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ELIGIBLE COMMERCIALLY-INSURED PATIENTS MAY PAY AS LITTLE AS \$30* PER 90-DAY PRESCRIPTION FILL

THAT'S AS LITTLE AS \$10 PER MONTH FOR A 90-DAY SUPPLY

SCAN THIS CODE TO BEGIN ENROLLMENT



*Maximum savings limits apply; patient out-of-pocket expense will vary depending on insurance coverage. Offer valid for patients with commercial prescription insurance coverage and a valid prescription for LUMIGAN[®] 0.01%, COMBIGAN[®], or ALPHAGAN[®] P 0.1%. Offer not valid for patients enrolled in Medicare, Medicaid, or any other federal, state, or government-funded healthcare program. See At Your Service Savings Program Terms, Conditions, and Eligibility Criteria by scanning the QR code or visiting SaveWithAYS.com.

See reverse side to learn how to save on every prescription.



ENROLL IN SAVINGS BEFORE YOU VISIT THE PHARMACY



SCAN THIS CODE TO BEGIN ENROLLMENT TEXT SAVINGS T0 72428⁺

OR

CALL 1-833-DIAL-AYS (1-833-342-5297)

For more information, talk to your doctor, visit **savewithays.com**, or call Allergan At Your Service Customer Service at **1-833-Dial-AYS (1-833-342-5297)**

OR

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