

RELiZORB Is Eligible for Reimbursement as Medically Necessary

A growing number of health plans are reimbursing RELiZORB.

Payers with policies that consider RELiZORB medically necessary include many state Medicaid plans, Tricare, Aetna, Cigna, Anthem and several Blue Cross Blue Shield plans.

RELiZORB is covered and reimbursed under the permanent Centers for Medicare & Medicaid Services' **HCPCS code B4105** (with Medicare coverage indicator "C") and pricing indicator "39" (Parenteral and Enteral Nutrition), effective January 2019.



 **aetna**™ and  **Cigna**

Join a Growing Number of Payers That Reimburse RELiZORB

Ensure Your Patients Have **Continuity of Care** With RELiZORB



Compatible

With a broad range of enteral nutrition formulas, including lower priced, high calorie, and omega-3-rich polymeric formulas, and designed for continuous feeding^{1,2}



Clinical evidence

Available from two prospective studies conducted in enterally fed adults and pediatric patients^{3,4}



HCP Support

With publication in *Journal of Cystic Fibrosis* backing the use of RELiZORB as a valuable therapeutic option for patients who require enteral nutrition⁵

To speak with a local Case Manager regarding access, call the RELiZORB Support Services Team at 1-844-632-9271, or visit www.RELiZORB.com for more information

RELiZORB® 
(IMMOBILIZED LIPASE) CARTRIDGE

RELiZORB is a first-of-its-kind digestive enzyme cartridge designed to mimic the function of pancreatic lipase. RELiZORB is indicated for use in pediatric patients (ages 5 years and above) and adult patients to hydrolyze fats in enteral formula.



Getting Patients Started on RELiZORB is Easy. RELiZORB Support Services is Here for You and Your Patients.

YOUR PATIENT

will be assigned a dedicated RELiZORB Program Coordinator who is available by phone or email to help with:



Understanding how to use RELiZORB



Delivery and shipments of RELiZORB



Insurance assistance

YOUR PRACTICE

will have access to a Program Coordinator dedicated to helping you and your office staff with:



Insurance verification



Prior authorization, reimbursement, and financial assistance



Claims management and appeals assistance

Access Programs Available to Your Patients



Continuity of Care (CoC)

To ensure continued access for discharged patients, RELiZORB has a program that guarantees short term access while seeking reimbursement



Out-of-Pocket Assistance Program (Trial Card)

Eligible patients with commercial insurance may receive assistance with their out-of-pocket portion



Patient Assistance Program (PAP)

A no cost program available to eligible patients experiencing financial difficulties

**Call RELiZORB Support Services 1-844-632-9271 for assistance,
or visit www.RELiZORB.com for more information**

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 for full safety information at www.relizorb.com.

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References: 1. RELiZORB Compatible Formulas & Pumps. <https://www.relizorb.com/docs/pdfs/Compatible-Formulas-and-Pumps.pdf> 2. Zadák Z, Kent-Smith L. e-SPEN. 2009;4:e212-e215. 3. Freedman S, Orenstein D, Black P, et al. *J Pediatr Gastroenterol Nutr*. 2017;65:97-101. 4. Stevens J, Wyatt C, Brown P, Patel D, Grujic D, Freedman SD. *J Pediatr Gastroenterol Nutr*. 2018;67:527-532. 5. Schwarzenberg SJ, Borowitz D, on behalf of 20 gastroenterologists, 23 CF physicians, 17 CF dietitians and 1 PharmD. *J Cyst Fibros*. 2019;18:447-449.