

Vascepa®

(icosapent ethyl)

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



Expiration Date: 12/31/2021
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# EC86001074
ID# 59652004845

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.

Congratulations!

**This savings offer
may be printed now.**

**Present this offer when you fill
your VASCEPA® (icosapent ethyl)
prescription at the pharmacy.
If you do not return to the same
pharmacy where you obtained
your first prescription,
then please bring this card
to your new pharmacy through
December 31, 2021.**

Offer restrictions: May not be used to obtain prescription drugs paid for in part by Federal or State Healthcare Programs including Medicare, Medicaid, Medicare Advantage, Medicare Part D, Tricare, and VA. Not for use by VT residents, VT licensed medical professionals, patients under 18, where prohibited by law or patient's insurance plan, or where taxed or restricted. Maximum savings of \$150 per month or \$450 per 90 day supply. Eligible patients include those who participate in commercial insurance, through a healthcare exchange, or pay cash. Offer good through December 31, 2021.

Patient Instructions: In order to redeem this card you must have a valid prescription for VASCEPA® (icosapent ethyl) and otherwise meet all eligibility criteria. Follow the dosage instructions given by the doctor. This card may not be redeemed for cash.

Cardholders with questions, please call **1-855-497-8462**.

Pharmacist Instructions for a Patient with an Eligible Third Party Payer: Submit the claim to the primary Third Party Payer first, then submit the balance due to **CHANGE HEALTHCARE** as a Secondary Payer COB [coordination of benefits] with patient responsibility amount and a valid Other Coverage Code, (**e.g. 8**). The patient is responsible for the first \$9 and the card pays up to the next \$150 on a monthly fill or \$450 on a 90 day fill. Reimbursement will be received from **CHANGE HEALTHCARE**.

Pharmacist Instructions for a Cash-Paying Patient: Submit this claim to **CHANGE HEALTHCARE**. A valid Other Coverage Code (**e.g. 1**) is required. The patient is responsible for the first \$9 and the card pays up to the next \$150 on a monthly fill or \$450 on a 90 day fill. Reimbursement will be received from **CHANGE HEALTHCARE**.

Valid Other Coverage Code required. For any questions regarding **CHANGE HEALTHCARE** online processing, please call the Help Desk at 1-800-422-5604. **Program expires 12/31/2021.** Program managed by ConnectiveRx on behalf of Amarin Pharma Inc. The parties reserve the right to rescind, revoke or amend this offer without notice at any time. Not valid if reproduced. Void where prohibited by law, taxed or restricted.

Do not process coupon if government beneficiary.

connective[®]

INDICATION AND IMPORTANT SAFETY INFORMATION

WHAT IS VASCEPA?

VASCEPA is a prescription medicine used:

- along with certain medicines (statins) to reduce the risk of heart attack, stroke and certain types of heart issues requiring hospitalization in adults with heart (cardiovascular) disease, or diabetes and 2 or more additional risk factors for heart disease.
- along with a low-fat and low-cholesterol diet to lower high levels of triglycerides (fats) in adults.

It is not known if VASCEPA changes your risk of having inflammation of your pancreas (pancreatitis).

It is not known if VASCEPA is safe and effective in children.

IMPORTANT SAFETY INFORMATION

WHO SHOULD NOT TAKE VASCEPA?

- Do not take VASCEPA if you are allergic to icosapent ethyl or any of the ingredients in VASCEPA.

WHAT ARE THE POSSIBLE SIDE EFFECTS OF VASCEPA?

VASCEPA may cause serious side effects, including:

- **Heart rhythm problems (atrial fibrillation and atrial flutter).** Heart rhythm problems which can be serious and cause hospitalization have happened in people who take VASCEPA, especially in people who have heart (cardiovascular) disease or diabetes with a risk factor for heart (cardiovascular) disease, or who have had heart rhythm problems in the past. Tell your doctor if you get any symptoms of heart rhythm problems such as feeling as if your heart is beating fast and irregular, lightheadedness, dizziness, shortness of breath, chest discomfort or you faint.
- **Possible allergic reactions if you are allergic to fish or shellfish.** Stop taking VASCEPA and tell your doctor right away or get emergency medical help if you have any signs or symptoms of an allergic reaction.
- **Bleeding.** Serious bleeding can happen in people who take VASCEPA. Your risk of bleeding may increase if you are also taking a blood thinner medicine.

If you have liver problems and are taking VASCEPA, your doctor should do blood tests during treatment.

The most common side effects of VASCEPA include:

- Muscle and joint pain
- Swelling of the hands, legs, or feet
- Constipation
- Gout
- Heart rhythm problems (atrial fibrillation)

These are not all the possible side effects of VASCEPA. Call your doctor for medical advice about side effects.

You may report side effects to FDA at 1-800-FDA-1088.

Tell your doctor if you take medicines that affect your blood clotting (anticoagulants or blood thinners).

For more information on VASCEPA [click here](#) to see the full Patient Information or call 1-855-VASCEPA (1-855-827-2372).