COMMON GROUND
HEALTHCARE COOPERATIVE

PHARMACY POLICY STATEMENT
Common Ground Healthcare Cooperative (CGHC)

DRUG NAME	Relistor (methylnaltrexone)
BENEFIT TYPE	Pharmacy
STATUS	Prior Authorization Required

Relistor is a peripheral opioid antagonist that was FDA approved in 2008 for the treatment of opioid induced constipation for adults with chronic non-cancer pain and advanced illness or pain caused by active cancer. Opioid analgesics remain one of the most routinely prescribed medications for the management of severe pain and cancer related pain. Due to the activation of peripheral μ-opioid receptors in the gastrointestinal tract, opioid analgesics can induce delayed gastric emptying and slowed colonic transit causing constipation. Relistor is an opioid antagonist that does not cross the blood-brain barrier, and therefore does not induce symptoms associated with opioid withdrawal.

Relistor (methylnaltrexone) will be considered for coverage when the following criteria are met:

OPIOID-INDUCED CONSTIPATION (OIC)

For **initial** authorization:

1. Member is at least 18 years of age; AND
2. Medication must be prescribed by or in consultation with a gastroenterologist, oncologist, palliative care or pain management specialist; AND
3. Member has a documented diagnosis of OIC; AND
4. Provider attests that the member is currently using opioid analgesic therapy (e.g. Hydrocodone, Methadone, Morphine, Oxycodone); AND
5. Member has **ONE** of the following:
   a) Member has been receiving opioids for non-cancer pain (including chronic pain related to prior cancer or its treatment) for longer than 4 weeks, and does **not** require frequent (e.g., weekly) opioid dosage escalation;
   b) Member has diagnosis of an advanced illness (such as end-stage COPD/emphysema, cardiovascular disease/heart failure, Alzheimer's disease/dementia, HIV/AIDS, etc.) requiring opioid dosage escalation for *palliative care*;
   c) Member has a diagnosis of active cancer and requires opioid dosage escalation for *palliative care;* AND
6. Member has **ONE** of the following:
   a) Member is unable to swallow oral medications, and has a documented 4-day trial and failure of **ALL** of the following:
      i) Suppository of glycerin or bisacodyl;
      ii) Enema of sodium phosphate, glycerin, mineral oil, or docusate;
      iii) Enema of bisacodyl; OR

b) Member is able to swallow oral medication, and has a documented 4-day scheduled trial regimen and failure of **TWO** of the following:
   i) A bulk forming laxative (e.g., psyllium, methylcellulose);
   ii) An osmotic agent (e.g., polyethylene glycol, lactulose);
   iii) A stimulant laxative (e.g., bisacodyl, sennosides);
   iv) A stool softener (e.g., docusate);
   v) A lubricant laxative (e.g., mineral oil);
   vi) Symproic (naldemedine) (requires prior authorization);
   vii) Movantik (naloxegol) (requires prior authorization); AND

7. Member does **NOT** have a known or suspected mechanical gastrointestinal obstruction.
8. **Dosage allowed/Quantity limit:**
   a) For OIC in non-cancer pain: 450 mg orally once daily in the morning or 12 mg subcutaneously once daily. Quantity limit: 90 tablets or 30 syringes/vials per 30 days.
   b) For OIC in advanced illness requiring palliative care or active cancer requiring palliative care: see table below.

Weight (kg)	Dose
Less than 38 kg	0.15 mg/kg subcutaneously every other day as needed
38 kg to 61 kg	8 mg subcutaneously every other day as needed
62 kg to 114 kg	12 mg subcutaneously every other day as needed
Greater than 114 kg	0.15 mg/kg subcutaneously every other day as needed

If all the above requirements are met, the medication will be approved for 3 months.

For **reauthorization**:
1. Member continues to require opioid therapy; AND
2. Chart notes show the member has improvement of signs and symptoms of constipation (e.g. Increase number of spontaneous bowel movements, decreased episodes of straining, reduced duration of time to bowel movement).

If all the above requirements are met, the medication will be approved for an additional 6 months.

CareSource considers Relistor (methylnaltrexone) not medically necessary for the treatment of conditions that are not listed in this document. For any other indication, please refer to the Off-Label policy.

DATE	ACTION/DESCRIPTION
05/20/2019	New policy for Relistor created.
01/17/2024	Policy transferred to new template. Updated references. Included medication summary. Removed Amitiza as a required step. Added members must require opioid analgesic therapy into initial and reauth. Expanded dosing information and removed syringe quantity limit. Simplified renewal criteria and added that they must continue to require opioid use. Removed quantity limit for syringes. Lowered required limit of medication trials for patients who can swallow oral medications. Documented indications of symptom improvement for reauthorization criteria. Included weight-based dosing for Relistor syringes. Removed that member has not had severe or

	persistent diarrhea in reauth. Removed note that Relistor oral tablet is not indicated for OIC in advanced illness
08/06/2024	Defined “advanced illness” to include palliative care in criteria and dosing and provided examples per label; clarified that non-cancer pain can include pain from previous cancer including treatment for previous cancer; added quantity limit for syringes/vials in non-cancer pain.

References:

1. Relistor [prescribing information]. Bridgewater, NJ; Salix Pharmaceuticals Inc.: 2024.
2. Chamberlain BH, Rhiner M, Slatkin NE, Stambler N, Israel RJ. Subcutaneous methylnaltrexone for opioid-induced constipation in advanced-illness patients with or without active cancer. *Pain Manag*. 2020;10(2):73-84. doi:10.2217/pmt-2019-0045
3. Thomas J, Karver S, Cooney GA, et al. Methylnaltrexone for opioid-induced constipation in advanced illness. *N Engl J Med*. 2008;358(22):2332-2343. doi:10.1056/NEJMoa0707377
4. Chamberlain BH, Cross K, Winston JL, et al. Methylnaltrexone treatment of opioid-induced constipation in patients with advanced illness. *J Pain Symptom Manage*. 2009;38(5):683-690. doi:10.1016/j.jpainsymman.2009.02.234
5. Shah ED, Chamberlain BH, Rhiner M, Slatkin NE, Stambler N, Israel RJ. Subcutaneous Methylnaltrexone as Treatment for Opioid-Induced Constipation in Patients with Advanced Cancer and Noncancer Illnesses: A Post Hoc Analysis of Two Clinical Trials. *J Pain Res*. 2023;16:395-406. Published 2023 Feb 10. doi:10.2147/JPR.S366460
6. Crockett SD, et al. American gastroenterological association institute guideline on the medical management of opioid-induced constipation. *Gastroenterology*. 2019 Jan 1;156(1):218-26.
7. Nee J, et al. Efficacy of treatments for opioid-Induced constipation: systematic review and meta-analysis. Clinical Gastroenterology and Hepatology. 2018 Oct 1;16(10):1569-84.
8. 1.Zhang YY, Zhou R, Gu WJ. Efficacy and Safety of Methylnaltrexone for the Treatment of Opioid-Induced Constipation: A Meta-analysis of Randomized Controlled Trials. Pain and Therapy. Published online February 11, 2021. doi:https://doi.org/10.1007/s40122-021-00237-0
9. 2021 Georgia Code Title 33 – Insurance Chapter 20A - Managed Health Care Plans Article 2 - Patient's Right to Independent Review § 33-20A-31 Definitions. Justia US Law. Accessed April 25, 2023. https://law.justia.com/codes/georgia/2021/title-33/chapter-20a/article-2/section-33-20a-31/.

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Revised date: 08/06/2024