

Priority Health Medicare Prior Authorization Criteria (Part D)

Relistor®

Products affected

- Relistor®

Details

Covered uses	All medically accepted indications not otherwise excluded from Part D.
Exclusion criteria	Patient must not have mechanical gastrointestinal obstruction.
Required medical information	N/A
Age restrictions	N/A
Prescriber restrictions	N/A
Coverage duration	Four months
Other criteria	Patient must be unresponsive with a minimum of two other laxative therapies or is unable to tolerate oral laxatives.