

	
AETNA BETTER HEALTH® Coverage Policy/Guideline	
Name: Movantik	Page: 1 of 1
Effective Date: 2/11/2026	Last Review Date: 1/2026
Applies to: ☒ Illinois ☐ Florida ☒ Florida Kids	☒ Maryland ☐ Michigan
☒ New Jersey ☐ Virginia	☐ Pennsylvania Kids

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Movantik under the patient's prescription drug benefit.

Description:

Movantik 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 (for example, weekly) opioid dosage escalation.

Applicable Drug List:

Movantik

Policy/Guideline:

The requested drug will be covered with prior authorization when the following criteria are met:

- The requested drug is being prescribed for the treatment of opioid-induced constipation (OIC) in an adult patient with chronic non-cancer pain, including chronic pain related to prior cancer or its treatment who does not require frequent (e.g., weekly) opioid dosage escalation
- AND**
- The patient had treatment failure with at least one medication from the stimulant laxative group (for example, bisacodyl, sodium picosulfate [SPS], senna) OR osmotic laxative group (for example, PEG)

Approval Duration and Quantity Restrictions:

Approval: 12 months

Quantity Level Limit: 30 tablets per 30 days

References:

- Movantik [package insert]. Chicago, IL: Valinor Pharma, LLC; March 2023.
- Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Waltham, MA: UpToDate, Inc.; 2025. <https://online.lexi.com>. Accessed September 15, 2025.
- Micromedex® (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: <https://www.micromedexsolutions.com/> (cited: 09/15/2025).