



RBC Capital Markets

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June 25, 2014

Aerie Pharmaceuticals, Inc.

Roclatan Phase IIb data positive and stat sig; going into Phase III

Positive – Results showed a higher statistically significant lowering of IOP with Roclatan vs. latanoprost in patients with glaucoma.

Phase IIb results for Roclatan showed statistically significant better efficacy than latanoprost in treating patients with glaucoma. Preparations are being put in place to begin a Phase III study for Roclatan. Next catalysts are details from the Phase IIb study, Phase III Rhopressa data in 2015, followed by Phase III Roclatan data potentially in 2016, followed by product approvals in 2017 and 2018. In our view, positive results significantly de-risk AERI shares and the combination program, establish Roclatan's potential as a drug that could have the best efficacy of any drug targeting glaucoma, making it a likely blockbuster drug and AERI a potential takeover target.

Roclatan (quad action; combination therapy) beat latanoprost, a prostaglandin; achieved stat sig superiority at day 29. Roclatan lowered mean diurnal IOP from 25.1 mmHg at baseline to 16.5 mmHg, a 8.6 mmHg reduction (34% decrease in IOP). **At day 29, Roclatan's mean diurnal IOP was 2 mmHg higher than latanoprost and efficacy exceeded latanoprost's by 1.6 to 3.2 mmHg across each time point measured.** Results were stat sig at each time point.

- 35% or greater reduction in mean diurnal IOP from baseline: 50% for Roclatan vs. 28% for latanoprost.
- Mean diurnal IOP of 16 mmHg or less: 46% for Roclatan vs. 18% for latanoprost.

Side-effect is hyperemia and appears in line with prostaglandins. AERI reported hyperemia, redness of the eye, in ~40% of patients, and that it's mild for majority of patients. Prostaglandin labels show hyperemia of 30-50% and discontinuation rates of 1-3%, which shows results are in line.

Rhopressa (triple action; monotherapy) lowered IOP by 6.3 mmHg. Since the trial compared Roclatan (Rhopressa + latanoprost as 1 drop, once/day) to its components, we also see that IOP for Rhopressa was lowered by 6.3 mmHg from baseline (vs. 8.6 mmHg for Roclatan), which is expected.

Next steps are a Phase III program for Roclatan and Phase III data for Rhopressa. Currently we expect AERI to begin Phase III studies with Roclatan in 2015 and report top-line efficacy data in 2016. A Rhopressa Phase III should start mid-year and have top-line data in mid-2015. We expect NDA filings in 2016 for Rhopressa and 2017 for Roclatan followed by approvals in 2017 and 2018, respectively.

Conference call at 8:00am ET. US: 1-888-734-0328; International: 1-678-894-3054; ID: 66255242.

Outperform Speculative Risk

NASDAQ: AERI

Price: USD 21.03

All values in USD unless otherwise noted.



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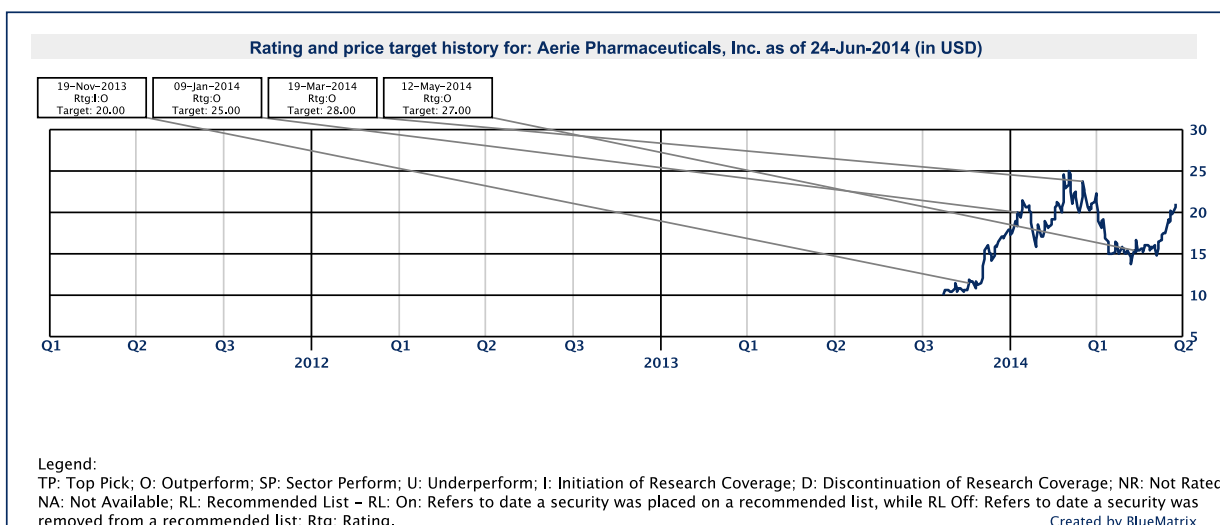
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