

Generic Name: N/A

Therapeutic Class or Brand Name: Chronic Constipation – Opioid-Induced*

Applicable Drugs (if Therapeutic Class):

Amitiza® (lubiprostone), Movantik® (prucalopride), Relistor® (methylnaltrexone bromide), Symproic® (naldemedine).

GPI Code: 5245004500, 5258006030, 5258005010, 5258005720.

Preferred: N/A

Non-preferred: N/A

Date of Origin: 5/1/2019

Date Last Reviewed / Revised: N/A

* This policy does not address patients with diagnosis of Chronic idiopathic Constipation (CIC) or Irritable Bowel Syndrome with Constipation (IBS-C). Refer to separate policy “Chronic Constipation – Idiopathic/IBS-C”.

PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when criteria I through IV are met)

- I. Patient is 18 years of age or older.
- II. Patient has documented diagnosis of Opioid-Induced Constipation (OIC) with one of the following conditions:
 - A. Chronic non-cancer pain on opioid therapy
 - B. Chronic pain related to previous cancer or its treatment who do not require frequent opioid dose escalation (e.g., weekly).
 - C. Advanced illness or pain caused by active cancer who require opioid dosage escalation for palliative care (for Relistor® injection only).
- III. Patient has been receiving opioids on a chronic basis for at least 4 weeks.
- IV. Patient has documented failure, intolerance or contraindication to at least 3 standard laxative therapies, with at least one from each the following classes/therapies A through C below:
 - A. Osmotic laxative (such as PEG 3350, lactulose)
 - B. Stimulant laxative (such as sennosides, bisacodyl)
 - C. Bowel regimen combination of drugs from A and B above with or without docusate

EXCLUSION CRITERIA

- This policy does not address patients with diagnosis of Chronic idiopathic Constipation (CIC) or Irritable Bowel Syndrome with Constipation (IBS-C). Refer to separate policy “Chronic Constipation – Idiopathic/IBS-C”.
- Amitiza® should not be used in patients taking diphenylheptane opioids (e.g., methadone).

OTHER CRITERIA

- N/A

QUANTITY / DAYS SUPPLY RESTRICTIONS

- Amitiza®: up to 60 capsules per 30 days.
- Movantik®: up to 30 tablets per 30 days.
- Relistor®: up to 90 tablets or 30 prefilled syringes per 30 days.
- Symproic®: 30 tablets per 30 days.

APPROVAL LENGTH

- **Authorization:** 1 year.
- **Re-Authorization:** An updated letter of medical necessity or progress notes confirming the current medical necessity criteria are met and showing the medication is effective.

APPENDIX

Appendix 1. FDA-Approved Indications for Drugs for the Treatment of Chronic Constipation

	CIC	IBS-C	OIC
Amitiza®	✓	✓*	✓
Linzess®	✓	✓	
Motegrity®	✓		
Movantik®			✓
Relistor®			✓
Trulance®	✓	✓	
Symproic®			✓

*Amitiza® is FDA-approved only for FEMALE patients with IBS-C.

CIC = Chronic Idiopathic Constipation ≥ 3 months duration

IBS-C = Irritable Bowel Syndrome with Constipation

OIC = Opioid-Induced Constipation

REFERENCES

1. <https://www.azpicentral.com/movantik/movantik.pdf#page=1> .
2. <https://general.takedapharm.com/amitizapi>
3. <https://shared.salix.com/shared/pi/Relistor-pi.pdf>
4. <https://www.shionogi.com/pdf/pi/wp-content/themes/pdfs/symproic.pdf> .
5. Medi-Span®.

HISTORICAL TRACKING OF CHANGES MADE TO POLICY

MEDICATION POLICY:
Chronic Constipation – Opioid-Induced



Date	Notes/Changes
5/1/2019	1. New Policy.

DISCLAIMER: Medication Policies are developed to help ensure safe, effective and appropriate use of selected medications. They offer a guide to coverage and are not intended to dictate to providers how to practice medicine. Refer to Plan for individual adoption of specific Medication Policies. Providers are expected to exercise their medical judgement in providing the most appropriate care for their patients.