RelieVRx

How To Get Started

With the RelieVRx® Program



The RelieVRx program is an FDA authorized, clinically validated 56 session virtual reality therapy program that will help change how you think, feel, and react to your chronic lower back pain.[1] Taking control of your pain shouldn't be complicated. That's why we've made the process as simple as possible.



Plan for Success:

It's important to know that relief won't necessarily be immediate, but those who commit to the RelieVRx program will learn new skills and form new habits for long-lasting relief. **Making time in your schedule for the therapeutic sessions** (which average 6 minutes a day) will help you get the most out of the program.



Contact Your Doctor:

Call or email your healthcare provider's office and tell them you are interested in the new RelieVRx program. Some doctors also have an online patient portal you can use to **start the conversation.** If you are not sure what to say, you can copy the sample message to the right, and paste it into your note to your doctor!

Sample message:

I am interested in trying a new treatment option for my chronic lower back pain. I recently learned about the RelieVRx program, an FDA-authorized virtual reality therapy for chronic lower back pain. This seems like a promising and potentially helpful treatment for my condition. More information on the therapy can be found on their website:

www.RelieVRx.com

Would it be possible to schedule an appointment soon to talk about it as an option?



Review the Benefits:

Tell your doctor the **reasons why you think the RelieVRx program is a good choice** to treat your chronic lower back pain. If they agree and it fits into your treatment plan, they will prescribe the RelieVRx program for you.

Need help? We are available every step of the way. Call us at **844-728-4487**
Monday-Friday, 9am - 7pm ET
Online Help Center: **support.avrpathway.com**

Learn more at
RelieVRx.com

That's it! Start your journey towards unlocking the power of VR.

1. "Device Classification under Section 513(F)(2)(De Novo)." Accessdata.fda.gov, https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfpmn/denovo.cfm?id=DEN210014.

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RelieVRx

Customer Support: 1 (844) 728-4487
Fax Completed Forms: 1 (877) 552-1753
www.RelieVRx.com

Complete this form and fax with the patient's **medical chart face sheet** and **visit notes** to: 1 (877) 552-1753.

Patient Information

Patient First Name _____ **Patient Last Name** _____

Address _____

City _____ **State** _____ **Zip Code** _____

Date of Birth (MM/DD/YYYY) _____ **Gender:** ☐ Female ☐ Male ☐ Non-binary

Phone Number _____ **Email** _____

Prescriber Information

Prescriber First Name _____ **Prescriber Last Name** _____

NPI Number _____ **Prescribing Facility** _____

City _____ **State** _____

Phone Number _____ **Fax Number** _____

Prescription

Diagnosis Code: (Select All That Apply)
☐ **M54.50** (Low Back Pain, Unspecified)
☐ **M54.51** (Vertebrogenic Low Back Pain)
☐ **M54.59** (Other Low Back Pain)
☐ Other _____

Supporting Clinical Symptoms (Check all that apply)

☐ Diagnosis of chronic lower back pain (CLBP), documented in the clinical notes or below:
- ☐ Clinical Evaluation
- ☐ Imaging showing degenerative changes or other chronic pathology
- ☐ Documented pain scale rating ≥4 on a 10-point scale despite conservative treatments

☐ Prior and Current treatments (failed or contraindicated), documented in the clinical notes or below (Select all that apply):
- ☐ Physical Therapy
- ☐ Opioid Pain Management
- ☐ Injection Therapy
- ☐ Non-Opioid Pain Management
- ☐ Radiofrequency Ablation
- ☐ Other:_____

Prescribing Information

Item To Dispense: RelieVRx. Dispense: One VR Device. Dispense As Written. Length Of Need: 3 Months. Frequency Of Use: 1 Session Daily.

☐ Authorize up to 3 refills

Prescriber Authorization

I certify that the patient's record contains supporting documentation which substantiates the utilization and medical necessity of RelieVRx.
I understand the indications for use and associated warnings and precautions of the RelieVRx product I have prescribed herein.

Prescriber Signature _____ **Date** _____

Patient Responsibility (Optional)

I hereby authorize AppliedVR to ship to me the RelieVRx product and agree to accept responsibility for payment for the RelieVRx program only if my out of pocket cost is:
☐ **$399** Or Less ☐ **$299** Or Less
☐ **$199** Or Less ☐ **$0**

I understand that a patient services representative from AVR Pathway will contact me with additional information about the program.

Patient Signature _____ Date _____

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RelieVRx

Prescription Checklist

For the RelieVRx® Program



Fax the following documents to **1 (877) 552-1753:**

CHECKLIST	✓
Enrollment Form	✓
• **Signed and Dated,** Completed Enrollment Form	✓
Supporting Clinical Notes (Specifically reference the below)	✓
• **"RelieVRx Program"** - CBT based therapy/adjunctive Sample Clinical Note: "I will prescribe the RelieVRx device for adjunctive treatment of chronic lower back pain for a 56-session treatment, including patient services for adherence reminders and/or progress reports."	✓
Demographics / Insurance	✓

The ideal candidate has some combination of the criteria below.

These details may help strengthen the prescription request and improve the chances of patient coverage.

