

SAVE MORE. GET MORE.



rhopressa
(netarsudil ophthalmic solution) 0.02%

rocklatan
(netarsudil and latanoprost ophthalmic solution) 0.02%/0.005%

PAY AS LITTLE AS \$25*
per prescription

30-day 90-day

BIN# 600426
PCN# 54
GRP# EC37503020
ID# 29687389276

* Restrictions apply. Please see terms and conditions on back.



rocklatan
(netarsudil and latanoprost ophthalmic solution) 0.02%/0.005%

Congratulations!
Start saving today with your
Rocklatan® Savings Offer.

You may **pay less than \$9 per month** for a 90-day supply.

Present this offer to your pharmacist when you fill your Rocklatan® prescription.

***Restrictions apply. Patients with Federal or State prescription coverage, such as Medicare or Medicaid, are not eligible.**

Patient Instructions: In order to redeem this offer you must have a valid prescription for ROCKLATAN® or RHOPRESSA®. 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 who are enrolled in a state or federally funded prescription insurance program, such as Medicare or Medicaid, are excluded. Patients with questions about the ROCKLATAN® or RHOPRESSA® Savings offer should call **1-844-807-9706**.

Eligible commercially insured patients may pay as little as \$25 per 30-day, 60-day, or 90-day supply. Patient pay amount may vary dependent upon commercial insurance coverage for ROCKLATAN® or RHOPRESSA®. Maximum savings limit applies; patient out-of-pocket expense may vary. Offer valid up to 12-month qualifying prescriptions.

Pharmacist instructions: Submit the claim to the primary commercial insurance company first, then submit the balance due to CHANGE HEALTHCARE as a Secondary Payer COB with patient responsibility amount and a valid Other Coverage Code. For any questions regarding CHANGE HEALTHCARE online processing, please call the Help Desk **1-800-433-4893**.

Restrictions: This offer is valid for eligible residents of the United States only. This offer is void in U.S. territories including, but not limited to, Puerto Rico. Offer not valid for prescriptions reimbursed under Medicare, a Medicaid drug benefit plan, TRICARE, CHAMPUS or other federal or state health programs. Offer may not be combined with any savings, discount, trial or similar offer for the same prescription. No other purchase is necessary. Coupon is not insurance. By using this offer, the patient certifies that he or she will comply with any terms of his or her health insurance contract requiring notification to his or her payor 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, trade, or counterfeit this offer. This offer is not transferable. Void where prohibited by law. Absent a change in Massachusetts law, for Massachusetts residents only, this offer will expire on March 1, 2022. Program managed by ConnectiveRx on behalf of Aerie Pharmaceuticals, Inc. Aerie Pharmaceuticals, Inc. reserves the right to rescind, revoke or amend this offer without notice at any time.

BY USING THIS CARD, YOU AND YOUR PHARMACIST UNDERSTAND AND AGREE TO COMPLY WITH THESE ELIGIBILITY REQUIREMENTS AND TERMS OF USE.