



## STREAMLINING THE PATH FROM PRESCRIPTION TO FILL

The **XHANCE Patient Support program** was built to help overcome some of the market access burdens and affordability barriers for patients.

Our aim is to build a smoother path to assist your patients throughout their treatment journey—including the Specialty Pharmacy Network prior authorization (PA) support for your patients.\*

Use this guide to learn more about the **XHANCE Patient Support program**.

\*The availability of XHANCE is not limited to the Specialty Pharmacy Network. Paratek does not recommend use of a specific pharmacy over another.



*Actor portrayals.*

# INDICATIONS and IMPORTANT SAFETY INFORMATION



## INDICATIONS

XHANCE is a corticosteroid indicated for the treatment of:

- Chronic rhinosinusitis with nasal polyps (CRSwNP) in adults.
- Chronic rhinosinusitis without nasal polyps (CRSsNP) in adults.

## IMPORTANT SAFETY INFORMATION

### CONTRAINDICATIONS:

Hypersensitivity to any ingredient in XHANCE.

### WARNINGS AND PRECAUTIONS:

- Local nasal adverse reactions, including epistaxis, erosion, ulceration, and septal perforation can occur. Monitor patients periodically for signs of possible changes on the nasal mucosa. If a septal perforation is noted, discontinue XHANCE. Candida infections may also occur with treatment with XHANCE which may require treatment with appropriate local therapy and discontinuation of XHANCE. Patients who have experienced recent nasal ulcerations, nasal surgery, or nasal trauma should not use XHANCE until healing has occurred.
- Glaucoma and cataracts may occur with long-term use. Consider referral to an ophthalmologist in patients who develop ocular symptoms or use XHANCE long-term. Instruct patients to notify their healthcare provider if a change in vision occurs.
- Hypersensitivity reactions (e.g., anaphylaxis, angioedema, urticaria, contact dermatitis, rash, hypotension, and bronchospasm) have been reported after administration of fluticasone propionate. Discontinue XHANCE if such reactions occur.
- Immunosuppression and infections can occur, including potential increased susceptibility to or worsening of infections (e.g., existing tuberculosis; fungal, bacterial, viral, or parasitic infection; ocular herpes simplex). Use with caution in patients with these infections. More serious or even fatal course of chickenpox or measles can occur in susceptible patients. Corticosteroids should be used with caution, if at all, in patients with active or quiescent tuberculosis infections of the respiratory tract; systemic fungal, bacterial, viral, or parasitic infections; or ocular herpes simplex.

- Hypercorticism and adrenal suppression may occur with very high dosages or at the regular dosage in susceptible individuals. If such changes occur, discontinue XHANCE slowly. Observe patients postoperatively or during periods of stress for evidence of inadequate adrenal response. The replacement of a systemic corticosteroid with a topical corticosteroid can be accompanied by signs of adrenal insufficiency. Inform patients that deaths due to adrenal insufficiency have occurred during and after transfer from systemic corticosteroids. Taper patients slowly from systemic corticosteroids if transferring to XHANCE.
- Use with strong cytochrome P450 3A4 inhibitors (e.g., ritonavir, atazanavir, clarithromycin, indinavir, itraconazole, nefazodone, neflifavir, saquinavir, ketoconazole, telithromycin, conivaptan, lopinavir, voriconazole) is not recommended because increased systemic corticosteroid adverse effects may occur.
- Decreases in bone mineral density have been observed with long-term oral inhalation of products containing corticosteroids into the lungs. Assess initially and periodically thereafter in patients at high risk for decreased bone mineral content, such as prolonged immobilization, family history of osteoporosis, postmenopausal status, tobacco use, advanced age, poor nutrition, or chronic use of drugs that can reduce bone mass (e.g., anticonvulsants, oral corticosteroids).
- Nasal corticosteroids, including XHANCE, may cause a reduction in growth velocity when administered to pediatric patients. The safety and effectiveness of XHANCE has not been established in pediatric patients.

### ADVERSE REACTIONS:

**Chronic rhinosinusitis with nasal polyps:** The most common adverse reactions (incidence  $\geq 3\%$ ) are epistaxis, nasal septal ulceration, nasopharyngitis, nasal mucosal erythema, nasal mucosal ulcerations, nasal congestion, acute sinusitis, nasal septal erythema, headache, and pharyngitis.

**Chronic rhinosinusitis without nasal polyps:** The most common adverse reactions (incidence  $\geq 3\%$ ) are epistaxis, headache, and nasopharyngitis.

