



RELISTOR[®]
methylnaltrexone bromide
Tablets

Navigating Coverage

Commercial insurance plans may require a prior authorization (PA) before covering RELISTOR. Use this guide to learn how to start the PA process, and help your patients get what you prescribe.

INDICATION

- RELISTOR[®] (methylnaltrexone bromide) is an opioid antagonist. RELISTOR tablets are indicated for the treatment of opioid-induced constipation (OIC) in adults with chronic non-cancer pain, including patients with chronic pain related to prior cancer or its treatment who do not require frequent (e.g., weekly) opioid dosage escalation.

IMPORTANT SAFETY INFORMATION – RELISTOR tablets, for oral use

- RELISTOR tablets are contraindicated in patients with known or suspected mechanical gastrointestinal obstruction and patients at increased risk of recurrent obstruction, due to the potential for gastrointestinal perforation.
- Cases of gastrointestinal perforation have been reported in adult patients with opioid-induced constipation and advanced illness with conditions that may be associated with localized or diffuse reduction of structural integrity in the wall of the gastrointestinal tract (e.g., peptic ulcer disease, Ogilvie's syndrome, diverticular disease, infiltrative gastrointestinal tract malignancies or peritoneal metastases). Take into account the overall risk-benefit profile when using RELISTOR in patients with these conditions or other conditions which might result in impaired integrity of the gastrointestinal tract wall (e.g., Crohn's disease). Monitor for the development of severe, persistent, or worsening abdominal pain; discontinue RELISTOR in patients who develop this symptom.

Please see additional Important Safety Information throughout, and click [here](#) for full Prescribing Information.

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For your adult patients with chronic non-cancer pain (CNCP) and opioid-induced constipation (OIC)¹

Use the steps below to help get your appropriate patients with OIC started on RELISTOR tablets¹

- **Step 1: Consider starting with a sample of RELISTOR tablets while the PA is in process**
- **Step 2: Discuss proper dosing and safety, including potential side effects, to educate patients on what to expect with RELISTOR therapy**
- **Step 3: Provide patient and insurance information**
- **Step 4: Include prescriber information**
(practice name, your name, NPI #, DEA/license #)
- **Step 5: Provide accurate information, including:**
 - Age, diagnosis, dosage (recommend dosing is: RELISTOR 450 mg, three 150-mg tablets, once daily)¹
 - ICD-10-CM code for drug-induced constipation—**K59.03***
 - Previous therapies tried and failed
 - Rationale for prescribing RELISTOR
- **Step 6: Remember your signature and the date**

Confirm patient's preferred pharmacy for pickup

*The ICD-10-CM code and all other patient access-related information are provided for informational purposes only. It is the treating physician's responsibility to determine the proper diagnosis, treatment, and applicable ICD-10-CM code. Salix Pharmaceuticals does not guarantee coverage or reimbursement for the product.

ICD-10-CM, International Classification of Diseases, Tenth Revision, Clinical Modification.

IMPORTANT SAFETY INFORMATION – RELISTOR tablets, for oral use (cont'd)

- If severe or persistent diarrhea occurs during treatment, advise patients to discontinue therapy with RELISTOR tablets and consult their healthcare provider.
- Symptoms consistent with opioid withdrawal, including hyperhidrosis, chills, diarrhea, abdominal pain, anxiety, and yawning have occurred in patients treated with RELISTOR tablets. Patients having disruptions to the blood-brain barrier may be at increased risk for opioid withdrawal and/or reduced analgesia and should be monitored for adequacy of analgesia and symptoms of opioid withdrawal.
- Avoid concomitant use of RELISTOR tablets with other opioid antagonists because of the potential for additive effects of opioid receptor antagonism and increased risk of opioid withdrawal.

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Common reasons for PA denial

REASON FOR DENIAL	CONSIDERATIONS FOR AVOIDING DENIAL
Prior authorization not completed	Confirm PA, fill in missing information, and resubmit
Dosing does not match Indication	Confirm dosing <ul style="list-style-type: none">• RELISTOR 450 mg, three 150-mg tablets, once daily¹• Please refer to full Prescribing Information for dosing adjustments
Invalid diagnosis code	Confirm <i>ICD-10-CM</i> code and resubmit
Did not try and fail formulary alternative	Include information on why RELISTOR is necessary and appropriate for the patient
Product is a plan exclusion	Confirm coverage; Medicare excludes certain drugs <ul style="list-style-type: none">• Relistor is not in a Medicare excluded category²



A PA DENIAL MAY BE APPEALED THROUGH THE MEDICAL EXCEPTIONS PROCESS

IMPORTANT SAFETY INFORMATION – RELISTOR tablets, for oral use (cont'd)

- In a clinical study, the most common adverse reactions for RELISTOR tablets ($\geq 2\%$ of RELISTOR patients and at a greater incidence than placebo) in patients with chronic non-cancer pain were: abdominal pain (14%), diarrhea (5%), headache (4%), abdominal distention (4%), vomiting (3%), hyperhidrosis (3%), anxiety (2%), muscle spasms (2%), rhinorrhea (2%), and chills (2%).
- The use of RELISTOR tablets during pregnancy may precipitate opioid withdrawal in a fetus due to the immature fetal blood-brain barrier. Advise pregnant women of the potential risk to a fetus. Because of the potential for serious adverse reactions, including opioid withdrawal, in breastfed infants, advise women that breastfeeding is not recommended during treatment with RELISTOR tablets.

