred Step Therapy criteria below. All approvals are provided for 1 year in duration.

Note: Amitiza® (lubiprostone capsules) is not targeted in this policy.

Bowel Agents – Opioid-Induced Constipation product(s) is(are) covered as medically necessary when the following preferred step therapy criteria is(are) met. Any other exception is considered not medically necessary.

Step 1: Movantik, Symproic

Step 2: Relistor tablets, Relistor injection

CRITERIA

1. If the patient has tried TWO Step 1 Products, approve a Step 2 Product.
2. If Relistor injection is being prescribed for the treatment of opioid-induced constipation in an adult patient with advanced illness who is receiving palliative care, approve.

REFERENCES

1. Movantik® tablets [prescribing information]. Wilmington, DE: Valinor; March 2023.
2. Relistor® tablets and injection [prescribing information]. Bridgewater, NJ: Salix; April 2020.
3. Symproic® tablets [prescribing information]. Raleigh, NC: Shionogi/BioDelivery Sciences International; July 2021.
4. Crockett S, Greer KB, Heidelbaugh JJ, et al., on behalf of the American Gastroenterological Association Institute Clinical Guidelines Committee. American Gastroenterological Association Institute Guideline on the Medical Management of Opioid-Induced Constipation. *Gastroenterology*. 2019;156(1):218-226.
5. Hanson B, Siddique SM, Scarlett Y, Sultan S, on behalf of the American Gastroenterological Association Institute Clinical Guidelines Committee. American Gastroenterological Association Institute Technical Review on the Medical Management of Opioid-Induced Constipation. *Gastroenterology*. 2019;156(1):229-253.e5.

6. Müller-Lissner S, Bassotti G, Coffin B, et al. Opioid-induced constipation and bowel dysfunction: a clinical guideline. *Pain Medicine*. 2017;18:1837-1863.

HISTORY

Type of Revision	Summary of Changes	Review Date
Annual Revision	No criteria changes.	11/09/2022
Annual Revision	Title: "Bowel Disease" was updated to "Bowel Agents." No criteria changes.	11/15/2023

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