

Medicare Part D: Relistor (methylnaltrexone bromide) Drug Policy



PURPOSE OF THE POLICY

To define coverage criteria for Relistor (methylnaltrexone bromide).

STATEMENT OF THE POLICY

Relistor will be covered for new starts only if the following criteria are met.

PROCEDURES

1. Coverage criteria

- 1.1 Documentation of failure of standard laxative therapy (docusate, senna, polyethylene glycol (Miralax), magnesium citrate, etc.)

DISCLAIMER

This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies.

Benefit determinations are based on applicable contract language in the members Policy/ Subscription Certificate/Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.