

Supportive care

Naloxegol (Moventig®)

Supportive care: specialist medicines

This leaflet provides information on a medicine called naloxegol which is used to treat constipation in palliative care and supportive care patients. It is offered as a guide to you and your family. The possible benefits of treatment vary; your doctor, nurse, or pharmacist will be happy to answer any questions you have about your treatment.

We may be recommending this medicine to be used for a condition it was not originally designed for, so you may find that there are some differences between the hospital's and the manufacturer's information. This additional information will inform you of the reason(s) why you are taking this medicine and to highlight any other information. This should be read in conjunction with the manufacturer's patient information leaflet.

What is naloxegol?

Naloxegol is a medicine used in adults to treat constipation specifically caused by pain medicines, called opioids, (e.g. morphine, oxycodone, fentanyl, tramadol, and codeine) taken on a regular basis.

How does naloxegol work?

Naloxegol decreases the constipating effects of opioids in the gastrointestinal tract (bowel) without affecting the analgesic (painkilling) effects on the central nervous system.

When is naloxegol prescribed?

It is usually prescribed when laxatives, (e.g. senna, docusate sodium, Movicol®/Laxido®) along with lifestyle modifications, such as increasing fluid intake and exercise, have not provided acceptable relief of constipation.

Constipation related to opioids can result in symptoms such as:

- stomach pain
- rectal straining (having to push very hard to move the stool out of the rectum, which can also cause pain in the anus during pushing)
- hard stools (stools which are hard 'like a rock')
- incomplete emptying of the rectum (after having a bowel movement, the feeling as if a stool is still in the rectum which needs to come out).

In patients taking opioids with constipation, who have tried at least one laxative and had incomplete relief of constipation, naloxegol has been shown in clinical trials to increase the number of bowel movements and improve symptoms of constipation caused by opioids. The original clinical trials, which were carried out in order for naloxegol to obtain a licence from the UK drug regulatory authorities in the UK, excluded patients with cancer. However, it is common practice at many specialist centres to use



naloxegol in patients with cancer who are suffering from opioid-induced constipation, where it is felt that the benefits outweigh any possible risks.

Naloxegol is always prescribed by a doctor or nurse who specialises in treating pain and other symptoms of advanced cancer. If you stop taking your pain medication, let your doctor or nurse know, as this drug is only for use in patients taking opioid-based painkillers.

What dose of naloxegol is usually prescribed?

The recommended dose is one tablet of 25mg each day. However, you may be advised to take a lower dose of 12.5mg once each day if you have kidney problems or are taking any medication which may increase the effects of naloxegol, such as diltiazem or verapamil (for high blood pressure or angina). If you tolerate the lower dose of naloxegol well, your doctor or specialist nurse may increase the dose to 25mg each day.

How should I take naloxegol?

Naloxegol is given as a tablet, which may be taken once daily in the morning, to avoid bowel movements in the middle of the night. You should take your tablet on an empty stomach at least 30 minutes before the first meal of the day or 2 hours after the first meal.

When treatment with naloxegol is started, all currently used laxatives should be stopped, until instructed by your doctor or nurse to restart.

What should I do if I miss a dose?

If you miss a dose, try to take it as soon as you remember. However, if it's less than 12 hours until your next dose, wait until then and skip the missed dose. Never double up on the dose to make up for a missed dose. If you miss more than one dose through being unwell, contact your doctor or specialist nurse.

How well or quickly does naloxegol work?

For some people naloxegol can work very quickly (within a few hours). For other people it may take a few days of taking reasonable doses before their constipation improves. Some patients do not find naloxegol to be helpful. It is not possible to tell who will respond to naloxegol.

What is the length of treatment?

You will be reviewed periodically to assess whether naloxegol is still effective. You can continue to take naloxegol for as long as you are taking opioid painkillers and are receiving benefit.

If you do not tolerate naloxegol, or do not feel you are receiving any benefit after 7-10 days of regular treatment, your specialist should review and discuss stopping the treatment with you.

If you stop taking opioid painkillers, you should also stop taking naloxegol.

Who should not take naloxegol?

- If you are allergic to naloxegol or similar medicines or any of the other ingredients of this medicine.
- If your bowels are, or may be, blocked (obstructed) or you have been warned that your bowels are at risk of becoming blocked.
- If you have cancer in your gut or 'peritoneum' (the lining of your stomach area), advanced or recurrent ovarian cancer or if you are taking medicines used to treat cancer such as "VEGF inhibitors" (e.g. bevacizumab).
- If you are taking certain other medicines such as ketoconazole or itraconazole (to treat fungal infections), clarithromycin or telithromycin (antibiotics).

Are there any side effects from taking naloxegol?

The most common side effects of naloxegol are stomach pain, and diarrhoea. You may also experience nausea and vomiting, headache, excessive wind, increased sweating, and a stuffy or runny nose. Please read the manufacturer's patient information leaflet for a full list of side effects. If you are concerned about any side effects please talk to your doctor, nurse or pharmacist.

Signs of opioid withdrawal have been reported in patients taking naloxegol. Call your doctor right away if you have sweating, chills, loose stools (diarrhoea) or stomach pain that is not normal, anxiety, irritability, or yawning.

