

Market Applicability															
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	KY	LA	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	X	N/A	N/A	X	N/A	X	X	X	X	X	X	N/A	NA/	NA

\*FHK- Florida Healthy Kids

## Movantik (naloxegol)

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

\* Maryland Medicaid -See Specific Mandates below

Medications	Quantity Limit
Movantik (naloxegol)	May be subject to quantity limit

### APPROVAL CRITERIA

Requests for Movantik (naloxegol) may be approved if the following criteria is met:

- I. Individual has opioid-induced constipation (OIC) with chronic non-cancer pain; **AND**
- II. The individual must have a previous trial of or insufficient response to polyethylene glycol (generic MiraLax).

Requests for Movantik (naloxegol) may **not** be approved for the following:

- I. Individual has a known, suspected, or at increased risk for gastrointestinal obstruction; **OR**
- II. Concomitant use with strong CYP3A4 inhibitors (such as clarithromycin or ketoconazole).

State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
Maryland		Trial of polyethylene glycol (PEG) is not required

### Key References:

Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2017.

URL: <http://www.clinicalpharmacology.com>. Updated periodically.

DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed January 30, 2017.

DrugPoints® System (electronic version). Truven Health Analytics, Greenwood Village, CO. Updated periodically.

Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2017; Updated periodically.

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.