ELIGIBLE, COMMERCIALLY INSURED PATIENTS PAY AS LITTLE AS

Actor portrayal.

FOR NATESTO^{®*} Offer subject to \$3500 annual max benefit

Cash patients and insured, not covered patients, may fill each valid Natesto prescription or refill at the cash price of 140.*

*Eligibility and restrictions apply.

BIN#: 610020 GRP#: 99994208 ID#: 71004095510



Natesto Savings Program Terms and Conditions: The Natesto Savings Program is valid ONLY for patients with private (commercial) parameters. Patients who are enrolled an any kederal harbitrary program. Inciding, without limitation, Medicare Mart D. Medicare Advantage, Free-for-Service Medical Alangapid Medical y Vietnems Allars, Champas, TIRCHE, and Jodin Health Savings and edigible to participate an the National Savings of 5500. Once a participation throughout the conclusion of the upmer barrier barrier of the save the save

Some restrictions may apply due to state regulations. Patients are responsible for reporting receipt of this coupon benefit to any insure/ health plan, or other third party who pays for or instruburses any part of the prescription filled using the coupon, as may be required by payer or plan nules, or in accounts who may state or idential two Planmacats, patients, and prescribes agrees not to seek reimbursement for all or any tance? The benefit reimbursement account.

The Natesto Savings Program offer is valid only for eligible patients 18 years of age or over. Offer good only in the USA and void where prohibited by law, taxed, or restricted. Accrus Pharmaceuticals Corporation reserves the right to rescind, revoke, or anema this offer without notace. Card is limited to one per person, is not transferable, and cannot be reproduced. For further information or assistance with the Natesto Savings Program, please call 1485-530-0162.

Natesto Cash Option Program Terms and Conditions: Cash patients and insured, not covered patients may Ell each valid Natesto prescription or refill at the cash price of Valid For quantiles of the loss that 20 days (2 depanent), and not to exceed 30 days (3 depanent), per prescription dispensed for up to 2 refile. The Natesto Cash Option Program does not process insurance claims. Additionally, commercially insured patients who exceed 30 days 30 days rescription at a given 12-month benefity was according to payor of plan days, may of the Natesto Cash Option Program until the new benefity part begins. Platents may not apply the Natesto Cash Option Program payments to any deductible, co-pay or to any other out-of-optient (POOP) costs. The Natesto Cash Option program is not health may mergens.

The Natesto Cash Option Program is valid only for eligible patients 18 years of age or over. The Natesto Cash Option Program may be filled through a retail plannary, platents are responsible for reporting use of the Matesto Cash Option Program targer, health plan, or thrich-aryt payer. Acerus Pharmaceuticals Corporation reserves the right to rescind, revole, or amend this offer without notice, at any time, at its sole discretion. For further information or assistance with the Natesto Cash Option Program. Desse call 1-855-300-0162.

For assistance, please call 1-855-390-0162.

This card is not health insurance. NAT-US-0064 05/21

