



Montana Healthcare Programs
Drug Prior Authorization Coverage Criteria

Relistor™ (methylnaltrexone bromide)

Review Criteria

Member must meet all the following criteria:

- Member must currently be receiving chronic daily opioids
- **For treatment of opioid-induced constipation in members with chronic non-cancer pain:**
 - Subject to Preferred Drug List requirements
 - Member must be at least 18 years of age
 - Member must have a diagnosis opioid-induced constipation (must currently be receiving chronic opioids)
 - Member must have been unsuccessful with documented treatment with a stimulant laxative (i.e., senna, bisacodyl) AND lactulose

Limitations:

- Maximum daily dose is 450mg once daily by mouth or 12mg sub-q once daily
- **For treatment of opioid-induced constipation in members with advanced illness receiving palliative care, when response to other laxative therapy has not been sufficient** (Not subject to Preferred Drug List requirements):
 - If member is receiving Hospice care: Hospice benefit should cover under “waiver program”
 - A specific palliative care diagnosis will be required. Chronic pain will not be allowed solely as a palliative care diagnosis.
 - Provider must indicate that member has life expectancy of less than 12 months to qualify.
- Member must have a documented failure of at least a two-week trial on a regularly scheduled prophylactic bowel care regimen, to include a stool softener plus another conventional laxative
- Member must also fail injectable naloxone given orally
- Initial PA duration will be four months. Subsequent PAs may be granted at additional four-month intervals on a case-by-case basis, upon provider request.

Limitations:

- Prior authorization allowed for max dose of one 12 mg vial per day, unless member weighs more than 114 kg, then max of two 12 mg vials per day is allowed