



# Patient Direct Purchase 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 <input type="checkbox"/>	No <input type="checkbox"/>
	Is the patient a resident of the fifty U.S. States, the District of Columbia, Puerto Rico, or the U.S. Virgin Islands?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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

REQUIREMENTS	<b>PATIENT DIRECT PROGRAM REQUIREMENTS</b>
	<ul style="list-style-type: none"> <li>• Patient must have no insurance or commercial insurance and a benefit investigation result that has a designation of “no coverage,” “non-preferred,” or “category block.”</li> <li>• Patient must be 18 years of age or older.</li> <li>• Patient must be a resident of the United States or U.S. Territories.</li> <li>• Patient must have a valid prescription.</li> <li>• Patients participating in any federal or state health care program, including without limitation Medicare and any other governmental programs are ineligible.</li> </ul>



<b>Unilateral</b>	qty: 3 <input type="checkbox"/>	5 <input type="checkbox"/>	<b>Bilateral</b>	qty: 6 <input type="checkbox"/>	10 <input type="checkbox"/>
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**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 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.

**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](http://www.SupartzFX.com) or by contacting customer service at 800-836-4080.