Relistor (methylNaltrexone bromide)

**BENEFIT APPLICATION**

Benefit determinations are based on the applicable contract language in effect at the time the services were rendered. Exclusions, limitations or exceptions may apply. Benefits may vary based on contract, and individual member benefits must be verified. Wellmark determines medical necessity only if the benefit exists and no contract exclusions are applicable. This policy may not apply to FEP. Benefits are determined by the Federal Employee Program.

**DESCRIPTION**

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

**FDA-Approved Indications**

Relistor tablets and Relistor injection are 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 indicated for the treatment of opioid-induced constipation (OIC) in adult patients with advanced illness or pain caused by active cancer who require opioid dosage escalation for palliative care.

**Limitations of Use:**

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

**POLICY**

**Exclusions**

Coverage will not be provided for patients with known or suspected mechanical gastrointestinal obstruction or is at an increased risk of recurrent obstruction due to the potential for gastrointestinal perforation.

**Criteria for Approval**

I. Relistor injection may be considered medically necessary when the following criteria are met:

- 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
- Relistor is being prescribed for opioid-induced constipation in an adult patient 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
  AND
  o The patient is unable to tolerate oral medications
  OR
o The patient experienced an inadequate treatment response or intolerance to Movantik at optimal therapeutic dosages

**OR**

o The patient has a documented clinical reason such as expected adverse reaction or contraindication that prevents them from trying Movantik

Approval will be for 4 months

II. Relistor tablets may be considered medically necessary when the following criteria are met:

- Relistor is being prescribed for opioid-induced constipation in an adult patient 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

  **AND**

- The patient experienced an inadequate treatment response or intolerance to Movantik at optimal therapeutic dosages

  **OR**

- The patient has a documented clinical reason such as expected adverse reaction or contraindication that prevents them from trying Movantik

Approval will be for 4 months

Dosing and Administration

Approvals may be subject to dosing limits in accordance with FDA-approved labeling, accepted compendia, and/or evidence-based practice guidelines.

**Quantity limits apply:** Relistor 8mg/0.4mL & 12mg/0.6mL = 30 injections per 30 days

**PROCEDURES AND BILLING CODES**

*To report provider services, use appropriate CPT* codes, **Alpha Numeric (HCPCS level 2) codes**, **Revenue codes**, and/or **ICD diagnostic codes**.

- Code(s), if applicable

**REFERENCES**


*Some content reprinted from CVSHealth*
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