

ELIGIBLE, COMMERCIALLY INSURED PATIENTS MAY PAY AS LITTLE AS



OR 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.



DATE

AGE

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.*

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**.*

Actor portrayal.

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. Natesto

Apply 1 pump (5.5 mg) in each nostril 3 times daily (33 mg total) 3 dispensers = 30-day supply

How to save on Natesto AT THE PHARMACY

PATIENT

ADDRESS

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.

Actor portrayal.

GRP#: XXXXXXX

BIN#: XXXXX

ID#: XXXXXXXXXXX

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

ELIGIBLE, COMMERCIALLY INSURED PATIENTS MAY PAY AS LITTLE AS

> 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.





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 (TrODP) 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.

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



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Netesto Savings Program Terms and Conditions: The Natesto Savings Program is valid ONLY for patients with private (commercial) insurance. Patients who are enrolled in any kedral healthcare program, including, without limitation, Medicare PAT D, Medicare Advantaga Fede-Federavios Medicaid, Managa Medicaid, Veterama Alling, Champur, Tarl CARE, gian dindina Hathi Savinga, are not eligible to participate in the Natesto Savings of 3500. Once a patient exceeds the \$3500 annual benefit in the plan or payer's benefit yaar, the patient is reportable for all remaining on co-pay or const-haring obligations throughout the conclusion of the current benefit year, on each vial Natesto Terrenzio Paris and aligned in the Natesto Savings Care and the Natesto Savings Care and the Natesto Savings Program is not health name and examples the material to the terrenzion of the Natesto Savings Care despension of the Natesto Savings Program is not health man and the save terrenzion of the Natesto Savings Care page materiations and the natesto savings Program is not health man and the save terrenzion of the Natesto Savings Care despension of the Natesto Savings Program is not health name and the save terrenzion of the Natesto Savings Care despension of the Natesto Savings Program is not health name and the save terrenzion of the Natesto Savings Care despension of the Natesto Savings Program is not health name and the save terrenzion of the Natesto Savings Care despension of the Natesto Savings Program is not health name and the save terrenzion of the Natesto Savings Care despension of the Natesto Savings Program is not health name and the save terrenzion of the Natesto Savings Care despension of the Natesto Savings Program is not health name and the save terrenzion of the Natesto Savings Care despension of the Natesto Savings Program is not health name and the save terrenzion of the Natesto Savings Care despension of the Natesto Savings Program is not health namount terrenzion of thealth terrenzion of the Natesto Savings

Some restrictions may apply due to state regulations. Pelicies are responsible for reporting receipt of this coupon benefit to any insurer, health plar or other thrift party who pays for or reimburses any part of the prescription lifed using the coupon, as may be required by payer or plan nulles, or in accordance with my state or fedeal law. Pharmacists, patient, and prescriber space not to selve introlusment 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 zoount.

Instanto Saving, Program offer is valid only for US male residents IB years of age or over. Offer is valid only for US male residents IB years of age or over. Offer is valid on one prevention is not transferable, and cannot be reproduced. For further information sase call 1-855-390-0162. The Natesto Savings Program by law, taxed, or restricted. Ace od only in the USA and v or amend this offer with id where pr ut notice. Ca Savings Pro

Infinited to one per particle. In unterestrate, and uninvolve reproductions of the per particle of the uninvolve reproduction or refill Metato Cash Option Porgram Terms and Conditions: Cash Apalesists and insured, not covered patients may fill ach valid Natesto prescription approach at the cash price of \$140 for quantities of no less than 20 days (2 dispersent), and not to exceed 30 days (3 dispersent), per prescription days and the task of a physical \$140 for quantities of no less than 20 days (2 dispersent), and not to exceed 30 days (3 dispersent), per prescription days and \$2500 curd-pocket maximum for the Natesto Savings Card benefit program and have a co-pay or co-insurance requirement that exceeds \$180 days of the second benefit per particle. The Natesto Cash Option Porgram is and Apolice have a co-pay or co-insurance requirement that exceeds \$10 days of the second benefit per particle. The Natesto Cash Option Porgram is and Apolice have a co-pay or co-insurance requirement that exceeds the spending calculations for any insurer or third-party payer, including any government healthcare program, such as Medicare Part D true out-of-pocket (TOOP) costs: The Natesto Cash Option Porgram is not health insurance. The Natesto Cash Option Porgram may be filled through a Anexem Pharmaceutical Corposition reverses the right or exact, revoker, or mark with a rotoke, at any time, at its sole discretion. For further information rot assistance with the Natesto Cash Option Porgram payes call rotoker. The Natesto Cash Option Porgram may be filled through a Anexem Pharmaceutical Corposition reverses the right or exact, revoker, Omarkee Markee Markee, at any time, at its sole discretion. For further information rot assistance with the Natesto Cash Option Program markees the right or exact, revoker, Omarkee Markee Scan Option Program may be filled through a cash option program is valid only for the Porgram, plasse call 1-855-380-0162.

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

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



