

Policy Name:	Relistor (methylnaltrexone bromide)	Policy #:	1546P
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Purpose of the Policy

The purpose of this policy is to establish the criteria for coverage of Relistor (methylnaltrexone bromide).

Statement of the Policy

Health Alliance Medical Plans will approve the use of Relistor when the following criteria have been met.

Criteria

1. 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.).

2. 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

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HCPCS Codes

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References

1. Relistor (methylnaltrexone Bromide) [package insert]. Bridgewater, NJ: Salix Pharmaceuticals; April 2020.
2. Crockett S, Greer K, Heidelbaugh J, et al. American Gastroenterological Association Institute Guideline on the Medical Management of Opioid-Induced Constipation. *Gastroenterology* 2019;156:218–226.
3. Patel PB, Brett SJ, O'Callaghan D, et al. Methylnaltrexone for the treatment of opioid-induced constipation and gastrointestinal stasis in intensive care patients. Results from the MOTION trial. *Intensive Care Med.* 2020 Apr;46(4):747-755.

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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 member's 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.