

This 1 card can be used for all your eligible customers

Pay as little as \$9
for 90 days.*



No Activation Required.

**Limitations apply. See reverse side for details.*

Reimbursement limited to \$150 per month or \$450 on a 90 day fill.

Powered by:

CHANGE HEALTHCARE

BIN# 004682

PCN# CN

GRP# ECVASCEPA

ID# 59021139303

Vascepa[®]
(icosapent ethyl)

Pharmacist and Beneficiary: When you use this card, you are certifying that you have not submitted and will not submit a claim for reimbursement under any Federal, State, or other Governmental programs for this prescription.

PATIENTS

By using this coupon, you acknowledge that you meet the Eligibility Criteria and will comply with the Terms and Conditions. Present this coupon to your pharmacy along with your valid VASCEPA prescription. You will pay the first \$9. We will pay up to the next \$150 (30-day fill) or \$450 (90-day fill). Any additional amounts due are your responsibility. If you have any questions, call 1-855-497-8462.

PHARMACIES

By applying this coupon, you are certifying that the patient meets the Eligibility Criteria.

Processing Instructions:

Commercial Insurance Claims: Process a coordination of benefits (COB/split bill) claim.

1. Use patient's prescription insurance as PRIMARY.
2. Then submit the balance due as SECONDARY to Change Healthcare with patient responsibility amount and a valid Other Coverage Code, (e.g. 8).

Claims NOT Using Insurance: Submit a PRIMARY claim to Change Healthcare with a valid Other Coverage Code (e.g. 1).

Submitting a claim for reimbursement under any state- or federally-funded prescription insurance program or where otherwise prohibited **automatically voids this offer**. For processing help, call 1-800-422-5604.

ELIGIBILITY CRITERIA/TERMS AND CONDITIONS

1. This offer is valid for adult patients with a valid VASCEPA prescription. Both must be presented at the time of purchase. 2. Prescriptions covered by Medicare, Medicaid, TRICARE, or similar federal or state programs are not eligible for this offer. 3. Offer may be used by patients with commercial insurance for a maximum savings of \$2250 annually, for up to \$150 per 1-month fill and \$450 per 3-month fill. This offer is also available to patients not using insurance to pay for this prescription. 4. Offer only available in the United States. Void in MA and where prohibited, taxed or otherwise restricted by a third party. It may not be redeemed for cash. 5. Offer is not transferable and may not be combined with any other savings offer or used for any other product. This is not health insurance. 6. ConnectiveRx and Amarin Pharmaceuticals Ireland Limited reserve the right to rescind, revoke, or amend this offer at any time with or without notice. It is a violation of federal law to buy, sell, or counterfeit this offer.



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(icosapent ethyl)