Market Applicability													
Market	DC	FL & FHK	FL MMA	FL LTC	GA	КҮ	MD	NJ	NV	NY	TN	TX	WA
Applicable	Х	Х	NA	NA	Х	Х	Х	Х	Х	Х	NA	NA	NA

^{*}FHK- Florida Healthy Kids

Movantik (naloxegol)

Override(s)	Approval Duration						
Prior Authorization	1 year						
Quantity Limit	-						

^{*}Maryland Medicaid – See State Specific Mandates below

Medications	Quantity Limit						
Movantik (naloxegol)	May be subject to quantity limit						

APPROVAL CRITERIA

Requests for Movantik (naloxegol) may be approved if the following criteria is met:

Individual has a diagnosis of non-cancer pain-related opioid-induced constipation (OIC);

AND

II. The individual must have a previous trial (medication samples/coupons/discount cards are excluded from consideration as a trial) of or insufficient response to two laxatives [e.g. polyethylene glycol (generic MiraLax), bisacodyl (Dulcolax), senna (Ex-lax)] (AGA 2013, 2019).

Requests for Movantik (naloxegol) may **not** be approved for the following:

- Individual has a known, suspected, or at increased risk for gastrointestinal obstruction; OR
- II. Concomitant use with strong CYP3A4 inhibitors (such as clarithromycin or ketoconazole).

State Specific Mandates									
State name Date effective Mandate details (including specific bill if applicable									
Maryland		Trial of polyethylene glycol (PEG) is not required							

Key References:

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This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

Market Applicability													
Market	DC	FL & FHK	FL MMA	FL LTC	GA	КҮ	MD	NJ	NV	NY	TN	TX	WA
Applicable	Х	Х	NA	NA	Х	Х	Х	Х	Х	Х	NA	NA	NA

^{*}FHK- Florida Healthy Kids

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