

# XHANCE™

*(fluticasone propionate) nasal spray 93 mcg*

## SAVINGS CARD

Receive Your  
First Prescription  
For As Little As

\$0\*

Therapy First Plus

BIN# 004682

PCN# CN

GRP# WCOPT6005

ID#

Optinose will pay the first \$100 per unit for cash-paying and commercially insured patients who do not have coverage for XHANCE. Patients will be responsible for the remaining balance.

Eligible commercially insured patients pay as little as \$0 for their initial XHANCE 30-day prescription, and then receive a significant discount on subsequent prescription fills.

**optinose**®

\*See eligibility rules. Restrictions may apply.

**This offer is valid for patients 18 years of age or older and is good for use only with a valid prescription for XHANCE™.**

### **Terms and Conditions**

This offer is not valid for use by patients enrolled in Medicare, Medicaid and TRICARE or other federal or state programs. Optinose reserves the right to rescind, revoke, or amend this offer without notice. Offer good only in the USA, including Puerto Rico, at participating retail pharmacies. Void if prohibited by law, taxed, or restricted. This card has no cash value and may not be used in combination with any other discount, coupon, rebate, free trial, or similar offer for the specified.

**Pharmacist for a Patient with an Eligible Third Party Payer:** When you redeem this card, you certify that you have not submitted and will not submit a claim for reimbursement under any federal, state, or other government programs for this prescription. Submit the claim to the primary Third Party Payer first, then submit the balance due to **Therapy First Plus** using BIN# 004682 as a Secondary Payer COB with patient responsibility amount and a valid Other Coverage Code **(8)**. Eligible commercially insured patients pay as little as \$0 for their initial XHANCE 30-day prescription, and then receive a significant discount on subsequent prescription fills.

**Pharmacists for Insured not Covered and Cash Paying Patients:** Submit to **Therapy First Plus**, a valid other coverage code, **(eg. 0, 1, 3)** is required. Optinose will pay the first \$100 per unit. Patients will be responsible for the remaining balance. You will be reimbursed this amount from **Therapy First Plus**. Pharmacist or eligible patients may call 1-833-XHANCE1 for other offers that may be available.

**To the Pharmacist ONLY:** For any questions regarding **Therapy First Plus** online processing, please call 1-800-433-4893.