



(bedлометасон дипропионат)  
Nasal Aerosol



**NOW THROUGH  
DECEMBER 31, 2026  
PAY AS LITTLE AS  
\$15 FOR  
QNASL\***

EXPIRES: 12/31/2026 · BIN: 610852 · PCN: 2001 · GROUP: 77770213 · ID: 27438097811

\*Out-of-pocket costs may vary based on insurance coverage. Limitations apply. Please note, this offer is not available for patients eligible for Medicare, Medicaid, or any other public payer coverage. See full Terms and Conditions for eligibility and restrictions.

#### Savings Offer Terms and Conditions

**Commercially Insured Patients** with coverage may pay as little as \$15 per device for their prescription of **QNASL** with a maximum benefit of \$98.10 per device. Maximum Reimbursement limits apply and out of pocket expenses may vary. **Commercially Insured patients whose insurance does not cover QNASL** will pay \$75 per device for their prescription of **QNASL**. Teva will pay the remaining balance. **Non-insured and cash-paying patients:** Teva will pay up to \$98.10 per device. Maximum Reimbursement limits apply and out of pocket expenses may vary.

Patients are not eligible if prescriptions are paid for in part or full by any state or federally funded programs, including but not limited to Medicare, Medicaid, Medigap, VA, DOD, TRICARE, or by private health benefit programs which reimburse for the entire cost of prescription drugs. This card is not valid for patients who are Medicare eligible and are enrolled in an employer-sponsored health plan or prescription drug benefit program for retirees (i.e., patients who are eligible for Medicare Part D but receive a prescription drug benefit through a former employer). Cash Discount Cards and other non-insurance plans are not valid as primary under this offer. If the patient is eligible for drug benefits under any such program, the patient cannot use this offer. By redeeming this offer, the patient certifies that he or she will comply with any terms of his or her health insurance contract requiring notification to his or her payor of the existence and/or value of this offer and that the patient is eligible for, and will comply with, the terms of this offer. By redeeming this offer, the patient and the pharmacist acknowledge that the patient is eligible, and the patient and pharmacist understand and agree to comply with the Terms and Conditions of this offer. If the patient is a minor, this offer must be redeemed by the patient's parent, guardian or caregiver. Offer not valid for patients under 4 years of age.

Void if copied, transferred, purchased, altered or traded and where prohibited and restricted by law. This is not an insurance program. Valid only in the United States including the Commonwealth of Puerto Rico. This offer may not be used with any other discount, coupon or offer. **This offer expires on December 31, 2026. This program is managed by Mercalis on behalf of Teva Pharmaceuticals USA, Inc. Teva reserves the right to limit, change or discontinue this offer at any time without notice.** If you have any questions regarding your eligibility or benefits, please call **866-992-5743**.

**To the Patient: Commercially-Insured:** In order to redeem this offer you must have a valid prescription for **QNASL**. Follow the dosage instructions given by the doctor. This offer must be presented along with your prescription for **QNASL** and your primary insurance card. **Non-Insured/Cash**

**Paying Patients:** In order to redeem this offer you must have a valid prescription for **QNASL**. Follow the dosage instructions given by the doctor. This offer must be presented along with your prescription for **QNASL**. Patients with questions about the **QNASL** Savings Offer should call **866-992-5743**.

**To the Pharmacist:** By redeeming this offer, the Pharmacist certifies that **QNASL** is being dispensed to a patient eligible for this offer in compliance with these Terms and Conditions and the Pharmacy has not submitted and will not submit a claim for reimbursement under any federal, state, or other governmental program for this prescription. For any questions regarding **Capital Rx** online processing, please call the Help Desk at

**866-992-5743. For Commercially-Insured Patients:** Please submit this claim to the primary Third-Party Payer first, then submit the balance due to **Capital Rx** as a Secondary Payer COB (coordination of benefits) with patient responsibility and a valid Other Coverage Code (e.g. 8). Reimbursement will be received from Mercalis. **For Insured/Not Covered:** Patients who have commercial insurance but you receive a "not covered" response because **QNASL** is not on the patient's formulary or is subject to prior authorization or step therapy and the patient has not met the criteria, continue the claim adjudication process and run the claim as secondary payer COB with the patient responsibility amount and a valid Other Coverage Code (e.g., 03). **For Cash-Paying Patients:** Please submit this claim to Capital Rx. A valid Other Coverage Code (e.g., 01) is required. For **QNASL**, the patient's card will have a value of **\$98.10** per device towards their prescription. Reimbursement will be received from Mercalis.

#### HERE'S HOW THE SAVINGS OFFER FOR QNASL WORKS: (please see full Terms and Conditions)

▪ **START SAVING**—Take the Savings Offer with you to the pharmacy and pay as little as \$15 for **QNASL**.

▪ **KEEP SAVING**—Continue to pay as little as \$15 on each prescription for **QNASL** until the offer expires on 12/31/26.

Offer covers commercially insured patients only. No registration required!



©2019 Teva Pharmaceuticals USA, Inc. QNA-41094 January 2019