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.

Relistor injection is indicated for the treatment of opioid-induced constipation in adult patients with advanced illness who are receiving palliative care, when response to laxative therapy has not been sufficient.

**Limitations of Use:**

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

**POLICY**

**Criteria for Approval**

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

- The patient does not have known or suspected mechanical gastrointestinal obstruction and is not at increased risk of recurrent obstruction due to the potential for gastrointestinal perforation

**AND**

- The request is for Relistor injectable

**AND**

- Relistor is being prescribed for opioid-induced constipation in an adult patient with advanced illness who is receiving palliative care when response to laxative therapy has not been sufficient.

**OR**

- Relistor is being prescribed for opioid-induced constipation in an adult patient with chronic non-cancer pain.

  **AND**

  - The patient is unable to tolerate oral medications.

  **OR**

  - 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.

OR
  • The request is NOT for Relistor injectable
  AND
  • Relistor is being prescribed for opioid-induced constipation in an adult patient with chronic non-cancer pain.
  AND
  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.

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

  • Chey WD, Webster L, Sostek M, et al. Naloxegol for Opioid-Induced Constipation in Patients with Noncancer Pain.
POLICY HISTORY

Policy #: 05.01.108
Policy Creation: May 2008
Reviewed: July 2016
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