

# Preparing your patient for hospital discharge

For use by healthcare providers



## Complete RELiZORB patient enrollment

- 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**, which serves as the patient's prescription.
- 3** Submit both completed forms and supporting clinical documentation to RELiZORB Support Services (RSS) by either emailing them to [info@relizorbssupport.com](mailto:info@relizorbssupport.com) or by faxing them to **1-844-233-3146**.

Patient Authorization Form is available online at [relizorb.com/authorization](http://relizorb.com/authorization).  
Patient Enrollment Form is available online at [relizorbhcup.com/resources](http://relizorbhcup.com/resources) or by contacting your RELiZORB Account Manager.

## RELiZORB Support Services next steps

When a discharge date is confirmed, a RSS Program Coordinator will work with a specialty pharmacy to **start RELiZORB** for your patient to support continuity of care from hospital to home.\*

The RSS team will continue to work with you and your patient to **verify** your patient's insurance benefits, approval requirements, and compile any additional required forms or clinical documentation.

## RELiZORB Continuity of Care Program\*

Once your patient is enrolled, RELiZORB Support Services may 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.

\*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**

RELiZORB is indicated for use in pediatric patients (ages 2 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.

## 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, fecal 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 [relizorbhosp.com](http://relizorbhosp.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  
[relizorbhosp.com](http://relizorbhosp.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