PHARMACY PRE-AUTHORIZATION CRITERIA

DRUG (S)	**Relistor (methylnaltrexone tablets)**
POLICY #	**14138**
INDICATIONS	**Relistor tablets** are indicated for the treatment of opioid-induced constipation in patients in adults with chronic non-cancer pain. Use of Relistor beyond four months has not been studied.
CRITERIA	ConnectiCare requires Relistor to be medically necessary in patient who met all of the following criteria: • Patient is on a stable opioid regimen • Patient has documented opioid-induced constipation • Patient has an intolerance to, or treatment failure of at least three laxative therapies (i.e. senna, bisacodyl, polyethelene glycol, lactulose, phosphasoda enema)
LIMITATIONS	• If the above criteria are met authorization will be granted for 2 months. Subsequent authorization (an additional 2 months) will be based on physician documentation of efficacy. • Authorization will be limited to a maximum of 4 months therapy- use of Relistor beyond four months has not been studied.
REFERENCES	1. Facts & Comparisons Online 2. Relistor manufacturer's insert, Salix Pharmaceuticals, Bridgewater, NJ 08807
P&T REVIEW HISTORY	6/08, 9/09, 9/10, 12/11, 10/12, 10/13, 10/14, 11/15, 11/16, 11/17, 11/18
REVISION RECORD	10/14, 11/16, 11/19 (removed injection, adopted EH Relistor medical policy)