

**Texas Prior Authorization Program  
Clinical Edit Criteria**

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**Drug/Drug Class**

**Methylnaltrexone Bromide (Relistor)**

**Clinical Edit Information Included in this Document**

- **Drugs requiring prior authorization:** the list of drugs requiring prior authorization for this clinical edit
- **Prior authorization criteria logic:** a description of how the prior authorization request will be evaluated against the clinical edit criteria rules
- **Logic diagram:** a visual depiction of the clinical edit criteria logic
- **Supporting tables:** a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes)
- **References:** clinical publications and sources relevant to this clinical edit

**Note:** Click the hyperlink to navigate directly to that section.

**Revision Notes**

Initial publication and posting to website



## Methylnaltrexone Bromide (Relistor)

### Drugs Requiring Prior Authorization

Drugs Requiring Prior Authorization	
Label Name	GCN
RELISTOR 8MG/0.4ML SYRINGE	31279
RELISTOR 12MG/0.6ML KIT	99719
RELISTOR 12MG/0.6ML SYRINGE	31278
RELISTOR 12MG/0.6ML VIAL	99722



## Methylnaltrexone Bromide (Relistor)

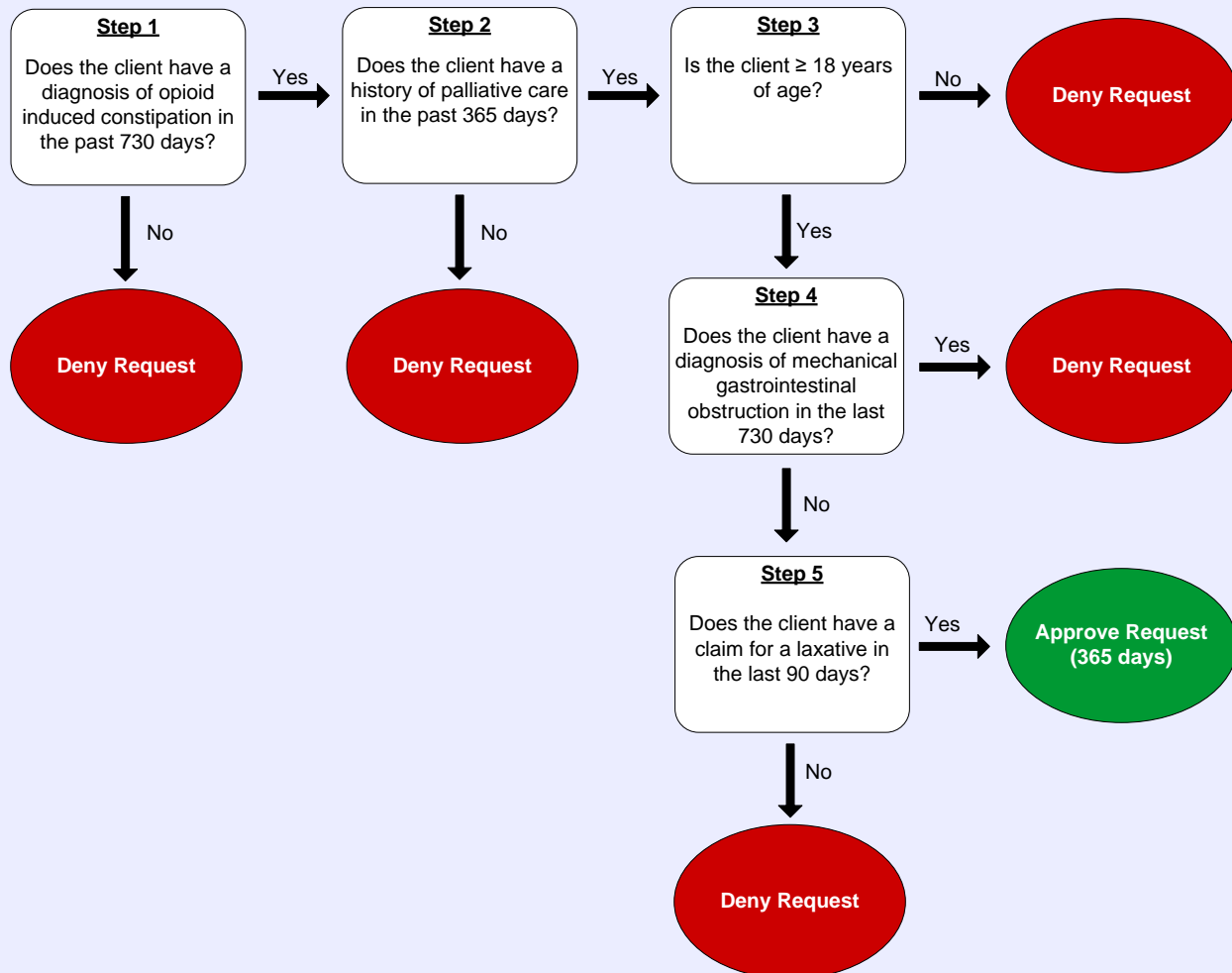
### Clinical Edit Criteria Logic

1. Does the client have a diagnosis of opioid induced constipation in the last 730 days?  
 Yes (Go to #2)  
 No (Deny)
2. Does the client have a history of palliative care in the last 365 days?  
 Yes (Go to #3)  
 No (Deny)
3. Is the client greater than or equal to ( $\geq$ ) 18 years of age?  
 Yes (Go to #4)  
 No (Deny)
4. Does the client have a diagnosis of mechanical gastrointestinal obstruction in the last 730 days?  
 Yes (Deny)  
 No (Go to #5)
5. Does the client have a claim for a laxative in the last 90 days?  
 Yes (Approve – 365 days)  
 No (Deny)



