Alaska Medicaid

RELISTOR®(methylnaltrexone bromide)

Available 8mg/0.4ml syringe, 12mg/0.6ml kit, 12mg/0.6ml syringe, 12mg/0.6ml vial

INDICATIONS and USAGE:

RELISTOR® is indicated 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.

Limitation of use: Use of RELISTOR beyond four months has not been studied in the advanced illness population.

Criteria for Approval:

1. Diagnosis from the 'Indication and Usage' section and must be supported by documentation from the patient's medical record (**Please submit diagnosis**); **AND**
2. Recipient is receiving palliative care; **AND**
3. Recipient does not have or suspected mechanical gastrointestinal obstruction; **AND**
4. Age restrictions apply, must be 18 years of age or older; **AND**
5. **Submit** dates of trial or inadequate response from laxative therapy.

Length of Authorization:

Coverage may be approved for 4 months.

Dispensing Limit:

The dispensing limit is a 30 day supply of medication

Reminder: You are encouraged to report negative side effects of prescription drugs to the FDA. Visit http://www.fda.gov/Safety/MedWatch/default.htm or call 1-800-FDA-1088

References:

Relistor® package insert is available at: < http://www.relistor.com/ >
Accessed 10/09/13