Save



- 1. Complete all fields on the back of this coupon.
- 2. Include a copy of your Explanation of Benefits (EOB) representing the date of service when you received DUROLANE to allow processing. The EOB statement will include claim data, such as your name, date of injection, amount billed, your co-pay, and balance remaining. Your insurance company can provide you with your EOB.



3. Mail your EOB and this completed form (one per eligible injection) to:

DUROLANE Mail-In Rebate Program 1981 Marcus Avenue, Suite C130 New Hyde Park, NY 11042

- 4. Please allow 10-14 business days for the delivery of your rebate.
- 5. Offer valid for DUROLANE purchased in the United States and injected before December 31, 2020. Completed requests must be postmarked by March 31, 2021.

If you have any questions, please contact **BV360 Reimbursement** Solution at 1-833-MyBV360 (1-833-692-8360)

*Please see reverse side for patient eligibility criteria and program terms and conditions

Please complete all the fields below and include your EOB to receive your rebate.

Patient Name:	
Patient Address:	
City:	
State:	ZIP:
Patient Phone Number:	
Physician Name:	
Physician Address:	
City:	
State:	ZIP:
Please check the boxes below to rec	eive your rebate.
I am not eligible to receive reimb state, or other governmental pro	
I am not a resident of Massachu	setts.
By signing above I confirm I meet the eligi	ibility criteria associated with this offer

Eligibility Criteria, Terms and Conditions:

- This offer is valid for a one-time rebate of up to \$150 off your co-pay or out-of-pocket expense for one (1) syringe of DUROLANE injected per office visit and is not valid with any other product. Eligible patients are limited to one (1) rebate per syringe of DUROLANE.
- This offer is only valid for patients with commercial insurance. Patients without commercial insurance are not eligible. This offer is not valid for any person eligible for reimbursement of prescriptions, in whole or in part, by any federal, state, or other governmental programs including, but not limited to, Medicare (including a Medicare Part D or Medicare Advantage plan), Medicaid, TRICARE, Veterans Administration or Department of Defense health coverage, CHAMPUS, the Puerto Rico Government Health Insurance Plan, or any other federal or state health care programs or pharmaceutical assistance program
- Patient must be a U.S. resident. [Residents of Massachusetts are not eligible].
- Patient is responsible for reporting receipt of co-pay assistance to any insurer, health plan, or other third party who pays for or reimburses any part of the DUROLANE prescription, as may be required by insurer or plan.
- Only original rebate offers will be accepted. This rebate is not valid if reproduced, reprinted or photocopied.
- This offer is nontransferable and may not be combined with any other offer
- This program is not health insurance.
- Bioventus LLC reserves the right to rescind, revoke or amend this offer without notice
- This offer is only good for DUROLANE purchased in the USA before December 31, 2020. Void where prohibited by law. Offer valid only for requests postmarked before March 31, 2021.

Summary of Indications for Use: 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 burgerspaticity or allegant to sodium business the 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 tabelling, at www.DUROLANE.com, or by contacting Bioventus Customer Service at 1-800-836-4080.

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