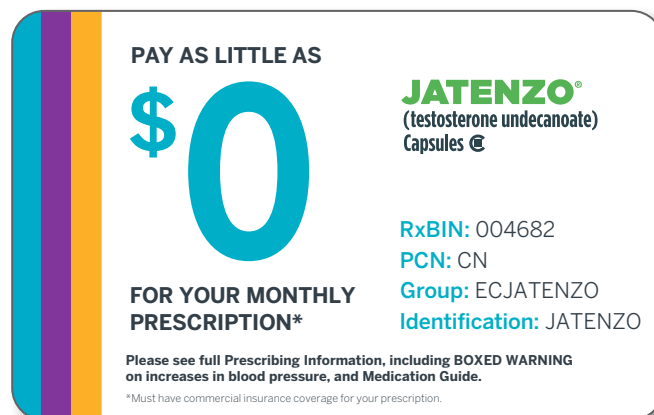


GET STARTED ON YOUR JATENZO® PRESCRIPTION

1. Print out this JATENZO Savings Card.
2. Fill your prescription at the pharmacy, and bring your Savings Card.
3. See redemption instructions below for additional information.



If you're an eligible patient with commercial insurance, you may pay as little as \$0 for your monthly prescription of JATENZO.* Restrictions may apply. A maximum benefit per calendar year will be applied. Keep this Savings Card for future refills. Please call 1-844-269-2795 with any Savings Card questions.

*Must have commercial insurance coverage for your prescription.

Please see full Prescribing Information, including BOXED WARNING on increases in blood pressure, and Medication Guide.

TERMS AND CONDITIONS

Eligible patients will pay as little as \$0 for their monthly prescriptions, up to a maximum benefit amount applied per calendar year. Offer valid for up to 12 uses. A valid Prescriber ID# is required on the prescription.

Patient Instructions: In order to redeem this offer you must have a valid prescription for JATENZO. Follow the dosage instructions given by the doctor. This offer may not be redeemed for cash. By using this offer, you are certifying that you meet the eligibility criteria and will comply with the terms and conditions described in the Restrictions section below. Patients with questions about the JATENZO Savings Card offer should call **1-844-269-2795**.

Pharmacist: When you apply this offer, you are certifying that you have not submitted a claim for reimbursement under any federal, state, or other governmental programs for this prescription. Participation in this program must comply with all applicable laws and regulations as a pharmacy provider. By participating in this program, you are certifying that you will comply with the terms and conditions described in the Restrictions section below.

Pharmacist Instructions for a Patient With an Eligible Third Party: Submit the claim to the primary Third Party Payer first, then submit the balance due to **CHANGE HEALTHCARE** as a Secondary Payer COB (coordination of benefits) with patient responsibility amount and a valid Other Coverage Code, (eg, 8). The patient is responsible for as little as \$0 for their monthly prescriptions, up to a maximum benefit amount applied per calendar year. Offer valid for up to 12 uses. Reimbursement will be received from **CHANGE HEALTHCARE**. Valid Other Coverage Code required. For any questions regarding **CHANGE HEALTHCARE** online processing, please call the Help Desk at **1-800-422-5604**.

Restrictions: This offer is valid in the United States and Puerto Rico. Offer not valid for prescriptions reimbursed under Medicaid, a Medicare drug benefit plan, TRICARE, or other federal or state health programs (such as medical assistance programs). 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 using this offer, the patient certifies that he will comply with any terms of his health insurance contract requiring notification to his payer of the existence and/or value of this offer. Offer not valid for patients under 18 years of age. It is illegal to (or offer to) sell, purchase, or trade this offer. This offer is not transferable and is limited to one offer per person. Not valid if reproduced. Void where prohibited by law. Program managed by ConnectiveRx on behalf of Clarus Therapeutics. The parties reserve the right to rescind, revoke, or amend this offer without notice at any time.

JATENZO®

(testosterone undecanoate)
Capsules