

POLICY NAME	Relistor (methylnaltrexone bromide)	POLICY #	1546P
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Criteria

Coverage Criteria

- ☐ 1.1 Age 18 and above
- ☐ 1.2 Diagnosis of opioid-induced constipation
- ☐ 1.3 Documentation that member is concurrently on opioid therapy (such as hydrocodone)
- ☐ 1.4 Documentation of failure of standard laxative therapy (docusate, senna, polyethylene glycol [Miralax], magnesium citrate, etc.).

Duration of Treatment

- ☐ 2.1 Initial Approval: 30 days of therapy within a 6 month approval duration.
- ☐ 2.2 Extension of treatment will require documentation of improvement in symptoms. CPT Codes
HCPCS Codes