

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

Criteria

Coverage Criteria

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

Duration of Treatment

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