

ELIGIBLE, COMMERCIALY INSURED
PATIENTS MAY PAY AS LITTLE AS

\$0 FOR NATESTO[®]*



Actor portrayal.

SAVINGS DETAILS INSIDE

*\$3500 annual maximum benefit. Eligibility and restrictions apply.

Cash patients and insured, not covered patients may fill each valid Natesto prescription or refill at the cash price of \$140 for quantities of no less than 20 days (2 dispensers), and not to exceed 30 days (3 dispensers), per prescription dispensed for up to 12 refills.

See full eligibility requirements and restrictions on back.

**Please see Important Safety Information,
Full Prescribing Information, and Patient
Information at [Natesto.com](https://www.natesto.com).**

Get savings and support with Natesto



Natesto Savings Program

Eligible, commercially insured patients may **pay as little as \$0 per month** for Natesto, for a total savings of up to \$3500 per year.*



Actor portrayal.

Natesto Cash Option Program

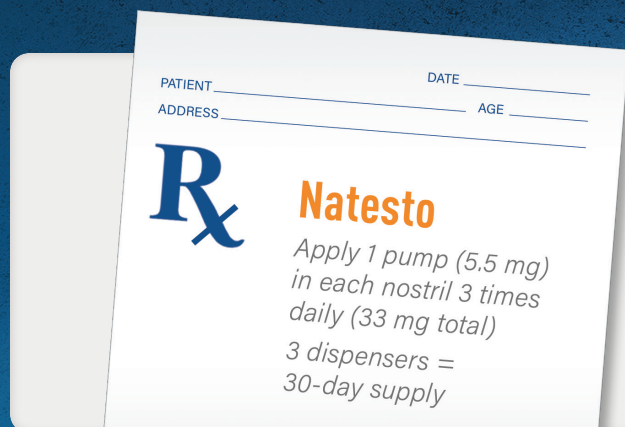
Cash patients and insured, not covered patients may fill each valid Natesto prescription or refill at the **cash price of \$140.***

You can also
**CONNECT BY
SCANNING
THIS CODE**



*See full eligibility requirements and restrictions on back.

Please see Important Safety Information, Full Prescribing Information, and Patient Information at Natesto.com.



How to save on Natesto AT THE PHARMACY

To save on your prescription, take the Natesto Savings Card below to your pharmacist, along with your prescription for Natesto.

You can use the card for up to 12 refills. Ask your pharmacist to keep your Savings Card information on file for you. If he or she cannot keep it on file, be sure to keep your card in a safe place.

Detach this card and bring it to your pharmacist along with your prescription for Natesto.

ELIGIBLE, COMMERCIALY INSURED PATIENTS MAY PAY AS LITTLE AS

\$0 FOR NATESTO[®]
Offer subject to \$3500 annual max benefit

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*Eligibility and restrictions apply.

Actor portrayal.

BIN#: XXXXX GRP#: XXXXXXX
ID#: XXXXXXXXXX

Natesto Savings Program Terms and Conditions

The Natesto Savings Program is valid ONLY for patients with private (commercial) insurance. Patients who are enrolled in any federal healthcare program, including, without limitation, Medicare Part D, Medicare Advantage, Fee-for-Service Medicaid, Managed Medicaid, Veterans Affairs, Champus, TRICARE, and Indian Health Service, are not eligible to participate in the Natesto Savings Program. Eligible, commercially insured patients may pay as little as \$0 co-pay on each valid Natesto prescription or refill, up to an annual maximum of \$3500. Once a patient exceeds the \$3500 annual benefit in the plan or payer's benefit year, the patient is responsible for all remaining co-pay or cost-sharing obligations throughout the conclusion of the current benefit year. On each valid Natesto prescription or refill, the Natesto Savings Card benefit may be applied to dispensed quantities of no less than 20 days (2 dispensers) to no more than 90 days (9 dispensers) per prescription dispensed.

The Natesto Savings Program is not health insurance.

Some restrictions may apply due to state regulations. Patients are responsible for reporting receipt of this coupon benefit to any insurer, health plan, or other third party who pays for or reimburses any part of the prescription filled using the coupon, as may be required by payer or plan rules, or in accordance with any state or federal law. Pharmacists, patients, and prescribers agree not to seek reimbursement for all or any part of the benefit received by the patient through this offer from any third-party payer or from any health savings, flexible spending, or other healthcare reimbursement account.

The Natesto Savings Program offer is valid only for US male residents 18 years of age or over. Offer good only in the USA and void where prohibited by law, taxed, or restricted. Acerus Pharmaceuticals Corporation reserves the right to rescind, revoke, or amend this offer without notice. 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 1-855-390-0162.

Natesto Cash Option Program Terms and Conditions

Cash patients and insured, not covered patients may fill each valid Natesto prescription or refill at the cash price of \$140 for quantities of no less than 20 days (2 dispensers), and not to exceed 30 days (3 dispensers), per prescription dispensed for up to 12 refills. The Natesto Cash Option Program does not process insurance claims. Additionally, commercially insured patients who exceed the \$3500 out-of-pocket maximum for the Natesto Savings Card benefit program and have a co-pay or co-insurance requirement that exceeds \$140 per 30-day prescription in a given 12-month benefit year, according to payer or plan design, may opt into the Natesto Cash Option Program until the new benefit year begins. Patients may not apply the Natesto Cash Option Program payments to any deductible, co-pay, or to any other out-of-pocket spending calculations for any insurer or third-party payer, including any government healthcare program, such as Medicare Part D true out-of-pocket (TrOOP) costs. **The Natesto Cash Option Program is not health insurance.**

The Natesto Cash Option Program is valid only for US male residents 18 years of age or over. The Natesto Cash Option Program may be filled through a retail pharmacy. Patients are responsible for reporting use of the Natesto Cash Option Program to any private insurer, health plan, or third-party payer. Acerus Pharmaceuticals Corporation reserves the right to rescind, revoke, or amend this offer without notice, at any time, at its sole discretion. For further information or assistance with the Natesto Cash Option Program, please call 1-855-390-0162.

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natesto[®]
(testosterone) nasal gel 

ACERUS
PHARMA