

TriVisc Direct Purchase Program



3 injection hyaluronic acid regimen

orthogenrx.aspnprograms.com

P: (866) 556-2259 | F: (866) 377-2244

Email: Navigator@asembia.com



AN AVANOS COMPANY

Reimbursement Navigator

Directions/Eligibility

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- Form must be filled out completely
- Please Fax completed Application To: (866) 377-2244
- All patients accepted, subject to acceptance of patient attestation
- Cost: \$97 per Syringe (\$291 for 3 Syringes, \$582 for 6 Syringes)

**Pricing is subject to change and is not guaranteed*

Patient

Patient Name:

Patient Address:

City:

State:

Zip:

Patient Phone:

Date of Birth:

Gender:

Prescriber

Healthcare Professional Name:

NPI:

Practice Name:

Specialty:

Office Address:

City:

State:

Zip:

Office Phone:

Office Fax:

Office Email:

Address to Ship to Prescriber:

Please Check Here if Address is Same as the Above

Healthcare Professional Name:

NPI:

Office Address:

City:

State:

Zip:

Office Phone:

Office Fax:

Office Email:

Prescription



Unilateral Qty.
3 Syringes

Bilateral Qty.
6 Syringes

Other Qty.
____ Syringes

Sig (physician instructions to patient):

Dose: 25mg/2.5ML

Patient has been advised and agrees that utilization of the TriVisc Direct Purchase Program is voluntary. The patient may have insurance coverage for TriVisc 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 office has instructed patient about how he/she may obtain TriVisc 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 TriVisc Direct Purchase Program. 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 TriVisc 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 'OrthogenRx Reimbursement Navigator Services' ("Program") approval and the patient's continuing compliance with all eligibility requirements, as set by OrthogenRx 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 OrthogenRx and its affiliates, agents, representatives, and service providers, including the Program, to use and disclose as necessary to enroll my patient. I authorize OrthogenRx, its affiliated companies and/or its subcontractors to forward this prescription to a dispensing pharmacy. TriVisc 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 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.trivisc.com or by contacting customer service at 1-877-517-5445.

Prescriber Signature: _____ Date: _____

Distributed by:
OrthogenRx, Inc.
Doylestown Commerce Center
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Doylestown, PA 18901

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