

May 15, 2009

Montana Healthcare Programs Notice

Pharmacies, Physicians, and Mid-Level Practitioners

Prior Authorization Requirements for Relistor[®]

Effective immediately, Prior Authorization will be required for Relistor[®].

Relistor[®] (methylnaltrexone bromide) is indicated for the treatment of opioid-induced constipation in patients with advanced illness who are receiving palliative care WHEN RESPONSE TO OTHER LAXATIVE THERAPY HAS NOT BEEN SUFFICIENT.

A Prior Authorization will be granted for patients meeting the following criteria:

- Provider must indicate patient has life expectancy less than 12 months.
- A specific palliative care diagnosis will be required. Chronic pain will not be allowed solely as a palliative care diagnosis.
- Currently be receiving chronic daily opioid therapy.
- Patients must fail a prophylactic bowel care regimen for at least two weeks.
- Patient must also fail injectable naloxone given orally (one to two mg every six hours).
- Initial duration will be authorized for four months. Patients may be authorized for longer on a case-by-case basis at additional four-month intervals at the request of the provider.
- Maximum daily dose allowed will be one vial per day, unless patient weighs over 114 kg then the maximum daily dose will be two vials per day.

Any questions regarding this notice can be directed to Wendy Blackwood at (406) 444-2738 or the Medicaid Drug Prior Authorization Unit at (406) 443-6002.

Contact Information

For claims questions or additional information, contact Provider Relations:

Provider Relations toll-free in- and out-of-state: 1-800-624-3958

Helena: (406) 442-1837

E-mail: MTPRHelpdesk@ACS-inc.com

Visit the Provider Information website:

<http://www.mtmedicaid.org>