



Prior Authorization Approval Criteria

Relistor (methylnaltrexone)

Generic name:	Methylnaltrexone
Brand name:	Relistor
Medication class:	Opioid antagonist
FDA-approved uses:	Treatment of opioid induced constipation in patients with advanced illness, who are receiving palliative care, when response to laxative therapy has not been sufficient
Available dosage forms:	12 mg/0.6 ml vial for subcutaneous injection.
Usual dose:	One injection every other day. 8mg for patients who weigh between 38 kg and 61 kg 12 mg for patients who weigh between 62 kg and 114 kg 0.15 mg/kg for patients who weigh outside the above ranges.
Approximate monthly cost: (based on AWP 2008)	\$50.00/injection. \$700.00/month
Duration of therapy:	Use greater than 4 months has not been studied

Criteria for use (*bullet points below are all inclusive unless otherwise noted*):

- Patient must have opioid-induced constipation.
- Patient must have an advanced illness (such as incurable cancer or end stage chronic obstructive pulmonary disease) and be receiving palliative care.
- Patient must have tried and failed a stool softener plus a stimulant laxative
- Patient must have tried and failed at least one other laxative.

Contraindication:

- Known or suspected mechanical gastrointestinal obstruction.

Not approved if:

- Does not meet the above-stated criteria.
- Has any contraindications to the use of Relistor

FCHP Pharmacy and Therapeutics Committee approval: _____

Date: _____

Adopted: 12/10/2008