

YOUR SAVINGS CARD IS READY TO USE RIGHT AWAY!*



Xalatan[®]
(latanoprost ophthalmic solution) 0.005%

SAVINGS CARD

RxBIN: 610020
RxGRP: 99992135
ID:
Expiration Date: 12/31/23

**YOU MAY PAY
AS LITTLE AS
\$0 PER
30-DAY
FILL***

**with a maximum savings
of \$125 per month and
\$1,500 per year**

*Terms and conditions apply. See below.
This card is not health insurance and will be accepted only at participating pharmacies.

- 1 Take your brand-name XALATAN prescription and this printout to any participating pharmacy.
- 2 Remind your pharmacist the savings card only works with brand-name XALATAN.
- 3 Keep this printout and use it to save on future XALATAN prescriptions.

*Terms and conditions apply. See below.

Check your bottle: Some pharmacies may fill a branded prescription with a generic medication

- Before you leave the pharmacy, check your bottle to make sure the shape and markings match the bottle pictured here
- If your bottle doesn't match, speak to your pharmacist right away to get the brand-name XALATAN your doctor prescribed



2.5 mL

Bottle shown not actual size.

TO PHARMACIST: Process XALATAN Savings Offer using RxBIN# 610020.

For Insured Patients: Process a coordination of benefits (COB/split bill) claim using the patient's prescription insurance for the PRIMARY claim. Submit the SECONDARY claim to PDM under RxBIN# 610020.

For Uninsured Patients: Submit claim to PDM under RxBIN# 610020.

For help processing this offer, call 1-866-562-6147.

XALATAN is available by prescription only in 50 mcg/mL.

*Eligibility required. Terms and conditions apply. Full terms and conditions can be found at XALATAN.com/savings-terms.

This Savings Offer will be accepted only at participating pharmacies. This Savings Offer is not health insurance.

No membership fees. Maximum savings of \$1,500 per calendar year. This Savings Offer is not valid for prescriptions that are eligible to be reimbursed, in whole or in part, by Medicaid, Medicare, or other federal or state healthcare programs. This Savings Offer is not valid for prescriptions that are eligible to be reimbursed in whole by private insurance plans or other health or pharmacy benefit programs.

Viatriis reserves the right to revoke, rescind, or amend this offer without notice. For further information, call 1-866-562-6147, visit XALATAN.com, or write: Viatriis, P.O. Box 2941, Mission, KS 66201.