			•	aetna <sup>®</sup>
AETNA BETTER HEALTH®				
Coverage Policy/Guideline				
Name: Symproic			Page:	1 of 1
Effective Date: 2/3/2023		Last Review Date: 11/2022		
Applies to:	⊠Illinois	□Florida	⊠Florida Kids	
	⊠New Jersey	⊠Maryland	□Michigan	
	⊠Pennsylvania Kids	□Virginia	□Texas	

### Intent:

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

## **Description:**

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 (for example, weekly) opioid dosage escalation.

## **Applicable Drug List:**

Symproic

### **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 (for example, 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, or senna)

### **Approval Duration and Quantity Restrictions:**

Approval: 12 months

Quantity Level Limit: Reference Formulary for drug specific quantity level limits

### **References:**

- 1. Symproic [package insert]. Raleigh, NC: Bio-Delivery Sciences International, Inc.; July 2021.
- 2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online, Hudson, Ohio: UpToDate, Inc.; 2021; Accessed September 2, 2021.
- 3. Micromedex (electronic version). IBM Watson Health, Greenwood Village, Colorado, USA. Available at: https://www.micromedexsolutions.com. Accessed September 2, 2021.