# GET STARTED ON YOUR JATENZO® PRESCRIPTION

with the JATENZO Savings Card

- **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.

## For additional copay assistance

Ask your doctor to send your JATENZO prescription through one of our network pharmacies.\* With approved commercial insurance **you may pay as little as** 

If commercial insurance rejects coverage, **you may pay** 

#### **\*TERMS, CONDITIONS & RESTRICTIONS**

With the JATENZO® Copay Card, eligible patients with commercial insurance may pay as little as \$0 for their monthly prescription. Copay assistance will cover up to \$393 for a 1-month supply of JATENZO 237 mg. Eligible commercial insurance patients whose prescription coverage was denied, may elect to purchase a 1-month supply of JATENZO through a contracted network pharmacy for \$150. Cash patients, and those who choose not to use insurance, can purchase a 1-month supply of JATENZO for \$185. This offer is not valid for government insured patients. A valid Prescriber ID# is required on the prescription.

**Patient Instructions:** 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 **773-756-5798.** 

**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 PDMI as a Secondary Payer COB (coordination of benefits) with patient responsibility amount and a valid Other Coverage Code, (e.g., 8). The patient is responsible for as little as \$0 for their monthly prescriptions. Reimbursement will be received from **PDMI**. Valid Other Coverage Code required. For any questions regarding PDMI online processing, please call the Help Desk at **316-219-4802**.

**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 noninsurance 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. Tolmar reserves the right to rescind, revoke, or amend this offer without notice at any time.

All information is correct at time of printing and is subject to change without notice.

Please see next page for Important Safety Information. Visit <u>Jatenzo.com</u> for full Prescribing Information, including BOXED WARNING on increases in blood pressure, and Medication Guide.



Provide this information to pharmacy to receive copay offer **RxBIN:** 610020 **PCN:** ACR **Group:** 99995028 **Identification:** 42435701301

ORAL

FOR YOUR MONTHLY PRESCRIPTION\*

#### JATENZO° (testosterone undecanoate) Capsules ©

\*Eligible patients with commercial insurance pay as little as \$0 per month for JATENZO®

For full Terms, Conditions & Restrictions, visit Jatenzo.com





### IMPORTANT SAFETY INFORMATION FOR JATENZO



#### JATENZO<sup>®</sup> (testosterone undecanoate) Capsules **@**

### What is JATENZO?

JATENZO® (testosterone undecanoate) capsules are prescribed to adult men for testosterone replacement therapy when they have a deficiency or absence of their natural testosterone due to structural or genetic causes.

Safety and efficacy of JATENZO in boys less than 18 years old have not been established. JATENZO is a controlled substance, CIII, due to risk for physical and psychological dependence and abuse.

#### What important safety information is there for JATENZO?

- JATENZO might raise your blood pressure, which could cause serious heart problems like heart attacks, strokes, or even death related to heart conditions.
- Before taking JATENZO, your doctor should check your blood pressure and consider your risk for heart problems. Your doctor should also periodically monitor new-onset and pre-existing high blood pressure.
- Due to this risk, JATENZO should only be used for treatment of men who a deficiency or absence of natural testosterone due to structural or genetic causes.

### Who should not take JATENZO?

JATENZO should not be used in men with breast cancer or known or suspected prostate cancer, in women who are pregnant, in men who are over-sensitive to JATENZO or its ingredients, or in men with low testosterone that is not associated with structural or genetic factors.

# What side effects should I be aware of before starting JATENZO?

**Increase blood pressure.** JATENZO can increase blood pressure, which can increase the risk of serious heart problems, especially in with established risk factors for heart disease.

**Elevated red blood cell counts.** This may increase the risk of blood clots, strokes, and heart attacks.

**Benign prostatic hyperplasia (BPH).** If you have been previously diagnosed with BPH, signs and symptoms may worsen.

**Prostate cancer.** Patients taking testosterone may be at increased risk for prostate cancer.

**Blood clots.** Blood clots in the legs that may travel to the lungs have been reported in patients using testosterone replacement products.

**Abuse.** Testosterone has been subject to abuse, typically at doses higher than recommended. Testosterone abuse can lead to serious cardiovascular and psychiatric side effects, including depression and suicidal ideas.

**Low sperm count.** Large doses of testosterone products may suppress sperm production.

**Liver problems.** JATENZO is not known to cause liver side effects; however, report any signs of liver problems to your doctor.

### Swelling of your ankles, feet, or body (edema).

#### Enlarged or painful breasts.

**Sleep apnea.** Testosterone may worsen sleep apnea, especially with risk factors such as excess body fat or chronic lung conditions.

**Changes in lipid levels.** Lipid changes may require dose adjustment of your cholesterol medication or stopping testosterone treatment.

**Changes in mood.** Talk to your healthcare provider if you have changes in mood or behavior including, new or worsening depression, or suicidal thoughts.

### What are the most common side effects with JATENZO?

The most common side effects of JATENZO are increased red blood cell count, diarrhea, indigestion, burping, swelling of the leg or foot, nausea, enlarged prostate gland, high blood pressure, and headache.

# What medications should I tell my doctor that I am taking before starting JATENZO?

Tell your healthcare provider about all medications that you are taking prior to starting JATENZO, including prescription, over the counter medicines, vitamins, and supplements. Ensure that you notify your provider if you take insulin, blood-thinning medications, corticosteroids, or common pain or cold medicines.

These are not all the possible side effects of JATENZO. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

Please Visit <u>Jatenzo.com</u> for full Prescribing Information, including BOXED WARNING on increases in blood pressure, and Medication Guide.



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