

HarmoKnee.support  
 P: (866) 556-2259  
 F: (866) 377-2244

ePrescribe:  
 Name: MedVantx  
 NPI: 1073692745  
 NCPDP: 4354180

**DIRECT PURCHASE PROGRAM**

CPL-AVACPY  
 Case Id:

**Directions/Eligibility**

<p><b>GenVisc®850</b> <i>*Pricing is subject to change and is not guaranteed</i></p> <p>Directions/Eligibility          Form must be filled out completely          Please Fax completed Application to: (866) 377-2244          All patients accepted, subject to acceptance of patient attestation          Cost: \$291 for 3, 4 or 5 syringes. Bi-lateral for \$582 (or \$97 a syringe outside of those quantities).</p>	<p><b>TriVisc®</b> <i>*Pricing is subject to change and is not guaranteed</i></p> <p>Directions/Eligibility          Form must be filled out completely          Please Fax completed Application to: (866) 377-2244          All patients accepted, subject to acceptance of patient attestation          Cost: \$291 for 3 syringes. Bi-lateral for \$582 (or \$97 a syringe outside of those quantities).</p>
---	--



**Patient**

Patient First Name:		Last Name:	
Patient Address:			
City:	State:	Zip:	
Phone:	Date of Birth:	Gender:	M      F
Please indicate any allergies:	Diagnosis:	Other medical conditions:	

**Prescriber Shipping Address (Product will be shipped to HCP office for use on patient)**

First Name:	Last Name:	NPI:	
Practice Name:		Specialty:	
Office Address:	Suite:	City:	State:      Zip:
Office Phone:	Office Fax:	Office Email:	

**Prescription (One time fill - Refill would require new Rx)**

 5 injection hyaluronic acid regimen	<b>Unilateral Qty.</b> <b>5 Syringes</b>	<b>Bilateral Qty.</b> <b>10 Syringes</b>	<b>Other Qty.</b> <b>___ Syringes</b>
 3 injection hyaluronic acid regimen	<b>Unilateral Qty.</b> <b>3 Syringes</b>	<b>Bilateral Qty.</b> <b>6 Syringes</b>	<b>Other Qty.</b> <b>___ Syringes</b>

Dose: Inject 25 mg (2.5mL) intra-articularly once weekly. Injection of subcutaneous lidocaine or similar local anesthetic may be recommended prior to injection. Each box contains one (1) sterile, pre-filled syringe (1 regimen/dose)

Patient has been advised and agrees that utilization of the Direct Purchase Program is voluntary. The patient may have insurance coverage for Product if it is received outside of this Program; however, neither the provider or patient may file a claim with any third party payer for the syringes purchased via the program. Patient has been advised that there will be no credit toward copayment, deductible or out of pocket limits for the amounts paid under this program. The prescriber's has instructed patient about how he/she may obtain Product through other means that would allow for insurance coverage, if such coverage is available. Patient has declined to use any such coverage and wishes to pay for the product through the Direct Purchase Program. GenVisc®850 and TriVisc® is FDA approved for osteoarthritic knee pain not resolved by conservative pain treatments. 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 Direct Purchase Program. I have informed the patient if I intend to bill for administration or any other services I have provided the above disclosures regarding insurance coverage and the voluntary nature of the Program to the patient. I understand eligibility under this program is subject to 'HarmoKnee Reimbursement Solutions' ("Program") approval and the patient's continuing compliance with all eligibility requirements, as set by Avanos Medical, Inc. 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 Avanos and its agents, representatives, and service providers, including the Program, to use and disclose as necessary to enroll my patient. I authorize Avanos, its companies and/or its subcontractors to forward this prescription to a dispensing pharmacy. GenVisc®850 and TriVisc® are 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 ot ) sodium hyaluronate preparations. Do not inject GenVisc®850 and TriVisc® in the knees of patients with infections or skin diseases in the area of the injection site. Full prescribing information can be found in product labeling, at www.avanos.com. \*Any additional prescription requirements required by state law, such as NY's Pharmacy eRX/Rx attachment law.

(Wet Signature Required):	Date:
---------------------------	-------