

## RELISTOR (methylnaltrexone)

### Diagnosis Considered for Coverage:

- Opioid-induced constipation in patients with advanced illness, receiving palliative care, when response to laxative therapy has not been sufficient.

### Coverage Criteria:

#### For injectable formulation only and diagnosis of opioid-induced constipation in patients receiving palliative care for cancer pain:

- Home Self-Injectables are under the Pharmacy Benefit, **and**
- Patient is receiving palliative care or in hospice care, **and**
- Dose does not exceed single 12 mg dose per 24 hours.

**Coverage Duration:** one year

#### For injectable & oral formulations and diagnosis of opioid-induced chronic constipation in patients with non-cancer pain:

##### INITIAL REQUEST

- Patient is at least 18 years of age, **and**
- Patient is currently receiving opiate (narcotic) therapy, **and**
- Inadequate response, intolerable side effect, or contraindication to Movantik, **and**
- Dose does not exceed 450 mg tablet per day OR single 12 mg dose per 24 hours.

**Coverage Duration:** 3 months

##### REAUTHORIZATION

- Patient has had at least 3 bowel movements per week and has improved or stabilized while on Relistor, **and**
- Dose does not exceed 450 mg tablet per day OR single 12 mg dose per 24 hours.

**Coverage Duration:** 3 months

**Coverage Duration:** see above

Effective Date: 3/29/2023