# PRIOR AUTHORIZATION CRITERIA

BRAND NAME (generic)

MOVANTIK (naloxegol)

Status: CVS Caremark® Criteria Type: Initial Prior Authorization

## **POLICY**

#### FDA-APPROVED INDICATIONS

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 (e.g., weekly) opioid dosage escalation.

### **COVERAGE CRITERIA**

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

Duration of Approval (DOA):

1192-A: DOA: 12 months

#### **REFERENCES**

- 1. Movantik [package insert]. Chicago, IL: Valinor Pharma, LLC; March 2023.
- 2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Waltham, MA: UpToDate, Inc.; 2023. https://online.lexi.com. Accessed July 25, 2023.
- 3. Micromedex (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: https://www.micromedexsolutions.com/ (cited: 07/25/2023).

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