



## Prior Authorization Approval Criteria

### *Relistor (methylnaltrexone)*

<b>Generic name:</b>	Methylnaltrexone
<b>Brand name:</b>	Relistor
<b>Medication class:</b>	Opioid antagonist
<b>FDA-approved uses:</b>	Treatment of opioid induced constipation in patients with advanced illness, who are receiving palliative care, when response to laxative therapy has not been sufficient
<b>Available dosage forms:</b>	12 mg/0.6 ml vial for subcutaneous injection.
<b>Usual dose:</b>	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.
<b>Approximate monthly cost:</b> (based on AWP 2008)	\$50.00/injection. \$700.00/month
<b>Duration of therapy:</b>	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.

**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