Effective Date **5/1/2023**
Next Review Date… **5/1/2024**
Coverage Policy Number **IP0401**

Opioid Induced Constipation Therapy

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Related Coverage Resources

INSTRUCTIONS FOR USE
The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document always supersedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

Overview

This policy supports medical necessity review for the following opioid induced constipation products:

- Movantik® (naloxegol tablets)
- Relistor® (methylnaltrexone bromide tablets and injection)
- Symproic® (naldemedine tablets)

Receipt of sample product does not satisfy any criteria requirements for coverage.

Initial Approval Criteria

Opioid induced constipation products (methylnaltrexone bromide [Relistor] tablet, naloxegol [Movantik], and naldemidine [Symproic]) are considered medically necessary for the treatment of opioid-induced constipation (OIC) when the individual meets ALL of the following criteria:

1. 18 years of age or older

2. Documentation of chronic opioid use not requiring frequent (for example, weekly) opioid dosage escalation
3. Documentation of failure to laxatives used for a minimum of 4 days within a 2 week period, unless contraindicated or intolerant

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Methylnaltrexone bromide (Relistor) injection is considered medically necessary for the treatment of opioid-induced constipation (OIC) in individuals with chronic non-cancer pain when the individual meets ALL of the following criteria:

1. 18 years of age or older
2. Documentation of chronic opioid use not requiring frequent (for example, weekly) opioid dosage escalation
3. Documentation of failure to laxatives used for a minimum of 4 days within a 2 week period, unless contraindicated or intolerant

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Methylnaltrexone bromide (Relistor) injection is considered medically necessary for the treatment of opioid-induced constipation (OIC) in individuals with advanced illness or pain caused by active cancer when the individual meets ALL of the following criteria:

A. 18 years of age or older
B. Advanced illness or pain caused by active cancer requiring opioid dosage escalation for palliative care
C. Documentation of failure to laxatives used for a minimum of 4 days within a 2 week period, unless contraindicated or intolerant

When coverage is available and medically necessary, the dosage, frequency, duration of therapy, and site of care should be reasonable, clinically appropriate, and supported by evidence-based literature and adjusted based upon severity, alternative available treatments, and previous response to therapy.

Continuation of Therapy Criteria

Continuation of opioid induced constipation products [methylnaltrexone bromide (Relistor), naloxegol (Movantik), and naldemidine (Symproic)] are considered medically necessary for **ALL** covered diagnoses when initial criteria are met AND when beneficial response is demonstrated.

Authorization Duration

Initial approval duration is up to 12 months
Reauthorization approval duration: up to 12 months

Conditions Not Covered

Any other use is considered experimental, investigational or unproven

Background

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.

References

1. Movantik® tablets [prescribing information]. Wilmington, DE: AstraZeneca; April 2020.
2. Relistor® tablets and injection [prescribing information]. Bridgewater, NJ: Salix; April 2020.
3. Symproic® tablets [prescribing information]. Stamford, CT: Purdue Pharma; December 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.
7. Davies, et al. A Prospective, Real-World, Multinational Study of Naloxegol for Patients with Cancer Pain Diagnosed with Opioid-Induced Constipation – The NACASY study. Cancers. 2022; 14, 1128.