

Relistor (methylnaltrexone)
Effective 04/01/2026

Plan	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit		
Specialty Limitations	N/A		
Contact Information	Medical Benefit	Phone: 833-895-2611	Fax: 888-656-6671
	Pharmacy Benefit	Phone: 800-711-4555	Fax: 844-403-1029
Exceptions	N/A		

Overview

Relistor (methylnaltrexone) is an opioid antagonist. It is available as tablets as well as injection.

Tablets and injection are indicated for the treatment of opioid-induced constipation (OIC) in adults with chronic noncancer 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 also indicated for the treatment of OIC in adults with advanced illness or pain caused by active cancer who require opioid dosage escalation for palliative care.

Lubiprostone (Amitiza) is indicated for the treatment of opioid-induced constipation in adult patients with chronic non-cancer pain. It is also indicated for the treatment of irritable bowel syndrome with constipation in women at least 18 years of age as well as the treatment of chronic idiopathic constipation in adults.

Coverage Guidelines

Authorization may be granted for members new to the plan within the past 90 days who are currently receiving treatment with the requested medication, excluding when the product is obtained as samples or via manufacturer's patient assistance program

OR

Authorization may be granted if the member meets all of the following criteria:

1. Diagnosis of opioid-induced constipation (OIC)
2. ONE of the following:
 - a. Diagnosis of chronic noncancer pain
 - b. Diagnosis of advanced illness or pain caused by active cancer requiring opioid dosage escalation for palliative care (**Relistor injection only**)
3. Member is 18 years of age or older
4. Member has experienced an inadequate response or intolerance to treatment with at least two (2) different laxative agents (e.g., milk of magnesia, lactulose, polyethylene glycol [PEG], psyllium, senna, bisacodyl, etc.)
5. **Requests for chronic noncancer pain:** Member has experienced an inadequate response or intolerance to treatment with lubiprostone

Continuation of Therapy

Requests for reauthorization will be approved when the following criteria are met:

1. Member has experienced an improvement in opioid-induced constipation

Limitations

1. Initial approvals and reauthorizations will be granted for 12 months.

References

1. Anissian L, Schwartz HW, Vincent K, Vincent HK, Carpentino J, Stambler N, et al. Subcutaneous methylnaltrexone for treatment of acute opioid-induced constipation: phase 2 study in rehabilitation after orthopedic surgery. *Journal of Hospital Medicine*. 2012;7(2):67-72.
2. Ford AC, Brenner DM, Schoenfeld PS. Efficacy of Pharmacological therapies for the treatment of opioid-induced constipation: systematic review and meta-analysis. *American Journal of Gastroenterology*. 2013;108(10):1566-74.
3. Michna E, Blonsky ER, Schulman S, Tzanis E, Manley A, Zhang H, et al. Subcutaneous methylnaltrexone for treatment of opioid-induced constipation in patients with chronic, nonmalignant pain: a randomized controlled study. *Journal of Pain*. 2011;12(5):554-62.
4. Relistor (methylnaltrexone) [prescribing information]. Bridgewater, NJ: Salix Pharmaceuticals, Inc; May 2024.
5. Rodrigues A, Wong C, Mattiussi A, Alexander S, Lau E, Dupuis LL. Methylnaltrexone for opioid-induced constipation in pediatric oncology patients. *Pediatric Blood & Cancer*. 2013;60(10):1667-70.
6. Spierings ELH, Drossman DA, Cryer B, et al. Efficacy and Safety of Lubiprostone in Patients with Opioid-Induced Constipation: Phase 3 Study Results and Pooled Analysis of the Effect of Concomitant Methadone Use on Clinical Outcomes. *Pain Med* 2018; 19:1184.
7. Thomas J, Karver S, Cooney GA et al. Methylnaltrexone for opioid-induced constipation in advanced disease. *N Engl J Med*. 2008; 358:2332-2343.
8. Webster LR, Michna E, Khan A, et al. Long-Term Safety and Efficacy of Subcutaneous Methylnaltrexone in Patients with Opioid-Induced Constipation and Chronic Noncancer Pain: A Phase 3, Open-Label Trial. *Pain Med* 2017; 18:1496.

Review History

00/00/09 – Implemented

02/23/09 – Reviewed

02/20/10 – Reviewed

02/22/10 – Reviewed

02/28/11 – Reviewed

02/27/12 – Reviewed

02/25/13 – Reviewed

02/24/14 – Reviewed

02/23/15 – Reviewed

02/22/16 – Updated

02/27/17 – Reviewed

02/26/18 – Reviewed.

04/09/2025 – Reviewed and updated for April P&T. Updated criteria to include requirement that member has a diagnosis of chronic noncancer pain or advanced illness of pain caused by active cancer requiring dosage escalation for palliative care. Added minimum age requirement and specified that step through with lubiprostone applies to members with chronic noncancer pain. Requests for tablets require that the member has



a diagnosis of chronic noncancer pain. Added reauthorization criteria, requiring that the member has had an improvement in opioid-induced constipation. Effective 07/01/2025.

02/11/2026 – Reviewed and updated at February P&T. Removed item requiring that requests for tablet is for chronic non-cancer pain to streamline criteria. Effective 04/01/2026.