### USE IN SPECIFIC POPULATIONS:

Hepatic impairment. Monitor patients for signs of increased drug exposure.

**References:** 1. ICD-10-CM Medical Coding Reference. Chronic sinusitis and Nasal polyp. Accessed August 6, 2025. <https://www.icd10data.com/ICD10CM/Codes/J00-J99/J30-J39/J33->  
2. Full Prescribing Information for XHANCE (fluticasone propionate). OptiNose US, Inc.; 2024. 3. FLONASE. Prescribing information. GlaxoSmithKline; 2019. 4. Data on file. Paratek Pharmaceuticals, Inc.



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# JUST SELECT, SEND, AND ASK



Follow these steps when you choose to prescribe XHANCE.

STEP

1

**SELECT** an XHANCE network specialty pharmacy\* in your Electronic Health Record (EHR) prescribing system.

## | Some practical benefits of the Specialty Pharmacy Network

Network pharmacies can offer patient support services to help patients get their XHANCE, including benefits verification, prior authorization support, bridge, and access to affordability programs when appropriate.



### ASPNet Pharmacies

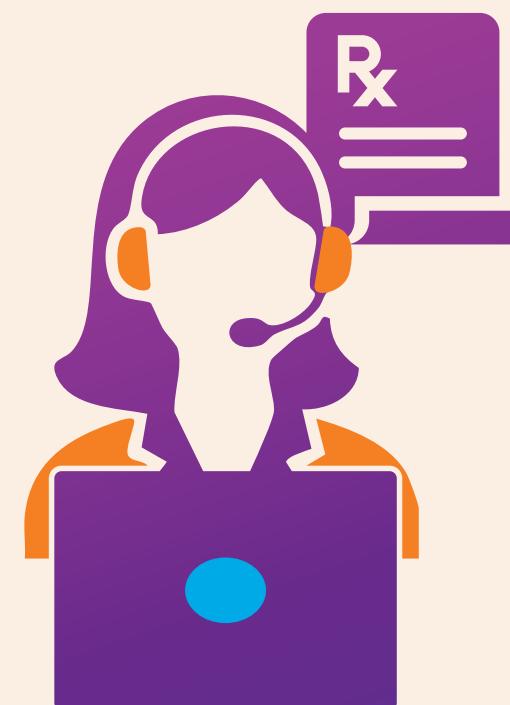
290 W. Mount Pleasant Ave  
Livingston, NJ 07039  
NPI: 1538590690  
Fax: 1-888-660-0124  
Phone: 866-312-0393

### Professional Arts Specialty Pharmacy

128 Curran Lane  
Lafayette, LA 70506  
NPI: 1194890731  
Fax: 1-855-724-6797  
Phone: 888-585-9758

\*The availability of XHANCE is not limited to the Specialty Pharmacy Network. Paratek does not recommend use of a specific pharmacy over another.

## SUPPORT SERVICES



### | Benefits of using the Specialty Pharmacy Network

- XHANCE is stocked within the Specialty Pharmacy Network and is sent **directly to patients' homes via expedited shipping**
- Providing services to eligible patients like **bridge, copay, and patient assistance programs**
- Communicating with your patients to **help them receive XHANCE in a timely manner** and to help them stay on therapy as appropriate

Using CoverMyMeds® can assist in determination of PAs and tracking of submitted and pending PAs

Powered by **covermymeds®**

# JUST SELECT, SEND, AND ASK

Follow these steps when you choose to prescribe XHANCE.

STEP

2

SEND the prescription to the selected pharmacy via e-Prescribe, phone, or fax.

**XHANCE®**  
(fluticasone propionate) nasal spray 93 mcg

**PATIENT SUPPORT**  
Powered by SurePath™

XHANCE is a corticosteroid indicated for the treatment of chronic rhinosinusitis with or without nasal polyps in adults. XHANCE is contraindicated in patients with hypersensitivity to any ingredient in XHANCE. Please see [Indications and Important Safety Information](#) and full [Prescribing Information](#), including [Patient Information](#), at [XHANCEhcp.com](#).