# Methylnaltrexone Bromide (Relistor)

## Clinical Edit Criteria Logic Diagram





# Methylnaltrexone Bromide (Relistor)

## Supporting Tables

<b>Step 1 (diagnosis of opioid induced constipation)</b> Required diagnosis: 1 Look back timeframe: 730 days	
ICD-9 Code	Description
56400	CONSTIPATION, UNSPECIFIED
56409	OTHER CONSTIPATION

<b>Step 2 (history of palliative care)</b> Required diagnosis: 1 Look back timeframe: 365 days	
ICD-9 Code	Description
V667	ENCOUNTER FOR PALLIATIVE CARE

<b>Step 4 (diagnosis of mechanical gastrointestinal obstruction)</b> Required diagnosis: 1 Look back timeframe: 730 days	
ICD-9 Code	Description
552	OTHER HERNIA OF ABDOMINAL CAVITY WITH OBSTRUCTION BUT WITHOUT MENTION OF GANGRENE
5520	FEMORAL HERNIA WITH OBSTRUCTION
55200	FEMORAL HERNIA WITH OBSTRUCTION, UNILATERAL OR UNSPECIFIED (NOT SPECIFIED AS RECURRENT)
55201	FEMORAL HERNIA WITH OBSTRUCTION, UNILATERAL OR UNSPECIFIED, RECURRENT
55202	FEMORAL HERNIA WITH OBSTRUCTION, BILATERAL (NOT SPECIFIED AS RECURRENT)
55203	FEMORAL HERNIA WITH OBSTRUCTION, BILATERAL, RECURRENT
5521	UMBILICAL HERNIA WITH OBSTRUCTION
5522	VENTRAL HERNIA WITH OBSTRUCTION
55220	VENTRAL, UNSPECIFIED, HERNIA WITH OBSTRUCTION
55221	INCISIONAL VENTRAL HERNIA WITH OBSTRUCTION
55229	OTHER VENTRAL HERNIA WITH OBSTRUCTION
5523	DIAPHRAGMATIC HERNIA WITH OBSTRUCTION
5528	HERNIA OF OTHER SPECIFIED SITES, WITH OBSTRUCTION

**Step 4 (diagnosis of mechanical gastrointestinal obstruction)****Required diagnosis: 1****Look back timeframe: 730 days**

<b>ICD-9 Code</b>	<b>Description</b>
5529	HERNIA OF UNSPECIFIED SITE, WITH OBSTRUCTION
560	INTESTINAL OBSTRUCTION WITHOUT MENTION OF HERNIA
5600	INTUSSUSCEPTION
5601	PARALYTIC ILEUS
5602	VOLVULUS
5603	IMPACTION OF INTESTINE
56030	IMPACTION OF INTESTINE, UNSPECIFIED
56031	GALLSTONE ILEUS
56032	FECAL IMPACTION
56039	OTHER IMPACTION OF INTESTINE
5608	OTHER SPECIFIED INTESTINAL OBSTRUCTION
56081	INTESTINAL OR PERITONEAL ADHESIONS WITH OBSTRUCTION (POSTOPERATIVE) (POSTINFECTION)
56089	OTHER SPECIFIED INTESTINAL OBSTRUCTION
5609	UNSPECIFIED INTESTINAL OBSTRUCTION

**Step 5 (history of laxative)****Number of claims: 1****Look back timeframe: 90 days**

<b>Label Name</b>	<b>GCN</b>
AMITIZA 8MCG CAPSULE	99658
AMITIZA 24MCG CAPSULE	26473
CONSTULOSE 10G/15ML SOLUTION	10167
ENULOSE 10 GM/15 ML SOLUTION	10160
GENERLAC 10 GM/15 ML SOLUTION	10160
KRISTALOSE 10GM PACKET	10162
KRISTALOSE 20GM PACKET	11118
LACTULOSE 10G/15ML SOLUTION	10167



## Methylnaltrexone Bromide (Relistor)

### Clinical Edit Criteria References

1. Relistor™ Package Insert, Salix Pharmaceuticals, Inc. Raleigh, NC. Available at <http://www.relistor.com/assets/pdf/relistor-methylnaltrexone-bromide-pi.pdf>. Accessed on March 6, 2013.
2. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.; August 2012. Available at <http://cp.gsm.com>. Accessed on March 6, 2013.
3. 2013 ICD-9-CM Diagnosis Codes, Volume 1, 2012. Available at <http://www.icd9data.com/>. Accessed on March 6, 2013.

## Publication History

The Publication History records the publication iterations and revisions to this document. Notes for the *most current revision* are also provided in the **Revision Notes** on the first page of this document.

Publication Date	Notes
08/23/2013	Initial publication and posting to website