

## Local New Medicine Treatment Protocol Template

<b>1.</b>	<b>New medicine name:</b> Naloxegol 12.5mg and 25mg film coated tablets (Moventig ®)
<b>2.</b>	<p><b>Licensed indication(s):</b> For the treatment of opioid-induced constipation in adult patients who have had an inadequate response to laxatives.</p> <p>Naloxegol is a peripherally acting mu opioid receptor antagonist in the GI tract. It is a pegylated derivative of the opioid antagonist naloxone. The pegylation reduces naloxegol's ability to cross the blood brain barrier. Constipation is therefore managed without the reversal of centrally mediated opioid analgesia.</p>
<b>3.</b>	<p><b>Scottish Medicines Consortium advice:</b> It is accepted for use within NHS Scotland – for the treatment of opioid –induced constipation in adult patients who have an inadequate response to laxative(s). An inadequate response was defined as having opioid-induced constipation symptoms of at least moderate severity while taking at least one laxative class for a minimum of four days during the previous two weeks.</p> <p><i>Naloxegol compared to placebo significantly improved the response rate in patients with opioid-induced constipation including patients who had previously had an inadequate response to at least four days of treatment with at least one class of laxative</i></p> <p><b>Medicines Advisory Group advice:</b> <i>May be prescribed by GPs under the direction of a specialist for opioid induced constipation as outlined above</i></p>
<b>4.*</b>	<p><b>Prescriber details:</b> GP under the direction of a specialist. E.g. palliative care or chronic pain.</p>
<b>5.*</b>	<p><b>Criteria for patient selection:</b> Patients have to have reported concurrent opioid induced constipation with moderate severity whilst taking at least one laxative class for a minimum of four days.</p>
<b>6.</b>	<p><b>Administration details:</b> Recommended dose is 25mg once daily orally.</p> <p>Maintenance laxative therapy should be halted when naloxegol is initiated to determine the clinical effect of naloxegol</p> <p>Patients with an eGFR of &lt;60ml/min should be prescribed 12.5mg once daily and dose can be increased to 25mg if well tolerated by the patient. If side effects impact on tolerability, naloxegol should be discontinued. Avoid in patients who have an eGFR of &lt;15ml/min.</p> <p>Patients taking moderate CYP3A4 inhibitors (e.g. diltiazem and verapamil) should be prescribed 12.5mg once daily which if well tolerated can be increased to 25mg once daily.</p>

Naloxegol should be taken in the morning and taken on an empty stomach at least 30 minutes prior to the first meal of the day or 2 hours after the first meal of the day.

Effectiveness of naloxegol should be reviewed after 7 days. It is therefore important that only 10 tablets are prescribed/supplied when trialling a patient on naloxegol.

If a bowel movement has not occurred in 72 hours, rescue medication with up to three doses of bisacodyl (10 to 15mg orally per episode) plus, if required, one enema, should be given.

Naloxegol is for long term use if required.

Cost of naloxegol compared with current laxative options

- Naloxegol £1.80 per tablet (either strength)
- Treatment with current laxative options all ~ 30p per day or less. (Bisacodyl 10mg daily. Senna 15mg daily. Docusate 100mg twice a day. Laxido one sachet twice a day).

## **7. Contra-indications:**

Hypersensitivity to the active substance

Gastrointestinal (GI) obstruction – patients with known or suspected GI obstruction or in patients at increased risk of recurrent obstruction, due to potential for gastrointestinal perforation

Patients with underlying cancer who are at heightened risk of GI perforation, such as those with:

1. Underlying malignancies of the gastrointestinal tract or peritoneum.
- 2). Recurrent or advanced ovarian cancer
2. Vascular endothelial growth factor (VEGF) inhibitor treatment

Strong CYP3A4 inhibitors (e.g. clarithromycin, carbamazepine, ketoconazole, itraconazole and grapefruit juice)

Severe hepatic impairment.

## **8. Side-effects/cautions:**

**Side effects include** – abdominal pain, diarrhoea, nausea, vomiting, flatulence, headache, nasopharyngitis and hyperhidrosis.

**Cautions –**

- Conditions with increased potential for gastrointestinal perforation (e.g. severe peptic ulcer disease and crohn's disease)
- Clinically important disruptions of the blood-brain barrier (e.g. primary brain malignancies, CNS metastases, active multiple sclerosis).
- Concurrent methadone use – patients have a higher frequency of GI

	<p>reactions and opiate withdrawal has been observed.</p> <ul style="list-style-type: none"> <li>• Opioid withdrawal syndrome – patient should discontinue naloxegol if suspected</li> <li>• Patients with cardiovascular conditions</li> <li>• Renal Impairment</li> <li>• Severe hepatic impairment</li> </ul>
<b>9.*</b>	<p><b>Monitoring - response to treatment:</b>  Assessment of constipation quality of life and constipation symptoms  Review effectiveness of treatment after seven days and stop if ineffective</p>
<b>10.*</b>	<p><b>Monitoring – treatment safety:</b>  Monitor potential side effects and tolerability</p>
<b>11.*</b>	<p><b>Written by: Jennifer Gray, Specialist Clinical Pharmacist (Neurosurgery, Palliative &amp; Pain Services)</b>  <b>Date: 04/02/16</b></p> <p><b>Approved by: Karen E Harkness Principal Pharmacist, Clinical Effectiveness</b>  <b>Date: 17/02/2016</b></p>
<b>12.*</b>	<p><b>Review date: 17/02/2018</b></p>

**\* essential fields**