



STATE OF WEST VIRGINIA  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES  
BUREAU FOR MEDICAL SERVICES



Office of Pharmacy Service  
Prior Authorization Criteria

RELISTOR<sup>®</sup> (methylnaltrexone) Injection  
[Prior Authorization Request Form](#)

Relistor<sup>®</sup> is indicated for the treatment of opioid-induced constipation (OIC) in adult patients with chronic non-cancer pain and for the treatment of opioid-induced constipation in patients with advanced illness who are receiving palliative care, when response to laxative therapy has not been sufficient.

**Prior authorization requests for Relistor will be approved if the following criteria are met:**

- 1) Patient is receiving **palliative care** and has **opioid induced constipation;**  
**AND**
- 2) Documented failure of therapy with stimulant, osmotic and bulk forming laxatives;

**OR**

- 1) Patient has **opioid-induced constipation with chronic non-cancer pain;**  
**AND**
- 2) Documented failure of therapy with stimulant, and osmotic laxatives; **AND**
- 3) Documented failure of 30 day trials of both Amitiza and Linzess.

NOTE: The maximum approvable duration of therapy is four (4) months.

**References**

- 1) Relistor package insert revised 9/2014
- 2) Lexi-Comp Clinical Application 09/18/2015