## METHYLNALTREXONE

| Generic | Brand | HICL | GCN | Exception/Other |
|---|---|---|---|---|
| METHYLNALTREXONE BROMIDE | RELISTOR | 35611 | | |

### GUIDELINES FOR USE

1. Is the request for methylnaltrexone (Relistor) tablets or injection for a patient with constipation due to an opioid (such as morphine or methadone) and meet **ALL** of the following criteria?
   - The patient is 18 years of age or older
   - The patient has chronic non-cancer pain (including chronic pain related to prior cancer or its treatment who do not require frequent opioid dosage escalation)
   - The patient has been taking opioids for at least four weeks
   - The patient has a previous trial of or contraindication to naloxegol (Movantik)

   If yes, **approve for 12 months by GPID for all of the following listed agents and quantity limits:**
   - **Relistor 12mg vial: #1 vial per day.**
   - **Relistor 12mg syringe: #1 syringe per day.**
   - **Relistor 150mg tablets: #3 tablets per day.**

   If no, continue to #2.

2. Is the request for methylnaltrexone (Relistor) injection for a patient with constipation due to an opioid (such as morphine or methadone) and meet **ALL** of the following criteria?
   - The patient is 18 years of age or older
   - The patient has advanced (terminal) illness or pain caused by active cancer who require opioid dosage escalation for palliative care

   If yes, **approve Relistor injection for 6 months by GPID with the following quantity limits:**
   - **Relistor 12 mg vial: #1 vial per day.**
   - **Relistor 12 mg syringe: #1 syringe per day.**
   - **Relistor 8 mg syringe: #1 syringe per day.**

   If no, do not approve.
   **DENIAL TEXT:** The guideline for **METHYLNALTREXONE (Relistor)** requires that the patient have a diagnosis of opioid-induced constipation with chronic non-cancer pain, OR with advanced (terminal) illness or pain caused by active cancer who require opioid dosage escalation for palliative care. The patient must also be 18 years of age or older. For patients with advanced (terminal) illness, or pain caused by active cancer who require opioid dosage escalation for palliative care, only Relistor injection may be approved. The following criteria must also be met:
   **For patients with chronic non-cancer pain, approval requires all of the following:**
   - The patient has been taking opioids for at least four weeks
   - The patient had a previous trial of or contraindication to naloxegol (Movantik)

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### RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Relistor.

### REFERENCES


- Relistor [Prescribing Information]. Bridgewater, NJ: Salix Pharmaceuticals. March 2018.


| Library | Commercial | NSA |
|---|---|---|
| Yes | Yes | No |

Part D Effective: N/A
Commercial Effective: 11/19/18
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P&T Approval: 08/16