

Criteria Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

methylnaltrexone tablets (Relistor®)

For patients not currently prescribed methylnaltrexone AND for patients currently prescribed methylnaltrexone, non-formulary **methylnaltrexone tablets (Relistor®)** will be covered on the prescription drug benefit when the following criteria are met:

- Diagnosis of opioid induced constipation in an adult with an active opioid prescription
-AND -
- Prescribed by an Oncologist, or a Hospice/Palliative Care clinician for a patient currently enrolled in Hospice or Palliative Care program, or after consultation with a Pain Management Specialist.
-AND -
- Patient has failed a trial of at least 2 weeks or has an intolerance or contraindication to scheduled dosing of the following medications, used in combination with other agent(s) with different mechanism of action[^] and route of administration:
 - polyethylene glycol (MiraLAX),
 - lactulose or sorbitol,
 - senna,
 - bisacodylLaxatives should be used in combination regularly to be effective in management of opioid-induced constipation.
-AND-
- Inadequate response or intolerance to:
 - naldemedine (Symproic) (preferred non-formulary option)
 - naloxegol (Movantik) AND
 - lubiprostone (Amitiza)(all are non-formulary, criteria-based prescribed drugs)

[^] e.g. osmotic with stimulant (polyethylene glycol and senna and/or bisacodyl suppository)