- **Diagnosis:** The patient should have a clear diagnosis of chronic lower back pain, typically defined as pain lasting for 12 weeks or longer.
- **Previous Treatments:** The ideal candidate may have tried and not found sufficient relief from other conventional treatments such as physical therapy, medication management, or injections.
- **No Surgical Indications:** The patient should not have clear indications for surgery as the primary treatment option.
- **Psychological Factors:** Evidence that psychological factors are contributing to the pain experience or interfering with recovery. This could include depression, anxiety, fear-avoidance behaviors, or maladaptive coping strategies.
- **Cognitive Capacity:** The patient should have sufficient cognitive ability to engage in and benefit from CBT-type therapy.
- **Willingness To Participate:** The ideal candidate would be motivated to engage in CBT and willing to practice techniques between sessions. This is something that could potentially be captured in the LMN.
- **Functional Impairment:** Evidence that chronic pain is causing significant functional impairment in daily activities, work, or quality of life.
- **Potential For Improvement:** There should be a reasonable expectation that CBT could lead to improved pain management and functional outcomes.

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RelieVRx

Take control of your pain

The first FDA-authorized virtual reality (VR) treatment clinically proven to significantly reduce chronic lower back pain (CLBP).[1]



Easy, in-home therapy reduces pain intensity and interference with daily activities.[2,3]

VR Treatment that is a self-guided, in-home program

- The RelieVRx® program helps you change how you think, feel, and react to pain.[2,4]
- It is easy to use, and because it is not a medicine, there are minimal side effects, it can also be used while you're on other medications for pain.[2,3]

Daily sessions incorporate clinically validated pain management techniques,[2] including:

- Deep Breathing
- Relaxation / Interoceptive
- Pain Education
- Mindful Escapes

The image below is an example of one of the virtual environments you will explore during the program. Visit **RelieVRx.com** to learn more.



Indication for Use:

The RelieVRx program is a prescription-use immersive virtual reality system intended to provide adjunctive treatment based on cognitive behavioral therapy skills and other evidence-based behavioral methods for patients (age 18 and older) with a diagnosis of chronic lower back pain (defined as moderate to severe pain lasting longer than three months). The device is intended for in-home use for the reduction of pain and pain interference associated with chronic lower back pain.

The AVR Pathway® support team serves as the primary point of contact for technical and non-medical related questions.

The RelieVRx Journey

- The AVR Pathway support team will contact you to verify your benefits, coordinate device delivery, and address any non-medical therapy questions you may have.
- The RelieVRx device is shipped directly to your home, and will include simple instructions to turn it on, connect to WiFi, and begin your therapy.
- Complete the 56 daily sessions averaging just 6 minutes each.
- When your therapy is complete, simply return the device in its original shipping box using the prepaid label.

AVR Pathway

1+(844) PATH4VR (844-728-4487)
support@avrpathway.com

Learn more now:
RelieVRx.com
Follow us: @RelieVRx

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People using the RelieVRx program may or may not experience motion sickness, dizziness, headache, or eye strain when using the device. If these experiences occur, please stop use of the device and resume therapy per your doctor's advice.

The RelieVRx® program guides you through engaging experiences to retrain your brain[2]

Chapter 8
Journey To Wellness

Chapter 7
Moving Forward

Chapter 6
Notice The Body

Chapter 5
Shaping the Nervous System Toward Relief

Chapter 4
Relaxation

Chapter 3
Attention & Distraction

Chapter 2
The Mind & Pain Relief

Chapter 1
Breath & Pain



By engaging in regular practice and completing the **56 experiences**, the RelieVRx program builds a foundation for alleviating chronic lower back pain.

Proven chronic lower back pain relief that lasts[5]

In a clinical trial, results showed a significant reduction in pain and the impact it has on patients' daily lives.*[2]

↓**43%**	Reduction In **Pain Intensity**
↓**52%**	Reduction In Interference **With Activity**
↓**54%**	Reduction In Interference **With Sleep**
↓**56%**	Reduction In Interference **With Mood**
↓**60%**	Reduction In Interference **With Stress**

At 2 years the RelieVRx program continued to deliver clinically meaningful results.*[5]

*≥30% reduction in pain intensity.

References: **1.**"Device Classification under Section 513(F)(2)(De Novo)." Accessdata.fda.gov, https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfpmn/denovo.cfm?id=DEN210014. **2.** Garcia LM, Birckhead BJ, Krishnamurthy P, et al. An 8-week self-administered at-home behavioral skills-based virtual reality program for chronic low back pain: double-blind, randomized, placebo-controlled trial conducted during COVID-19. J Med Internet Res. 2021;23(2):e26292. **3.** Maddox, T., Oldstone, L., Sparks, C., Sackman, J., Oyao, A., Garcia, L., Maddox, R., Ffrench, K., Garcia, H., Irvin, A., Maislin, D., Keenan, B., Bonakdar, R., & Darnall, BD (2023). At-home virtual reality program for chronic lower back pain: A randomized sham-controlled effectiveness trial in a clinically severe and diverse sample. Mayo Clinic Proceedings: Digital Medicine, 2023;1(4):563-573. **4.** Hoffman HG, Richards TL, Coda B, et al. Modulation of thermal pain-related brain activity with virtual reality: evidence from fMRI. Neuroreport. 2004;15(8):1245-1248. **5.** Maddox, T., Sparks, C., Oldstone, L., Maddox, R., Ffrench, K., Garcia, H., Krishnamurthy, P., Okhotin, D., Garcia, L., Birckhead, B, Sackman, J., Mackey, I., Louis, R., Salmasi, V., Oyao, A., & Darnall, BD (2023). Durable chronic low back pain reductions to 24-months post-treatment for an accessible, 8-week, in-home behavioral skills-based virtual reality program: A randomized controlled trial. Pain Medicine, in press.

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