



Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	February 29, 2012 May 17, 2012, November 23, 2015

### **RELISTOR® (methylnaltrexone bromide)**

**LENGTH OF AUTHORIZATION:** Up to four months

**REVIEW CRITERIA:**

- Patient must be  $\geq$  18 years old.
- Patient must have a documented current history of an advanced illness (e.g. cancer) that requires the chronic use of opioids (e.g. morphine, oxycodone).
- Patient with opioid induced constipation in patients with chronic non-cancer pain (e.g. rheumatoid arthritis, neurologic/neuropathic pain for patients who have been taking opioids for a minimum of 4 consecutive weeks)
- Patient must have documented history (within the past month) of trial and failure or intolerance of at least two classes of laxatives -stimulant laxatives and osmotic laxatives [e.g. Milk of Magnesia, magnesium Citrate, Miralax (polyethylene glycol 3350)]

**DOSING:**

The usual schedule is one dose every other day, as needed, but no more frequently than one dose in a 24-hour period for **palliative care patients:**

<b>Patient Weight</b>	<b>Dose</b>
<38 kg	0.15 mg/kg SC every other day needed
38-61 kg	8 mg SC every other day as needed
62 – 114 kg	12 mg SC every other day as needed
>114 kg	0.15 mg/kg SC every other day as needed

For chronic **non-cancer pain patients:** 12mg subcutaneously once daily

Available in the following dosage forms:

- Single-use vial containing 12 mg/0.6 mL solution for subcutaneous injection.
- Single-use pre-filled syringe containing 8 mg/0.4 mL solution for subcutaneous injection.
- Single-use pre-filled syringe containing 12 mg/0.6 mL solution for subcutaneous injection.