

No cost to process before you need it.

Endo Reimbursement Services Hotline  
Service Request Form



Phone – 1-800-462-ENDO (3636) Fax – 1-800-847-9804

**TREATMENT INFORMATION** (please provide a copy of all supporting documentation related to treatment along with this form)

Primary ICD-10- CM diagnosis (specify): <input type="checkbox"/> D09.0 Carcinoma <i>in situ</i> of Bladder <input type="checkbox"/> Other _____	Secondary ICD-10-CM diagnoses (specify):	Other: (List only codes relevant to VALSTAR® procedure.)
New VALSTAR® Start: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes: Scheduled Date of Service:	Continued VALSTAR® Yes <input type="checkbox"/> No <input type="checkbox"/> If yes: Date of Last Treatment:	Place of service: Physician Office <input type="checkbox"/> Hospital Outpatient <input type="checkbox"/> Other <input type="checkbox"/> (specify):
Additional information: (specify)		

**PATIENT INFORMATION** (please attach an enlarged copy of the front and back of the patient's insurance card and/or other insurance information along with this form)

Patient Name (First):	Last:	MI:	Date of Birth:	
Patient Address:		City:	State:	Zip:
Patient Social Security #:	Daytime Phone #:	Cell/Work Phone #:	Evening Phone #:	
Primary Insurance Name:	Phone #:	Subscriber ID #:	Group ID #:	
Subscriber Name and Date of Birth (mm/dd/yr):		Subscriber Social Security #:	Employer Name:	
Prescription Insurance Name:	Phone #:	Subscriber ID #:	Group ID #:	
Secondary Insurance Name:	Phone #:	Subscriber ID #:	Group ID #:	
Subscriber Name and Date of Birth (mm/dd/yr):		Subscriber Social Security #:	Employer Name:	

**PRESCRIPTION INFORMATION**

Product Name: VALSTAR® (valrubicin) 200mg/5mL sterile solution for intravesical instillation	
NDC #: 67979-001-01 (Carton of 4 vials)	J-code: J9357 (VALSTAR® 200 mg)
Dose: 800 mg intravesically 1X week for 6 weeks	
Known Allergies & Health Conditions:	

**HEALTHCARE PROVIDER INFORMATION**

Healthcare Provider Name:		Specialty:	Can we contact your patient? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Street Address:		City:	State:	Zip:
Contact Name:	Phone #:	Secure Fax #:	Office Hours:	
DEA #:	Tax ID #:	NPI #:	Medicare Provider #:	Other Provider #s:

**Prescription Authorization / Certification of Medical Necessity / Authorization to Release Patient Information**

By signing this form, you are a) authorizing the dispensing of the above prescription, b) certifying that the therapy above is medically necessary, c) certifying that you have received from the patient identified above, or his or her personal representative, any necessary authorization(s) to release, in accordance with applicable federal and state privacy laws and regulations, the above-referenced medical and/or other patient information relating to the need for VALSTAR® to McKesson Specialty Health for the purpose of seeking information related to coverage or reimbursement for VALSTAR® and/or assisting in initiating or continuing VALSTAR®, and d) certifying that neither Endo Pharmaceuticals Inc. nor McKesson Specialty Health are your "business associates" under the Health Insurance Portability and Accountability Act of 1996 or its implementing regulations.

Prescriber Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This patient authorization expires 5 years from the acknowledgment date.

**Indication**

VALSTAR® (valrubicin) is indicated for intravesical therapy of BCG-refractory carcinoma *in situ* of the urinary bladder in patients for whom immediate cystectomy would be associated with unacceptable morbidity or mortality.

**Important Safety Information about VALSTAR®**

- VALSTAR® is contraindicated in patients with known hypersensitivity to anthracyclines or polyoxyl castor oil. VALSTAR® should not be administered to patients with a perforated bladder, compromised bladder mucosa integrity, concurrent urinary tract infections, or small bladder capacity (unable to tolerate a 75 mL instillation). The integrity of the bladder should be confirmed prior to instillation of VALSTAR® in those patients who have had procedures with the potential to compromise the bladder wall.

Please see Important Safety Information continued on next page.

Please [click here](#) for full Prescribing Information.

## Endo Reimbursement Services Hotline for Valstar<sup>®</sup>

Endo Pharmaceuticals Inc. provides reimbursement assistance for VALSTAR<sup>®</sup> (valrubicin). The Endo Reimbursement Services Hotline is staffed by trained reimbursement specialists who are available 12 hours a day (8am to 8pm EST), 5 days a week (Monday through Friday), to assist you.

### Our hotline reimbursement specialists can assist you with any and all of the following:

- Benefits Investigation
- Claims Investigation Assistance
- Claims Appeal Assistance
- Prior Authorization Information
- Claims Tracking
- Billing and Coding Information
- Claims Adjustment Assistance
- Prescription Triage to Designated Specialty Pharmacy

### In a 12-month period, **99%** of patients were covered for treatment with VALSTAR<sup>®</sup>.

- 628 of 633 benefits investigations determined that patients were covered for treatment with VALSTAR<sup>®</sup> in 2014.<sup>1</sup>

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- Patients should be informed that VALSTAR<sup>®</sup> has been shown to induce complete response in about 1 in 5 patients with BCG-refractory CIS. Delaying cystectomy could lead to development of metastatic bladder cancer. **If there is not a complete response of CIS to treatment after 3 months or if CIS recurs, cystectomy must be reconsidered.**
- VALSTAR<sup>®</sup> should be administered using aseptic technique under the supervision of a practitioner experienced in the use of intravesical cancer chemotherapeutic agents. VALSTAR<sup>®</sup> should be used with caution in patients with severe irritable bladder symptoms. Patients of reproductive age should be advised to use an effective contraception method. Myelosuppression is possible if VALSTAR<sup>®</sup> is inadvertently administered systemically or if significant systemic exposure occurs following intravesical administration (e.g., in patients with bladder rupture/perforation). If VALSTAR<sup>®</sup> is administered when bladder rupture or perforation is suspected, weekly monitoring of complete blood counts should be performed for 3 weeks.
- In clinical trials, the most common local adverse events include urinary frequency, urinary urgency and dysuria. The most common systemic adverse events include urinary tract infection, abdominal pain, nausea, asthenia, headache, malaise and urinary retention.
- Patients receiving VALSTAR<sup>®</sup> must be closely monitored for disease recurrence or progression. The recommended evaluation should include cystoscopy, biopsy, and/or urine cytology every 3 months.

Please [click here](#) for full Prescribing Information.

For all reimbursement inquiries, and to learn more about Endo reimbursement services, please call: 1-800-462-ENDO (3636)

References: 1. VALSTAR<sup>®</sup> Field Report: Detail (January 2014-December 2014). San Francisco, CA: McKesson Corporation; 2015.