

**rhopressa**<sup>®</sup>  
(netarsudil ophthalmic  
solution) 0.02%

**MOST COMMERCIALY COVERED PATIENTS**

**PAY AS  
LITTLE AS \$20\***

**MOST COMMERCIALY NON-COVERED PATIENTS**

**PAY AS  
LITTLE AS \$50\***

**BIN# 600426  
PCN# 54  
GRP# ECRHOP1  
ID# 09166111315**

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



**Patient Instructions:** In order to redeem this offer you must have a valid prescription for 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 with state or federal coverage, such as Medicare or Medicaid, are excluded. Patients with questions about the Rhopressa Savings offer should call 1-844-807-9706.

**Eligible commercially insured patients with coverage for Rhopressa** will pay the first \$20 and receive up to \$65 off the patient's co-pay for a 30-day supply. Offer valid up to 12 uses.

**Eligible commercially insured patients who are not covered for Rhopressa** will pay the first \$50 and receive up to \$200 off the patient's out of pocket expenses per 30-day supply of Rhopressa. Offer valid for up to 3 uses.

**Pharmacist instructions: Commercial insurance coverage for Rhopressa:** 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, (e.g. 8). The patient is responsible for the first \$20 and the card pays up to the next \$65. Reimbursement will be received from CHANGE HEALTHCARE.

**Pharmacist instructions: Commercially insured but not covered:** Submit this claim to CHANGE HEALTHCARE. A valid Other Coverage Code (e.g. 1, 3) is required. The patient is responsible for the first \$50 and the card pays up to the next \$200. Reimbursement will be received from CHANGE HEALTHCARE.

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. Patients with state or federal coverage, such as Medicare or Medicaid, are excluded. Offer may not be combined with any savings, discount, trial or similar offer for the same prescription. 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, or trade this offer. Program expires 12/31/2018. This offer is not transferable. Void where prohibited by law. Program managed by ConnectiveRx on behalf of Aerie Pharmaceuticals. Aerie Pharmaceuticals 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.**

US-RHO-P-0026 4/18