Patient Assistance Program Application and Prescription

MyBV360.com
Ph: 1-833-MyBV-360
F: 1-833-MyBV-FAX

PATIENT

Patient Name:		
Patient Address:		
City:	State:	ZIP:
Patient Phone:	Date of Birth:	Gender:
Is the above patient uninsured?	Yes ☐ No ☐	
Insurance Provider:*		*If a denial has already been received, please submit that information with this form
Is the patient a resident of the fifty U.S. States, the District of Columbia, Puerto Rico, or the U.S. Virgin Islands?	Yes ☐ No ☐	

PRESCRIBER

Physician Name:	NPI:	
Office Address:		
City:	State:	ZIP:
Office Phone:	Office Fax:	

REQUIREMENTS

PATIENT ASSISTANCE PROGRAM REQUIREMENTS

- Patient must be 18 years of age or older.
- Patient must have a valid prescription.
- Patient must be a resident of the United States or U.S. Territories.
- Patient must have no insurance coverage, or not enough coverage to pay for the Bioventus medication.
- Patient income must fall below 300% of the Federal Poverty Level, which can be found on https://aspe.hhs.gov/poverty-guidelines
- Patient must provide and prescriber must submit with this request a photocopy of one of the following documents that shows total annual income:
  - Previous year's federal tax return (form 1040 or 1040EZ)
  - Wage and tax statements (W-2 forms)
  - Two recent paycheck stubs
  - Social security, pension, or retirement statements (SSA-1099 or similar)

DUROLANE® hyaluronic acid, stabilized single injection	**Unilateral** qty: 1 ☐	**Bilateral** qty: 2 ☐
	Directions: Inject 1 DUROLANE syringe into the affected knee(s).	
GELSYN-3® 3 injection hyaluronic acid treatment	**Unilateral** qty: 3 ☐	**Bilateral** qty: 6 ☐
	Directions: Inject 1 GELSYN-3 syringe into the affected knee(s) each week for 3 weeks	
SUPARTZ FX® sodium hyaluronate	**Unilateral** qty: 3 ☐ 5 ☐	**Bilateral** qty: 6 ☐ 10 ☐
	Directions: Inject 1 SUPARTZ-FX syringe into the affected knee(s) once per week	

Prescriber Signature: _____ Date: _____

I understand and certify the above medication is intended for my patient's treatment, and no units of this product will be submitted for Medicare, Medicaid or any public or private third-party reimbursement, or returned for credit. I will not bill this Patient or any government program or commercial payer for the Patient Assistance Product, injecting the Patient Assistance Product, or other services necessary to the administration of the Patient Assistance Product. I understand eligibility under this program is subject to BV360 Reimbursement Services' ("Program") approval and the patient's continuing compliance with all eligibility requirements, as set by Bioventus Inc. ("Bioventus"). I have obtained all necessary Federal and state authorizations and consents from my patient to allow me to release medical and/or other patient information to BV360 Reimbursement Services and its affiliates, agents, representatives, and service providers to use and disclose as necessary to enroll my patient. I authorize Bioventus, its affiliated companies, or its subcontractors to forward this prescription to a dispensing pharmacy.

DUROLANE is indicated for the treatment of pain in osteoarthritis (OA) of the knee in patients who have failed to respond adequately to conservative non-pharmacological therapy or simple analgesics, e.g. acetaminophen. Do not inject DUROLANE in patients with knee joint infections, skin diseases, or other infections in the area of the injection site. Do not administer to patients with known hypersensitivity or allergy to sodium hyaluronate preparations. Risks can include transient pain or swelling at the injection site. DUROLANE has not been tested in pregnant or lactating women, or children. Full prescribing information can be found in product labeling, at www.DUROLANE.com, or by contacting Bioventus Customer Service at 1-800-836-4080.

GELSYN-3 is indicated for the treatment of pain in osteoarthritis (OA) of the knee in patients who have failed to respond adequately to conservative non-pharmacologic therapy and simple analgesics (e.g., acetaminophen). Do not administer to patients with known hypersensitivity (allergy) to sodium hyaluronate preparations. Do not inject GELSYN-3 into the knees of patients having knee joint infections or skin diseases or infections in the area of the injection site. GELSYN-3 is not approved for pregnant or nursing women, or children. Risks can include general knee pain, warmth and redness or pain at the injection site. Full prescribing information can be found in product labeling, at www.GELSYN3.com or by contact customer service at 800-836-4080.

SUPARTZ FX is indicated for treatment of pain in osteoarthritis (OA) of the knee in patients who have failed to respond adequately to conservative non-pharmacologic therapy and simple analgesics (e.g., acetaminophen). You should not use SUPARTZ FX if you have infections or skin diseases at the injection site or allergies to poultry products. SUPARTZ FX is not approved for pregnant or nursing women, or children. Risks can include general knee pain, warmth and redness or pain at the injection site. Full prescribing information can be found in product labeling, at www.SupartzFX.com or by contacting customer service at 800-836-4080.