**Specialty pharmacies can assist with prior authorization when you INCLUDE THE FOLLOWING INFORMATION with a prescription:**

ICD-10 codes<sup>1\*</sup>, for example:

#### Chronic Sinusitis

- J32.0 Chronic maxillary sinusitis
- J32.1 Chronic frontal sinusitis
- J32.2 Chronic ethmoidal sinusitis
- J32.3 Chronic sphenoidal sinusitis
- J32.4 Chronic pansinusitis
- J32.8 Other chronic sinusitis
- J32.9 Chronic sinusitis, unspecified

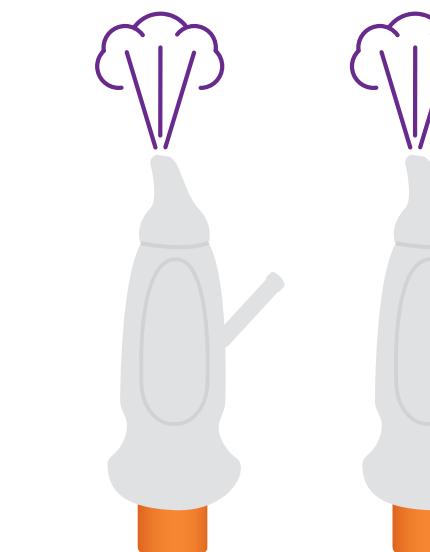
#### Nasal Polyp

- J33.0 Polyp of nasal cavity
- J33.1 Polypoid sinus degeneration
- J33.8 Other polyp of sinus

Recommended dosage<sup>2</sup>, such as:



**1** spray per nostril **BID**  
(186 mcg BID)  
30 days of treatment at this dosage requires **1 unit of XHANCE per month**



**2** sprays per nostril **BID**  
(372 mcg BID)  
30 days of treatment at this dosage requires **2 units of XHANCE per month**

BID=twice daily.

- Maximum total daily dosage should not exceed 2 sprays in each nostril twice daily (8 sprays total)
- XHANCE is alcohol- and fragrance-free<sup>2,3</sup>
- Patients should use XHANCE at regular intervals since its effectiveness depends on regular use
- The safety and efficacy of XHANCE when administered in excess of recommended doses have not been established

Include as much detail as possible with your Rx:

✓ Relevant medical notes

✓ Treatment history (e.g., previous intranasal steroid usage, time frame)

✓ History of persistent nasal symptoms

## SUPPORT SERVICES



**If you select a network specialty pharmacy, provide the information above and the pharmacy will:**

- Initiate and provide PA support for the patient if needed
- Communicate via text or phone with your patient to arrange payment (if needed) and delivery

## QUICK TIP

Once the pharmacy has collected all the information from your office, they will work with your patient to get the prescription filled and delivered as soon as possible.

# JUST SELECT, SEND, AND ASK

Follow these steps when you choose to prescribe XHANCE.

STEP

3

**ASK** the patient to accept a text or call from the pharmacy to review insurance coverage and their eligibility for the bridge and patient assistance programs if appropriate.

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(fluticasone propionate) nasal spray 93 mcg

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## It's crucial that the pharmacy connects with the patient to confirm these details

- Share the specialty pharmacy name and phone number with your patient
- Confirm patient availability to accept a call from the specialty pharmacy
- Let your patient know that the specialty pharmacy will make multiple attempts to reach them by phone and/or text
- If the patient has not heard from the specialty pharmacy within 24 hours, they should call the pharmacy directly

Specialty pharmacists will evaluate current medications for potential interactions, review dosing and administration, plus coordinate shipping and payment options. **They also offer:**

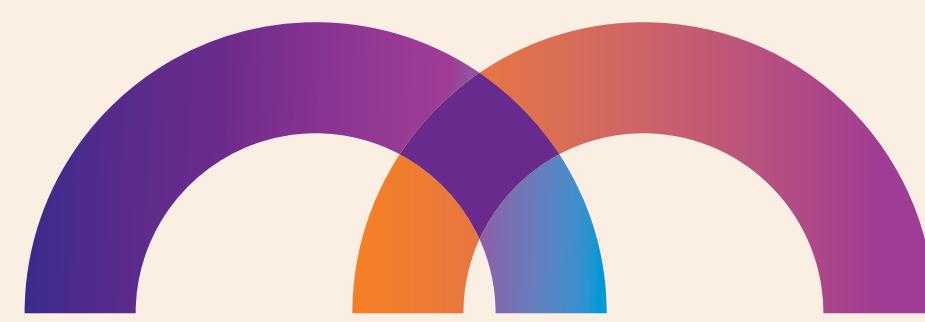


Free home delivery



Text refill reminders

## SUPPORT SERVICES



Our **Bridge Program** provides eligible patients with a supply of XHANCE in the event there is a delay in the coverage during the benefits investigation with their insurance.

