

GET YOUR PATIENTS STARTED ON JATENZO[®]

Through our recommended network pharmacies

With approved commercial insurance
patients may pay as little as **\$0***

If commercial insurance rejects coverage,
patient may pay \$150.



NATIONAL PHARMACIES

Sterling Specialty Pharmacy

1312 Northland Dr, Suite 500
Mendota Heights, MN 55120

Hours: Mon - Fri: 7:30 AM - 5:30 PM CT

ePrescribing

NPI: 1225548480

NCPDP: 2433693

By Phone

Phone: 888-618-4126

Fax: 866-588-0371

Invictus Pharmacy

60 Essex St, Suite 202
Rochelle Park, NJ 07662

Hours: Mon - Fri: 9 AM - 5 PM ET
Sat: 9 AM - 3 PM ET

ePrescribing

NPI: 1073007340

NCPDP: 3155377

By Phone

Phone: 201-991-0800

Fax: 201-991-1980

REGIONAL PHARMACIES

Alabama

Village Discount Drugs

1726 Cherokee Ave Sw, Ste A
Cullman, AL 35055-5383

Hours: Mon - Fri: 9 AM - 6 PM CT
Sat: 9 AM - 1 PM CT

ePrescribing

NPI: 1154712685

NCPDP: 0140246

By Phone

Phone: 256-775-7455

Fax: 256-735-4431

California

ABC Pharmacy Laguna Hills

23141 Moulton Parkway, #107
Laguna Hills, CA 92653

Hours: Mon - Fri: 8:30 AM - 5:30 PM PT

ePrescribing

NPI: 1568814630

NCPDP: 5660659

By Phone

Phone: 949-916-9990

Fax: 949-377-0368

*See eligibility restrictions on page 2

Please see page 3 for Important Safety Information.
Visit JatenzoHCP.com for full Prescribing Information, including BOXED WARNING.



**GET YOUR PATIENTS
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JatenzoHCP.com

JATENZO®
(testosterone undecanoate)
Capsules ©

REGIONAL PHARMACIES

Georgia

Anchor Pharmacy

2139 Lawrenceville Hwy
Decatur, GA 30033
Hours: Mon - Fri: 9 AM - 5 PM CT

ePrescribing
NPI: 1255853784
NCPDP: 1169615

By Phone
Phone: 404-600-8172
Fax: 404-941-7397

Louisiana

John's Pharmacy

29148 S. Montpelier Ave.
Albany, LA 70711
Hours: Mon - Fri: 8 AM - 6 PM CT
Sat: 8 AM - 1 PM CT

ePrescribing
NPI: 1912178294
NCPDP: 1933678

By Phone
Phone: 225-209-6131
Fax: 888-623-3133

Texas

Choice Specialty Pharmacy

8850 Six Pines Dr, Ste 150
The Woodlands, Texas 77380
Hours: Mon - Fri: 9 AM - 5 PM CT

ePrescribing
NPI: 1841613981
NCPDP: 5910840

By Phone
Phone: 346-309-4800
Fax: 832-616-3489

*** TERMS, CONDITIONS & RESTRICTIONS**

Eligible patients with commercial insurance will pay as little as \$0 for their monthly prescriptions, up to a maximum benefit amount applied per calendar year. Eligible patients without commercial insurance may still save up to 50% on their monthly prescription, 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: 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 accessing the JATENZO Savings Card offer should ask their pharmacist to call the PDMI online processing Help Desk at 316-219-4802.

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, up to a maximum benefit amount applied per calendar year. Offer valid for up to 12 uses. 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.

Please see page 3 for Important Safety Information.
Visit JatenzoHCP.com for full Prescribing Information, including BOXED WARNING.



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JatenzoHCP.com

JATENZO[®]
(testosterone undecanoate)
Capsules 

Indication and Limitations of Use: JATENZO[®] (testosterone undecanoate) capsules, CIII, is an androgen indicated for testosterone replacement therapy in adult males for conditions associated with a deficiency or absence of endogenous testosterone:

- Primary hypogonadism (congenital or acquired)
 - Hypogonadotropic hypogonadism (congenital or acquired)
- Safety and efficacy of JATENZO in males less than 18 years old have not been established.

IMPORTANT SAFETY INFORMATION FOR JATENZO (testosterone undecanoate)

WARNING: INCREASES IN BLOOD PRESSURE

- **JATENZO can cause blood pressure (BP) increases that can increase the risk of major adverse cardiovascular events (MACE), including non-fatal myocardial infarction, non-fatal stroke and cardiovascular death.**
- **Before initiating JATENZO, consider the patient's baseline cardiovascular risk and ensure blood pressure is adequately controlled.**
- **Periodically monitor for and treat new-onset hypertension or exacerbations of pre-existing hypertension and re-evaluate whether the benefits of JATENZO outweigh its risks in patients who develop cardiovascular risk factors or cardiovascular disease on treatment.**
- **Due to this risk, use JATENZO only for the treatment of men with hypogonadal conditions associated with structural or genetic etiologies.**

CONTRAINDICATIONS

JATENZO is contraindicated in men with carcinoma of the breast or known or suspected carcinoma of the prostate, in women who are pregnant, in men with a known hypersensitivity to JATENZO or its ingredients, or in men with hypogonadal conditions that are not associated with structural or genetic etiologies.

WARNINGS AND PRECAUTIONS

Increase blood pressure and Major Adverse Cardiovascular Events. JATENZO can increase blood pressure, which can increase the risk of MACE, with greater risk in patients with established cardiovascular disease or risk factors for cardiovascular disease.

Increase in hematocrit and polycythemia. High red blood cell counts increase the risk of clots, strokes, and heart attacks.

Benign prostatic hyperplasia (BPH). Patients may see worsening signs and symptoms of BPH.

Prostate cancer. Patients treated with androgens may be at increased risk for prostate cancer.

Venous thromboembolic events (VTE). Deep vein thrombosis (DVT) and pulmonary embolism (PE) have been reported in patients using testosterone replacement products like JATENZO.

Abuse. Testosterone has been subject to abuse, typically at doses higher than recommended for the approved indication and in combination with other anabolic androgenic steroids. Testosterone abuse can lead to serious cardiovascular and psychiatric adverse reactions.

Suppression of spermatogenesis. Large doses of androgens, like JATENZO, can suppress spermatogenesis.

Hepatic adverse events. JATENZO is not known to cause liver adverse events; however, patients should be instructed to report any signs of hepatic dysfunction.

Retention of sodium and water.

Gynecomastia.

Sleep apnea. Testosterone may potentiate sleep apnea in some patients, especially those with risk factors such as obesity or chronic lung disease.

Changes in the serum lipid profile may require dose adjustment of lipid-lowering drugs or discontinuation of testosterone therapy.

Risk of hypercalcemia.

ADVERSE EVENTS

The most common adverse events of JATENZO (incidence $\geq 2\%$) are headache (5%), increased hematocrit (5%), hypertension (4%), decreased HDL (3%), and nausea (2%).

DRUG INTERACTIONS

JATENZO can cause changes in insulin sensitivity or glycemic control and changes in anticoagulant activity. Use of testosterone and corticosteroids concurrently may increase fluid retention. Use of prescription and nonprescription analgesic cold medications with JATENZO have been known to increase blood pressure.

Please visit JatenzoHCP.com for full Prescribing Information, including BOXED WARNING.