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.