## ALASKA MEDICAID Prior Authorization Criteria

# RELISTOR® (methylnaltrexone bromide)

Available 8mg/0.4ml syringe, 12mg/0.6ml kit, 12mg/0.6ml syringe, 12mg/0.6ml vial, 150mg tablet

### FDA INDICATIONS AND USAGE<sup>1</sup>

RELISTOR is an opioid antagonist that comes as a tablet and an injection. The tablet is indicated for the treatment of opioid-induced constipation (OIC) in adults with chronic non-cancer pain while the injection is indicated for the treatment of OIC in adults with chronic non-cancer pain and OIC in adults with advanced illness who are receiving palliative care, when response to laxative therapy has not been sufficient.

#### APPROVAL CRITERIA<sup>1,2</sup>

- 1. Patient is 18 year of age or older; **AND**
- 2. Diagnosis of Opioid-induced constipation (OIC) in adults with chronic non-cancer pain **OR** OIC in adults with advanced illness who are receiving palliative care; **AND**
- 3. Recipient has been taking opioids for a period longer than 4 weeks; AND
- 4. Recipient does not have or suspected mechanical gastrointestinal obstruction; AND
- 5. Submit dates of trial or inadequate response from at least 2 laxative therapies.

### **DENIAL CRITERIA**<sup>1,2</sup>

- 1. Patient is less than 18 years of age; **OR**
- 2. Recipient does not have a diagnosis of Opioid-induced constipation (OIC) in adults with chronic non-cancer pain OR OIC in adults with advanced illness who are receiving palliative care; AND
- 3. Recipient has not taken opioids for a period longer than 4 weeks; AND
- 4. Recipient is at risk or has a suspected mechanical gastrointestinal obstruction; AND
- 5. Dates of trial or inadequate response from at least 2 laxative therapies has not been submitted.

#### **CAUTIONS**<sup>1</sup>

- There is a potential for gastrointestinal perforation.
- May cause severe or persistent diarrhea.
- Patients should be monitored for symptoms of opioid withdrawal.

### **DURATION OF APPROVAL**

• Approval: up to a maximum of 4 months

#### **OUANTITY LIMITS**

30 day supply at FDA approved dosage.

Relistor® Criteria Version: 2 Original: 10/09/2013

Approval: 9/20/2019 Effective: 11/20/2019

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# **REFERENCES/FOOTNOTES:**

- 1. Relistor® [prescribing information]. Bridgewater, NJ: Salix Pharmaceuticals, November 2018.
- 2. American Gastroenterological Association Technical Review on Constipation. Bharucha, Adil E.Pemberton, John H.Locke, G. Richard et al. Gastroenterology, Volume 144, Issue 1, 218 238

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