Gastrointestinal (GI) perforation has rarely been reported in patients with cancer who are taking naloxegol. Patients with underlying cancer, who are at greater risk of GI perforation, include those with:

- underlying malignancies of the GI tract or perineum
- recurrent or advanced ovarian cancer
- vascular endothelial growth factor (VEGF) treatment, e.g. bevacizumab (Avastin®).

If you experience severe or persistent abdominal pain, or feel unwell whilst taking naloxegol, it is important that you seek urgent medical attention.

Can I take naloxegol with my other medicines?

Naloxegol may interact with other commonly prescribed medicines, as well as medicines purchased over the counter, and herbal or complementary medicines. Before you are discharged from hospital, or the outpatient clinic, your medicines will be reviewed by your specialist doctor or nurse, and pharmacy team.

Do not take naloxegol if you are prescribed any of the following medicines:

- Antifungals, such as ketoconazole or itraconazole
- Antibiotics such as clarithromycin or erythromycin
- Ritonavir, saquinavir or indinavir- to treat HIV

Tell your doctor, pharmacist or nurse if you are taking any of the following medicines:

- Methadone
- Diltiazem or verapamil (for high blood pressure or angina). You may need to take a lower dose of naloxegol
- Rifampicin (an antibiotic), carbamazepine (for epilepsy) or the herbal medicine St. John's Wort (for depression). You may need to stop taking naloxegol.

You should not drink large amounts of grapefruit juice whilst taking naloxegol. This is because large amounts can affect how much of the naloxegol medicine gets into the body.

If you are prescribed any new medicines, tell your doctor and pharmacist that you are prescribed naloxegol. Further information is available in the manufacturer's patient information leaflet which is supplied with the medication.

What is the plan for follow up?

Follow up will vary from patient to patient. The Christie supportive care or pain team will manage the initiation of your naloxegol, and if it is effective, we may request that your GP or community palliative care team, takes over ongoing prescribing. We will share the plan for the prescribing and follow up of naloxegol with the appropriate practitioners (e.g. GPs, community Macmillan nurses etc). You may be reviewed in the supportive care or pain clinic on a regular basis to ensure naloxegol is still the right treatment for you.

If you are unable to attend The Christie (e.g. due to very advanced disease), we will liaise with the local palliative care team or GP to take over naloxegol prescribing. You will be given a supply of naloxegol

tablets at discharge. The amount you are given will depend on when you are next due to be reviewed by the supportive care team, or your local community team.

How do I get further prescriptions for naloxegol?

If you find naloxegol is effective for your constipation, your GP or specialist community palliative care team may agree to continue prescribing for you, following discussion with The Christie supportive care team. Naloxegol is available from community pharmacies, and you should ensure you request a prescription from your GP at least 72 hours in advance of your supply of medication running out.

If you are attending The Christie supportive care or pain clinic for follow up, naloxegol may be dispensed by The Christie Pharmacy. You should be given sufficient supply to last you until your next review.

If you run out of naloxegol tablets and are unable to get a further supply, you must contact the supportive care team for advice.

Can I drive while taking naloxegol?

Naloxegol is not expected to affect your ability to drive a car, or operate machinery. However, the opioid painkillers you are also taking, may affect your ability to drive. You should discuss with your doctor whether this is advisable/safe.

Can I drink alcohol while taking naloxegol?

It is possible to drink alcohol in moderation when taking naloxegol. It is important to remember that alcohol can cause dehydration, so you must ensure an adequate fluid intake, to prevent constipation. Opioid medicines, such as morphine, fentanyl and oxycodone, may cause drowsiness, and this effect will be increased when taken alongside alcohol.

Are there any other things I need to know?

- Keep your medicines in a safe place, out of the reach of children.
- Store at room temperature only.
- Do not give your medication to anyone else as it may cause them serious harm.
- Do not use after the expiry date on the container.
- Return any unused medicine to your local pharmacy for safe disposal.

Who should I contact if I need urgent advice about naloxegol?

Monday to Friday, 9:00am- 5:00pm contact the supportive care team on **0161 446 3559** or **0161 446 8493**.

During the evening or at weekends and bank holidays, if you have any queries, contact The Christie Hotline on **0161 446 3658**.

Useful contacts:

- Secretary: supportive care team - **0161 446 3559**
- Secretary: pain team - **0161 446 8493**
- Supportive care pharmacist - **0161 446 3443**
- The Christie Pharmacy - **0161 446 3432 or 3433**

Notes:

If you need information in a different format, such as easy read, large print, BSL, braille, email, SMS text or other communication support, please tell your ward or clinic nurse.

The Christie is committed to producing high quality, evidence based information for patients. Our patient information adheres to the principles and quality statements of the Information Standard. If you would like to have details about the sources used please contact **the-christie.patient.information@nhs.net**

For information and advice visit the cancer information centres at Withington, Oldham or Salford. Opening times can vary, please check before making a special journey.



Contact The Christie Hotline for
urgent support and specialist advice
The Christie Hotline: 0161 446 3658
Open 24 hours a day, 7 days a week