P.O. Box 30192
Salt Lake City, UT 84120-0192
801-442-4912 or 800-442-3219
Fax 801-442-3006

selecthealth℠

PREAUTHORIZATION FORM

Relistor™
(methylnaltrexone)

Therapeutic use: μ-opioid-receptor antagonist indicated for the treatment of opioid-induced constipation in patients with advanced illness who are receiving palliative care
Quantity Limit: 8-12 mg SC every other day as needed
Authorization Period: 12 months

Patient's name _____

Patient's ID# ☐☐☐☐☐☐☐☐☐ DOB ☐☐/☐☐/☐☐☐☐

ICD-9 ☐☐☐☐☐☐☐☐ _____

Physician's name_____

Physician's Ph# (☐☐☐) ☐☐☐-☐☐☐☐ Fax# ☐☐☐-☐☐☐☐

Physician's signature_____ Date signed ☐☐/☐☐/☐☐☐☐

Supervising Physician's name_____ (Required if requesting provider is a nurse practitioner or physician assistant)

Please check "Yes" or "No" and respond to the following requests:			
1.	Does the patient have a terminal illness?	❑ Yes	❑ No
2.	Has the patient tried all of the following laxative classes including at least two agents in combination? (Please check those that apply.) ❑ Osmotic laxatives, such as Miralax, or Lactulose ❑ Saline laxative, such as Milk of Magnesia (MOM) ❑ Stimulant laxatives, such as Senna, or Bisacodyl	❑ Yes	❑ No

This form is intended for SelectHealth members only. All requests for preauthorization should be sent via fax to 1-801-442-3006. Missing, inaccurate, or incomplete information may cause a delay or denial of authorization.

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