Clinical Policy: Naldemedine (Symproic)

Reference Number: PA.CP.PMN.112
Effective Date: 10.17.18
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Revision Log

Description
Naldemedine (Symproic®) is an opioid antagonist. Naldemedine functions as a peripherally-acting mu-opioid receptor antagonist in tissues such as the gastrointestinal tract, thereby decreasing the constipating effects of opioids.

FDA Approved Indication(s)
Symproic is indicated for the treatment of opioid-induced constipation (OIC) in adult patients 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.

Policy/Criteria
Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

It is the policy of health plans affiliated with PA Health & Wellness® that Symproic is **medically necessary** when the following criteria are met:

I. Initial Approval Criteria

A. Opioid-Induced Constipation (must meet all)**:**

1. Diagnosis of OIC;
2. Member has been taking opioid(s) for ≥ 4 weeks due to chronic pain not caused by active cancer;
3. Failure of 1 agent from each of the following classes while on opioid therapy, unless all are contraindicated or clinically significant adverse effects are experienced:
   a. Stimulant laxative (e.g., bisacodyl, senna);
   b. Osmotic laxative (e.g., lactulose, polyethylene glycol);
   c. Stool softener (e.g., docusate);
4. Member has used one of the aforementioned agents in the past 30 days, unless contraindicated;
5. Dose does not exceed 0.2 mg per day (1 tablet per day).

Approval duration: 6 months

B. Other diagnoses/indications

1. Refer to the off-label use policy if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized): PA.CP.PMN.53.

II. Continued Therapy

A. Opioid-Induced Constipation (must meet all)**:**

1. Currently receiving medication via Pennsylvania Health and Wellness benefit or member has previously met all initial approval criteria or the Continuity of Care Policy (PA.LTSS.PHAR.01) applies;
2. Member continues to receive opioid therapy;
3. Member is responding positively to therapy;
4. If request is for a dose increase, new dose does not exceed 0.2 mg per day (1 tablet per day).

Approval duration: 12 months

B. Other diagnoses/indications (must meet 1 or 2)**:**

1. Currently receiving medication via Pennsylvania Health and Wellness benefit or member has previously met all initial approval criteria or the Continuity of Care Policy (PA.LTSS.PHAR.01) applies.
   Approval duration: Duration of request or 12 months (whichever is less); or
2. Refer to the off-label use policy if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized): PA.CP.PMN.53.

III. Diagnoses/Indications for which coverage is NOT authorized:

A. Non-FDA approved indications, which are not addressed in this policy, unless there is sufficient documentation of efficacy and safety according to the off label use policy – PA.CP.PMN.53 or evidence of coverage documents.

IV. Appendices/General Information

Appendix A: Abbreviation/Acronym Key
FDA: Food and Drug Administration
OIC: opioid-induced constipation

Appendix B: Therapeutic Alternatives
This table provides a listing of preferred alternative therapy recommended in the approval criteria. The drugs listed here may not be a formulary agent for all relevant lines of business and may require prior authorization.

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
bisacodyl (Dulcolax®)	Oral: 5 to 15 mg QD Rectal: Enema, suppository: 10 mg (1 enema or suppository) QD	15 mg/day PO; 10 mg/day rectally
senna (Senokot®)	1 to 2 tablets (8.6 to 17.2 mg sennosides) PO BID	8 tablets (68.8 mg sennosides)/day
lactulose	10 to 20 g (15 to 30 mL or 1 to 2 packets) daily; may increase to 40 g (60 mL or 2 to 4 packets) daily if necessary	60 mL or 2 to 4 packets/day
polyethylene glycol 3350 (MiraLax®)	17 g (approximately 1 heaping tablespoon) of powder in 120 to 240 mL of fluid given PO QD	34 g/day

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
docusate sodium (Colace®)	50-300 mg/day PO given in single or divided doses	360 mg/day

Therapeutic alternatives are listed as Brand name® (generic) when the drug is available by brand name only and generic (Brand name®) when the drug is available by both brand and generic.

Appendix C: Contraindications/Boxed Warnings

- Contraindication(s): patients with known or suspected gastrointestinal obstruction or at increased risk of recurrent obstruction, patients with a history of a hypersensitivity reaction to naldemedine
- Boxed warning(s): none reported

V. Dosage and Administration

Indication	Dosing Regimen	Maximum Dose
OIC	0.2 mg PO QD with or without food	0.2 mg /day

VI. Product Availability

Tablet: 0.2 mg

VII. References

1. Symproic Prescribing Information. Florham Park, NJ: Shionogi Inc.; January 2018. Available at: https://www.symproic.com/hcp/. Accessed July 20, 2018.
2. Kumar L, Barker C, Emmanuel A. Opioid-Induced Constipation: Pathophysiology, Clinical Consequences, and Management. Gastroenterology Research and Practice. 2014;2014:141737. doi:10.1155/2014/141737.
3. Argoff CE, Brennan MJ, Camilleri M, et al. Consensus Recommendations on Initiating Prescription Therapies for Opioid-Induced Constipation. Pain Med. 2015 Dec;16(12):2324-37.
4. Pergolizzi JV, Raffa RB, Pappagallo M, et al. Peripherally acting μ-opioid receptor antagonists as treatment options for constipation in noncancer pain patients on chronic opioid therapy. Patient preference and adherence. 2017;11:107-119. doi:10.2147/PPA.S78042.
5. Nelson AD, Camilleri M. Chronic opioid induced constipation in patients with nonmalignant pain: challenges and opportunities. Therap Adv Gastroenterol. 2015 Jul;8(4):206-20.
6. Nelson AD, Camilleri M. Opioid-induced constipation: advances and clinical guidance. Ther Adv Chronic Dis. 2016 Mar; 7(2): 121–134.
7. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.; 2018. Available at: http://www.clinicalpharmacology-ip.com/.
8. Camilleri M, Lembo A, Katzka DA. Opioids in Gastroenterology: Treating Adverse Effects and Creating Therapeutic Benefits. Clin Gastroenterol Hepatol. 2017 Sep;15(9):1338-1349.

Reviews, Revisions, and Approvals	Date	P&T Approval Date
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