PREFERRED STEP THERAPY POLICY

POLICY: Bowel Agents – Opioid-Induced Constipation Preferred Step Therapy Policy
- Movantik® (naloxegol tablets – Valinor)
- Relistor® (methylnaltrexone bromide tablets and injection – Salix/Progenics)
- Symproic® (naldemedine tablets – Shionogi/BioDelivery Sciences)

REVIEW DATE: 11/13/2024

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. EACH COVERAGE REQUEST SHOULD BE REVIEWED ON ITS OWN MERITS. MEDICAL DIRECTORS ARE EXPECTED TO EXERCISE CLINICAL JUDGMENT AND HAVE DISCRETION IN MAKING INDIVIDUAL COVERAGE DETERMINATIONS. 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.

CIGNA NATIONAL FORMULARY COVERAGE:

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.

POLICY STATEMENT

This program has been developed to encourage the use of two Step 1 Products prior to the use of a Step 2 Product. If the Preferred Step Therapy rule is not met for a Step 2 Product at the point of service, coverage will be determined by the Preferred Step Therapy criteria below. All approvals are provided for 1 year in duration.
Note: Amitiza® (lubiprostone capsules) is not targeted in this Policy.

Step 1: Movantik, Symproic

Step 2: Relistor tablets, Relistor injection

Bowel Agents – Opioid-Induced Constipation Preferred Step Therapy Policy product(s) is(are) covered as medically necessary when the following preferred step therapy criteria is(are) met. Any other exception is considered not medically necessary.

CRITERIA

1. If the patient has tried TWO Step 1 Products, approve a Step 2 Product.

2. If Relistor injection is being prescribed for the treatment of opioid-induced constipation in an adult patient with advanced illness who is receiving palliative care, approve.

REFERENCES

1. Movantik® tablets [prescribing information]. Wilmington, DE: Valinor; March 2023.
2. Relistor® tablets and injection [prescribing information]. Bridgewater, NJ: Salix; May 2024.
3. Symproic® tablets [prescribing information]. Raleigh, NC: Shionogi/BioDelivery Sciences; December 2022.
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.

HISTORY

Type of Revision	Summary of Changes	Review Date
Annual Revision	**Title**: "Bowel Disease" was updated to "Bowel Agents." No criteria changes.	11/15/2023
Annual Revision	No criteria changes.	11/13/2024