RELiZORB®
(iMMOBILIZED LIPASE) CARTRIDGE

Support is just a phone call away at **1-844-632-9271**

or email: **info@relizorbsupport.com**

Preparing your patient for hospital discharge

Complete RELiZORB patient enrollment

For a patient to be eligible to receive RELiZORB, the **Patient Enrollment Form** and the **Patient Authorization Form** are needed. You and your patient (or their representative) can work together to complete the required forms; just follow these 3 easy steps:

1. Ask your patient (or their representative) to complete the **Patient Authorization Form** and sections 1 and 2 of the **Patient Enrollment Form**
2. You complete sections 3 through 6 of the **Patient Enrollment Form**
3. Submit both completed forms and supporting clinical documentation to RELiZORB Support Services (RSS) by either emailing them to **info@relizorbsupport.com** or by faxing them to **1-844-233-3146**.

Next steps after enrollment

1. After receiving the forms and clinical documentation, a RSS program coordinator will contact your patient or patient's caregiver to schedule a **welcome call**. Please ask your patient to accept this call.
2. When a discharge date is confirmed, a RSS Program Coordinator will work with a specialty pharmacy to **start RELiZORB** (at no risk to your patient) to support continuity of care from hospital to home.*
3. The RSS team will continue to work alongside you to **verify** your patient's insurance benefits, approval requirements, and compile any additional required forms or clinical documentation.

*To qualify for the Continuity of Care (CoC) program, patients must be discharged home. SNF/LTACH discharges do not qualify for this program. Patients who have previously been enrolled in the CoC program or have received RELiZORB in the outpatient setting may not qualify. Please discuss your discharge plan with your coordinator.

HCPCS billing code: RELiZORB has a permanent, separately billable Medicare billing code **B4105**

Once your patient is enrolled, RELiZORB Support Services may also be able to provide patients with access to RELiZORB for up to 90 days while insurance approval is pending through the **RELiZORB Continuity of Care Program**. Ask your Program Coordinator for more information.*

RELiZORB is indicated for use in pediatric patients (ages 5 years and above) and adult patients to hydrolyze fats in enteral formula. RELiZORB is for use with enteral feeding only; do not connect to intravenous or other medical tubing. Medications should not be administered through RELiZORB.

Please see Instructions for Use at www.relizorb.com REL22-414

relizorb.com

RELiZORB® SUPPORT SERVICES

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Additional clinical documentation can help support the use of RELiZORB

In order to help RSS in obtaining RELiZORB insurance coverage, clinical documentation is requested to support medical necessity. Please provide the following documents (if available) with the **RELiZORB Patient Enrollment form**:

- Face sheet/copy of insurance cards (front & back)
- Admission history, physical exam, and discharge summary
- Most recent program notes (2-3 from the last 6 months) from Pulmonologist, GI, Transplant
- Weight history, growth charts, and/or anthropometrics
- Nutrition related labs (if available), including fat soluble vitamin levels, pancreatic elastase results, and/or fatty acid levels
- Nutrition notes including initial assessments and most recent RD note
- Please include any speech pathology notes, swallow study results, feeding tube placement reports, and any additional diagnostic/operative reports

To help avoid RELiZORB approval delays or to assist with managing a denial, the following materials are also available on **relizorb.com**:

- Clinical Documentation Checklist
- Peer to Peer Preparation Guide
- Letter of Medical Necessity Templates

Scan to access online enrollment resources all in one place, or visit relizorb.com

RELiZORB Support Services is dedicated to helping you and your practice with:

- Insurance verification
- Claims management and appeals assistance
- Prior authorization, reimbursement, and financial assistance
- Eligibility of your patient for the RELiZORB Out-of-Pocket Assistance Program

ALCRESTA THERAPEUTICS

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