Medical Policy:
RELISTOR® (methylnatrexone) injection

POLICY NUMBER	LAST REVIEW	ORIGIN DATE
MG.MM.PH.163	May 15, 2023	

Definitions

Relistor (methlynaltrexone bromide) is an opiod antagonist indicated for the treatment of opioid-induced constipation (OIC) in adult patients with chronic non-cancer pain including patients with chronic pain related to prior cancer or its treatment who do not require frequent (e.g., weekly) opioid dosage escalation. Relistor injection is also indicated for the treatment of opioid-induced constipation in patients with advanced illness or pain caused by active cancer who require opioid dosage escalation for palliative care.

Length of Authorization

NOT COVERED for our Medicaid Line of Business

Coverage will be provided for 4 months and may be renewed.

Dosing Limits [Medical Benefit]

Max Units (per dose and over time):

Relistor 8mg/0.4mL & 12mg/0.6mL = 30 injections per 30 days

Guideline

I. Initial Approval Criteria

Relistor injection may be considered medically necessary for patients on a stable opioid regimen when the following criteria are met: (NOT COVERED for our Medicaid Line of Business)

1. Relistor is being prescribed for opioid-induced constipation in an adult patient with advanced illness or pain caused by active cancer who require opioid escalation for palliative care; **OR**
2. Relistor is being prescribed for opioid-induced constipation in an adult patient with chronic noncancer pain, including patients with chronic pain related to prior cancer or its treatment who do not require frequent (e.g., weekly) opioid dosage escalation; **AND**
3. The patient is unable to tolerate oral medications; or the patient has an intolerance to, or treatment failure of at least three laxative therapies (i.e. senna, bisacodyl, polyethelene glycol, lactulose, phosphasoda enema)

Limitations/Exclusions

Relistor is not considered medically necessary when any of the following selection criteria is met:

1. Use of Relistor beyond four months has not been studied in the advanced illness population

II. Renewal Criteria

Subsequent authorization will be based on physician documentation of efficacy.

Dosage/Administration

Indication	Dose
OIC in adult patients with chronic non-cancer pain	– The recommended dosage is 12 mg subcutaneously once daily.
OIC in adult patients with advanced illness	– The pre-filled syringe is only for patients who require a RELISTOR injection dose of 8 mg or 12 mg. Use the vial for patients who require other doses of RELISTOR Injection. See full prescribing information for the recommended doseage. Administer one dose every other day, as needed, but no more frequently than one dose in a 24-hour period.

Applicable Procedure Codes

Code	Description
J2212	Injection, methylnaltrexone, 0.1 mg, 1 billable unit = 0.1 mg

Applicable NDCs

Code	Description
65649-0552-xx	Relistor 8 mg/0.4 mL methylnaltrexone bromide in single-dose pre-filled syringe
65649-0551-xx	Relistor 12 mg/0.6 mL methylnaltrexone bromide in a single-dose pre-filled syringe or

	single-dose vial

ICD-10 Diagnoses

Code	Description
K59.09	Other constipation

Revision History

Company(ies)	DATE	REVISION
EmblemHealth & ConnectiCare	5/15/2023	Annual Review: no criteria updates
EmblemHealth & ConnectiCare	03/30/2020	Annual Review
EmblemHealth & ConnectiCare	01/01/2022	Annual Review Removed coverage from our Medicaid population.

References

1. Facts & Comparisons Online
2. Relistor manufacturer's insert, Salix Pharmaceuticals, Bridgewater, NJ 08807
3. Clinical Pharmacology Elsevier Gold Standard. 2019.
4. Micromedex® Healthcare Series: Thomson Micromedex, Greenwood Village, Co. 2019.