

OIC is Different

Relistor_Omnichannel_RTE Desktop

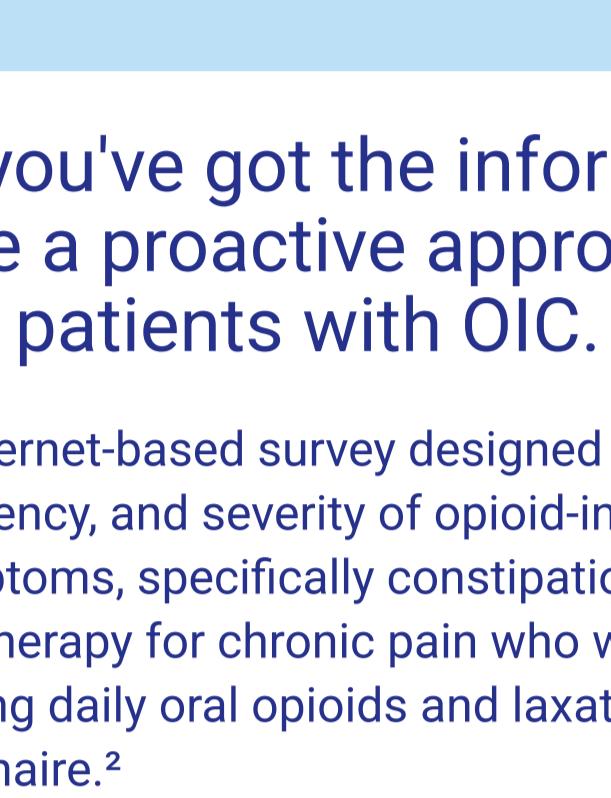
From: {{noreply@sales.bauschhealth.com}}

To: {{(HCP)}}

1. Help your patients with opioid-induced constipation (OIC) when over-the-counter options aren't enough
2. Could RELISTOR® (methylnaltrexone bromide) be what your patients need?
3. Here's the RELISTOR® (methylnaltrexone bromide) info we discussed

To view this email as a webpage, please click [here](#).

Please click [here](#) for full Prescribing Information



RELISTOR for the treatment of opioid-induced constipation (OIC) in adult patients with chronic non-cancer pain (CNCP)¹

~80% of people in a survey of 322 patients taking oral opioid therapy daily and OTC laxatives reported still being constipated.^{2*}

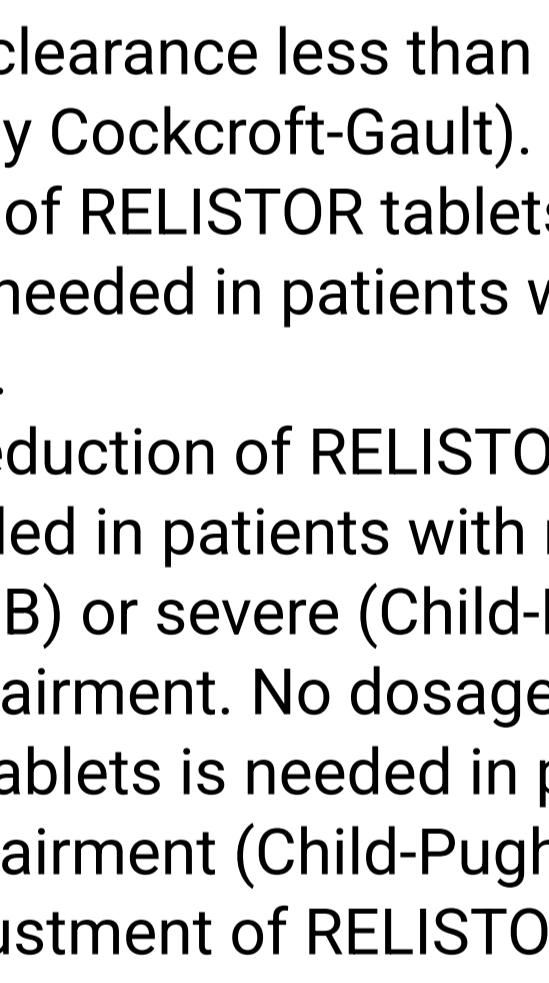
Select Important Safety Information:

RELISTOR tablets & injection 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.

See below for additional Important Safety Information.

Make sure you've got the information you need to take a proactive approach for your appropriate patients with OIC.

*Multinational internet-based survey designed to assess the prevalence, frequency, and severity of opioid-induced bowel dysfunction symptoms, specifically constipation, in patients receiving opioid therapy for chronic pain who were taking laxatives; 322 patients taking daily oral opioids and laxatives completed the 45-item questionnaire.²



Find out why OIC is different and how RELISTOR can help^{1,3}

[SEE HOW TO TREAT OIC >](#)

Links to: <https://www.relistorhcp.com/treating-oic>

IMPORTANT SAFETY INFORMATION

- RELISTOR tablets and injection 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.
- If severe or persistent diarrhea occurs during treatment, advise patients to discontinue therapy with RELISTOR 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. 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 with other opioid antagonists because of the potential for additive effects of opioid receptor antagonism and increased risk of opioid withdrawal.
- The use of RELISTOR during pregnancy may precipitate opioid withdrawal in a fetus due to the immature fetal blood-brain barrier and should be used during pregnancy only if the potential benefit justifies the potential risk to the 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. In nursing mothers, a decision should be made to discontinue nursing or discontinue the drug, taking into account the importance of the drug to the mother.
- A dosage reduction of RELISTOR tablets and RELISTOR injection 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 or RELISTOR injection 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). No dosage adjustment of RELISTOR injection is needed for patients with mild or moderate hepatic impairment. In patients with severe hepatic impairment, monitor for methylnaltrexone-related adverse reactions and dose adjust per Prescribing Information as may be indicated.
- In the clinical studies, the most common adverse reactions were:

OIC in adult patients with chronic non-cancer pain:

- RELISTOR tablets ($\geq 5\%$ of RELISTOR patients and at a greater incidence than placebo): abdominal pain (14%), diarrhea (5%), headache (4%), abdominal distention (4%), vomiting (3%), hyperhidrosis (3%), anxiety (2%), muscle spasms (2%), rhinorrhea (2%), and chills (2%).

RELISTOR injection ($\geq 1\%$ of RELISTOR patients and at a greater incidence than placebo):

- abdominal pain (21%), nausea (9%), diarrhea (6%), hyperhidrosis (6%), hot flush (3%), tremor (1%), and chills (1%).

OIC in adult patients with advanced illness:

- RELISTOR injection ($\geq 5\%$ of RELISTOR patients and at a greater incidence than placebo): abdominal pain (29%), flatulence (13%), nausea (12%), dizziness (7%), and diarrhea (6%).

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](#).

Links to: <https://www.fda.gov/safety/medication-safety-information-reporting-program>

Please click [here](#) for full Prescribing Information.

If you have any questions or want to discuss anything further, I'd be happy to chat. Please reach out to me at {{userPhone}}.

Very best,

{{userName}}
 {{userPhoto}}

References: 1. RELISTOR Prescribing Information. Salix Pharmaceuticals; 2024. 2. Bell TJ, Panchal SJ, Miaskowski C, Bolge SC, Milnerová T, Williamson R. The prevalence, severity, and impact of opioid-induced bowel dysfunction: results of a US and European patient survey (PAPAGALO). *Med. Pol.* 2019;101(1):35-42. 3. Pergolizzi JV Jr, Raffa RB, Paliogianni M, et al. Treatment options for constipation in noncancer pain patients on chronic opioid therapy. *Patient Prefer Adherence*. 2017;11:107-119.

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