You (or a patient) can connect live to XHANCE for help at:

**833-4XHANCE**

(833-494-2623) 8:30 AM – 8 PM ET M-F



# COVERAGE AND ACCESS

## Access for you and your patients

Nationally, XHANCE has coverage for a **majority of commercially insured patients and has coverage in both Medicare Part D and Medicaid**. For patients who prefer, there's also a cash-pay option. In addition, a Patient Assistance Program is available for qualifying patients.

**XHANCE is covered by the majority of commercial insurers in the United States with limited or no restrictions<sup>4</sup>—ask your representative for a list of plans in your area.**

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After submission of all necessary information, most ePAs are approved in 48 hours.<sup>4</sup>

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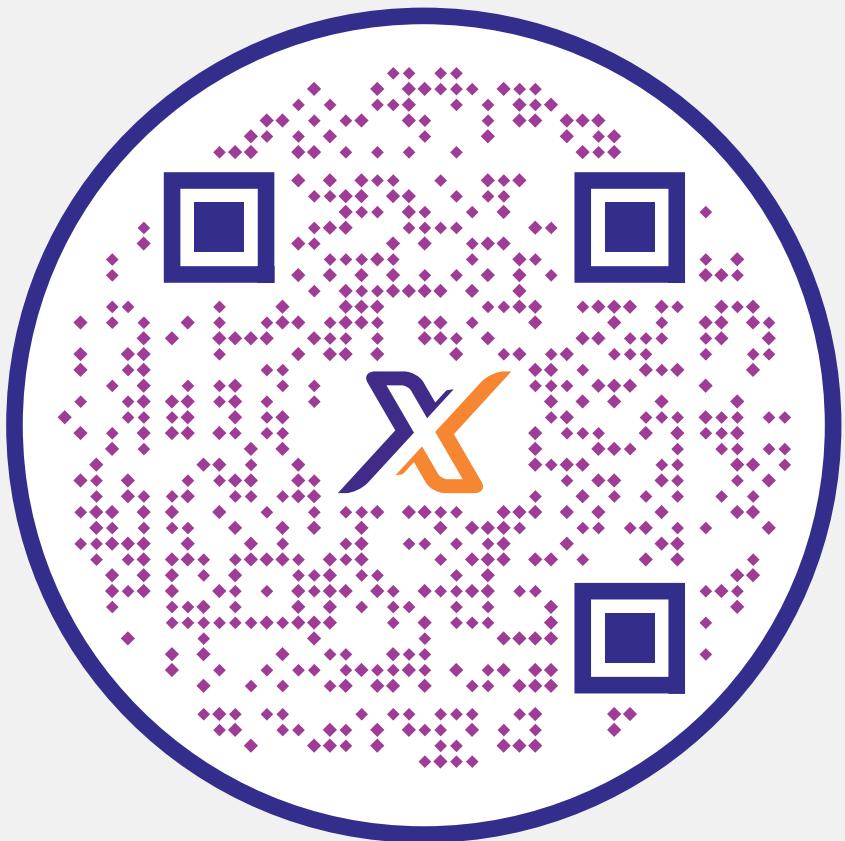
ePA=electronic prior authorization.

# THE MAJORITY OF ELIGIBLE PATIENTS PAY AS LITTLE AS \$0\*

\*Terms and conditions apply.

Insurance coverage and reimbursement for XHANCE are not guaranteed. Coverage and reimbursement depend on an individual patient's insurance plan. We recommend that you contact the insurance provider to verify XHANCE coverage and reimbursement. Certain factors like personal insurance and/or deductibles may impact the price of your prescription. May not be used if the patient is enrolled in a government-funded prescription insurance program.

INSURERS	
Commercial	When a prior authorization is required, specialty pharmacies may provide assistance.
Medicare Advantage/Supplemental	The Specialty Pharmacy Network may provide prior authorization support if required. Covered with a lower out-of-pocket cost than traditional Medicare Part D. Out-of-pocket costs will vary based on the design of the plan.
Basic Medicare	Individuals enrolled in basic Medicare plan may have high out-of-pocket costs for their prescription.
Medicaid	Some states may require confirmation of chronic rhinosinusitis diagnosis and documented failure of at least one intranasal spray.
Low-income Subsidy	Extra help may be available through the low-income subsidy program for eligible Medicare Part D patients. Covered with low out-of-pocket cost.
Tricare	Prior authorization is required. If filled by the Specialty Pharmacy Network, there is a [\$76] copay. There is no copay for active-duty service members at a military treatment facility.



Explore XHANCE resources.

For help, call: **833-4XHANCE**  
(833-494-2623)

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Other pharmacy providers may also have these offerings.  
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