



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR MEDICAL SERVICES



Office of Pharmacy Service
Prior Authorization Criteria

Movantik® (naloxegol)
[Prior Authorization Request Form](#)

Movantik (naloxegol) is an opioid antagonist indicated for the treatment of opioid-induced constipation (OIC) in adult patients with chronic non-cancer pain.

Prior authorization requests for Movantik will be approved if the following criteria are met:

- 1.) Patient must have failed a 30-day trial of Amitiza in the last 60 days.
- 2.) Patient is eighteen (18) years of age or older; AND
- 3.) Documented failure of an increase in dietary fiber/dietary modification; AND
- 4.) Documented failure of at least fourteen (14) days of therapy each with osmotic and bulk forming laxatives; AND
- 5.) Patient may only be authorized for the treatment of OIC due to chronic non-cancer pain.

Note:

- Movantik is contraindicated in the presence of a known or suspected gastrointestinal obstruction and in patients at risk of recurrent obstruction.
- Movantik may not be used in the presence of strong CYP2A4 inhibitors such as clarithromycin or ketoconazole.

References

1. Lexi-Comp Clinical Application 11/13/2015
2. Movantik package insert 2/2015