



**Montana Healthcare Programs  
Drug Prior Authorization Coverage Criteria**

Symproic™ (naldemedine)

**Review Criteria**

Member must meet all the following criteria:

- Subject to Preferred Drug List requirements
- Member must be at least 18 years old.
- Member must have a diagnosis of opioid induced constipation with chronic, non-cancer pain and currently receiving opiates (for 4 weeks).
- Member must have been unsuccessful with documented treatment with at least one (1) osmotic laxative (i.e., polyethylene glycol, lactulose, etc.).

**Limitations:**

- Maximum dose allowed is 1.0 tablets daily

\*\*Naloxegol is an opioid receptor antagonist (mu, delta and kappa) at the GI level. High dose can precipitate withdrawal symptoms. It also can potentiate naloxone.