



## Office of Pharmacy Service Prior Authorization Criteria

### Relistor (methylnaltrexone) Injection

Relistor will be prior authorized if the following criteria are met:

1. Patient is receiving palliative care and has opioid induced constipation
2. Documented failure of therapy with stimulant, osmotic and bulk forming laxatives
3. Maximum duration of therapy of four (4) months

*New drug: Relistor (methylnaltrexone). Pharmacist's Letter/Prescriber's Letter 2008;24(6):240608.*