

MEDICAL PHARMACIES NEW DRUGS

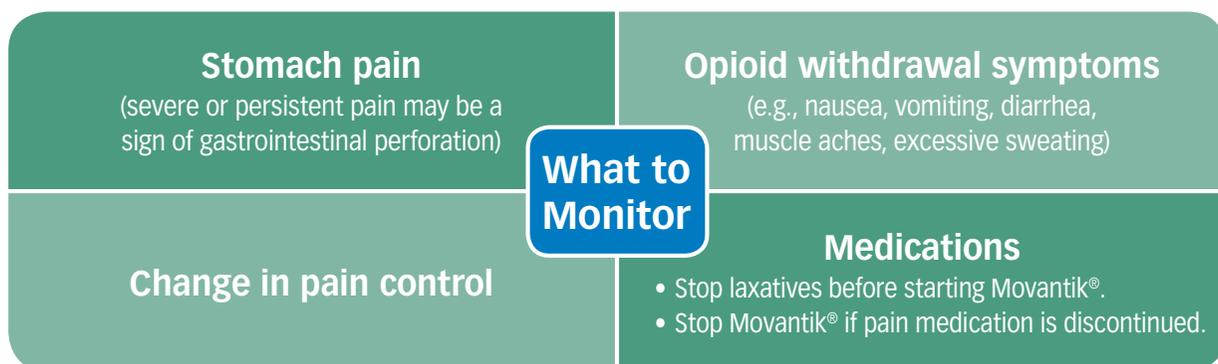
Drug Information and News for Health Care Providers

December 2016

MOVANTIK® (NALOXEGOL OXALATE)

Movantik® is an opioid antagonist medication used for the treatment of opioid-induced constipation. It was recently approved by Health Canada. Movantik® is a peripherally acting medication that reduces the effect of opioid medications on the gut but is unlikely to alter the analgesic actions of the opioid medication.

- **Dosage:** One 25 mg tablet, swallowed whole, once daily on an empty stomach. Start with 12.5 mg once daily in those with significant renal impairment.
- **Dietary considerations:**
 - o Take on an empty stomach.
 - o Avoid grapefruit and grapefruit juice.
- **Use:** To reduce constipation related to opioid pain medications in residents who have:
 - o Non-cancer pain, and
 - o Not responded well to laxatives
- **Avoid** in residents who:
 - o Have gastrointestinal obstruction or a condition such as severe peptic ulcer disease, Crohn's disease, or diverticulitis that can increase risk of perforation.
 - o Are taking medications that can increase the effects of Movantik®, such as ketoconazole, clarithromycin, diltiazem, verapamil, and erythromycin.
 - o Are taking medications that can make Movantik® less effective, such as rifampin, carbamazepine, phenytoin, and St. John's wort.
- **Movantik®** is similar to naloxone, however, it does not have effects on the central nervous system.



Please note that Movantik® is not currently covered on provincial formularies.

Please refer to the Movantik® product monograph for more comprehensive information regarding this medication.

References:

1. Movantik® product monograph. AstraZeneca, 2016.
2. Max EK, Hernandez JJ, Sturpe DA et al. Prophylaxis for opioid-induced constipation in elderly long-term care residents: a cross-sectional study of Medicare beneficiaries. *Am J Geriatr Pharmacother* 2007;5(2):129-36.
3. American Geriatrics Society Panel on the Pharmacological Management of Persistent Pain in Older Persons. Pharmacological management of persistent pain in older persons. *J Am Geriatr Soc* 2009;57:1331-1346.