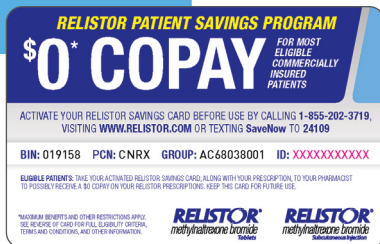
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RELISTOR offers savings for many commercially insured patients*

Most eligible commercially insured patients may pay as little as \$0 copay.*

There are 2 options to help get your eligible commercially insured patients savings for RELISTOR. They can either use an activated copay card for instant savings or they can automatically receive savings at participating pharmacies through the eVoucherRx™ program. Visit Relistor.com to learn more.



*Eligibility Criteria, Terms and Conditions: This offer is only valid for patients with commercial insurance, including commercially insured patients without coverage for Relistor. Patients without commercial insurance are not eligible. For eligible patients, Salix Pharmaceuticals will be responsible to pay your copay/out of pocket expense for each eligible prescription fill using this copay savings card; maximum benefits apply. Please call 1-855-202-3719 for more information. Patient is responsible for all additional costs and expenses after the maximum limit is reached. This copay savings card can be used once per month up to a maximum benefit of \$800 per month. You must activate this copay savings card before using it by visiting www.Relistor.com, calling 1-855-202-3719, or texting **SaveNow** to 27785. You will receive a link to activate your copay savings card via SMS and opt-in to refill reminders. Message and data rates may apply. Message frequency varies. Text HELP for help; STOP to opt out. The Privacy Policy can be viewed at <https://www.bauschhealth.com/privacy>. Salix Pharmaceuticals is a subsidiary of Bausch Health Companies, Inc. The full terms can be viewed at Relistor.copaysavingsprogram.com/sms-terms. This offer is not valid for any person eligible for reimbursement of prescriptions, in whole or in part, by any federal, state, or other governmental programs, including, but not limited to, Medicare (including Medicare Advantage and Part A, B, and D plans), Medicaid, TRICARE, Veterans Administration or Department of Defense health coverage, CHAMPUS, the Puerto Rico Government Health Insurance Plan, or any other federal or state health care programs. This offer is only good in the USA at participating retail pharmacies. This offer cannot be redeemed at other locations, including government-subsidized clinics or facilities. This offer is not valid where otherwise prohibited, taxed, or otherwise restricted. Patient is responsible for reporting receipt of copay assistance to any insurer, health plan, or other third party who pays for or reimburses any part of the prescription filled using the copay savings card, as may be required. This offer cannot be combined with other offers. This copay savings card has no cash value. No other purchase is necessary. This offer is nontransferable. No substitutions are permitted. This copay savings card is not health insurance. You understand and agree to comply with the terms and conditions of this offer as set forth above. Salix Pharmaceuticals reserves the right to rescind, revoke, or amend this offer at any time without notice.

IMPORTANT SAFETY INFORMATION – RELISTOR tablets, for oral use (cont'd)

- A dosage reduction of RELISTOR tablets is recommended in patients with moderate and severe renal impairment (creatinine clearance less than 60 mL/minute as estimated by Cockcroft-Gault). No dosage adjustment of RELISTOR tablets is needed in patients with mild renal impairment.
- A dosage reduction of RELISTOR tablets is recommended in patients with moderate (Child-Pugh Class B) or severe (Child-Pugh Class C) hepatic impairment. No dosage adjustment of RELISTOR tablets is needed in patients with mild hepatic impairment (Child-Pugh Class A).

To report SUSPECTED ADVERSE REACTIONS, contact Salix Pharmaceuticals at 1-800-321-4576 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

Please see additional Important Safety Information throughout, and click [here](#) for full Prescribing Information.

REFERENCES: 1. RELISTOR. Prescribing Information. Bridgewater, NJ: Salix Pharmaceuticals. 2. Centers for Medicare & Medicaid Services. Information partners can use on: Medicare Drug Coverage under Medicare Part A, Part B, Part C, & Part D. <https://www.cms.gov/outreach-and-education/outreach/partnerships/downloads/11315-p.pdf>. Revised March 2023. Accessed March 17, 2023.



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