

**XHANCE<sup>®</sup>**  
(fluticasone propionate) nasal spray 93 mcg

Pay as little as  
**\$0\***

**COPAY CARD**

Valeris

\*See back of card for terms and conditions.

BIN# 610852  
PCN# 2001  
GRP# 77770254  
ID# 11412486564

**This offer is valid for patients 18 years of age or older and is good for use only with a valid prescription for XHANCE<sup>®</sup> (fluticasone propionate).**

**Terms and Conditions**

This offer is not valid for use by patients enrolled in Medicare, Medicaid and TRICARE, or other federal or state programs. Paratek Pharmaceuticals 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. Offers are subject to quantity limitations. Maximum benefits per fill apply. Patient cost share may impact benefits and eligibility. 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. Offer is not valid for prescription costs paid for entirely by health benefit plans. Copay support paid through this offer to reduce a patient's out-of-pocket costs may not be submitted as a claim for payment to any third-party payer, pharmaceutical patient assistance foundation, or account such as a Flexible Spending Account (FSA), a Health Savings Account (HSA), or a Health Reimbursement Account (HRA). Cash discount cards are not commercial payers and are not eligible to be used in conjunction with this offer. By accepting this offer or using this card, patient authorizes the transfer of their XHANCE prescription to any pharmacy within the XHANCE Specialty Pharmacy Network.

**Pharmacist for a Patient with an eligible commercial 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 eligible commercial payer first, then submit the balance due to **Valeris** using BIN #610852 as a Secondary Payer COB with patient responsibility amount and a valid Other Coverage Code (8). Annual maximum benefits and maximum benefits per fill apply. Patient cost share may impact benefits and eligibility. See [XHANCE.com/terms-and-conditions](http://XHANCE.com/terms-and-conditions) for additional terms and conditions.

**To the Pharmacist ONLY:** For any questions regarding **Valeris** online processing, please call **844-586-7915**.

**To the Patient ONLY:** please call 1-833-4XHANCE to be connected to a pharmacy participating in the XHANCE Specialty Pharmacy Network and for other offers that may be available.

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If you have any questions please call 1-833-XHANCE1.

Your copay card is active and ready to use today. To start saving now, please print your copay card and present it at your next visit to the pharmacy.

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**Please see full [Prescribing Information](http://www.XHANCE.com) at [www.XHANCE.com](http://www.XHANCE.com).**

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