

Reimbursement Helpline

1-866-943-2926

RELISTOR[®]
methylnaltrexone bromide
subcutaneous injection

This free support service helps RELISTOR customers get answers to third party payer coverage questions for the labeled indication. Our staff can also assist with negotiating appeals on behalf of your patients should their claims be denied. The Helpline can also provide a timely solution to issues you may encounter either before or after submitting a patient claim for reimbursement, such as:

- Receive current reimbursement policies for private payers, Medicaid, and Medicare
- Verify individual patient coverage
- Conduct prior authorizations
- Verify insurance coverage associated with the patient assistance program
- Manage negotiation of appeals on denied claims
- Receive customized information to assist with coverage or appeals

EASY 3-STEP REIMBURSEMENT

STEP 1 Fill out the Form	Download the Patient Information Form from our web site and fill it out.	Reimbursement Online www.salix.com
STEP 2 Get Questions Answered	For questions regarding the Patient Information Form and reimbursement support, call the Helpline. <ul style="list-style-type: none">• Trained reimbursement analysts can answer your questions• Open Monday through Friday, 8:30 AM to 5:30 PM Eastern Standard Time	Reimbursement Helpline 1-866-943-2926
STEP 3 Submit the Completed Form	Completed Patient Information Forms must be submitted via this fax number.	Reimbursement Fax Line 1-800-387-5807

Important Safety Information

RELISTOR is indicated for the treatment of opioid-induced constipation (OIC) in patients with advanced illness who are receiving palliative care, when response to laxative therapy has not been sufficient. Use of RELISTOR beyond four months has not been studied.

RELISTOR is contraindicated in patients with known or suspected mechanical gastrointestinal obstruction. If severe or persistent diarrhea occurs during treatment, advise patients to discontinue therapy with RELISTOR and consult their physician. Use of RELISTOR has not been studied in patients with peritoneal catheters.

Safety and efficacy of RELISTOR have not been established in pediatric patients.

Rare cases of gastrointestinal (GI) perforation have been reported in advanced illness patients with conditions that may be associated with localized or diffuse reduction of structural integrity in the wall of the GI tract (i.e., cancer, peptic ulcer, Ogilvie's syndrome). Perforations have involved varying regions of the GI tract (e.g., stomach, duodenum, colon).

Use RELISTOR with caution in patients with known or suspected lesions of the GI tract. Advise patients to discontinue therapy with RELISTOR and promptly notify their physician if they develop severe, persistent, and/or worsening abdominal symptoms.

The most common adverse reactions reported with RELISTOR compared with placebo in clinical trials were abdominal pain (28.5% vs 9.8%), flatulence (13.3% vs 5.7%), nausea (11.5% vs 4.9%), dizziness (7.3% vs 2.4%), diarrhea (5.5% vs 2.4%), and hyperhidrosis (6.7% vs 6.5%).

Please see accompanying complete Prescribing Information.

Completing the Patient Information Form

1 Patient Information

It's essential that the patient's personal information is accurate.

2 Prescription Insurance Coverage

You can either fill out the prescription insurance information **OR** check this box and submit a copy of the patient's insurance card.

3 Patient's Notification

If the patient wishes to be contacted on the status of their claim, please check the notification box.

4 Diagnosis

For what medical condition is the patient being treated?

5 ICD-9

What is the ICD-9 code associated with this disease state?

6 Advanced illness associated with opioid use

What is the underlying advanced illness associated with the opioid use?

7 ICD-9

What is the ICD-9 code associated with this advanced illness?

8 Dosing Regimen

What is the complete dosing regimen to treat the condition?

9 Previous Laxative Treatments

If patient has been treated for this condition before, what medications were used (list all, include OTC products) and what was the outcome?

PATIENT INFORMATION FORM						RELISTOR [®] <i>methylnaltrexone bromide</i> <small>subcutaneous injection</small>	
RELISTOR is indicated for the treatment of opioid-induced constipation (OIC) in patients with advanced illness who are receiving palliative care, when response to laxative therapy has not been sufficient.						Phone: 1-866-943-2926 www.salix.com	
Please fax completed Form to: 800-387-5807							
1	Doe	John	P	M	123-45-6789	08/06/1969	
	Last Name First		M.I.	Male/Female	Social Security Number	Date of Birth	
	123 First Avenue		Anytown	VA	20000	555-555-5555	
	Street Address		City	State	Zip Code	Home Telephone	
2	Prescription Insurance						
	UHC		H1234567	0123456789			
	Insurance Plan Name		Patient ID #	Policy ID #			
	H1234567		4567890	800-555-5555			
	Group #		Bin #	Telephone			
	<input type="checkbox"/> Copy of insurance card attached			3 <input checked="" type="checkbox"/> Please notify me (the patient) of research results			
PATIENT MEDICAL INFORMATION							
PLEASE NOTE: This section is important and must be completed in its entirety.							
4	Primary diagnosis: Opioid-Induced Constipation				5	ICD-9 code (required): 564.0	
6	Advanced illness associated with opioid use (i.e., Cancer, ALS, COPD, etc.):				7	ICD-9 code (optional):	
8	Dosing regimen (required): Every other day						
9	Previous laxative treatments (list all, including OTCs):						
Physician Information							
By signing below, I hereby certify that the patient named on this form has a signature on file authorizing the release of all medical and insurance coverage information and records to the Reimbursement Helpline for purposes of verifying and/or obtaining insurance coverage for RELISTOR. The patient's signature will be maintained and available for audit purposes as required by all applicable state and federal privacy laws.							
Practice Name: Gastroenterology Associates				Tax ID #: 99-9999999			
Address: 1111 First Avenue, Suite A, Anytown, VA 20000				Fax #: 555-555-5555			
<small>(Street Address, City, State and Zip)</small>							
Jane Smith, MD				3/7/11		10	
Physician Signature				Date			
Dr. Jane Smith		Nurse		555-555-5555			
Physician Name (Please Print)		Office Contact		Telephone #			
Please see Important Safety Information for RELISTOR on next page and accompanying full Prescribing Information.							
MCOREL 11/03-2							

10 Physician/Practice information

The physician must sign and date this form in order for it to be valid for submission.

RELISTOR Reimbursement Fax Line: 1-800-387-5807

RELISTOR[®]
methylnaltrexone bromide
subcutaneous injection