

# FORMULARY UPDATE FOR VASCEPA® IN NATIONAL PLANS & PBMS



## VASCEPA is covered without restrictions for the majority of commercially insured patients regardless of triglyceride levels<sup>1</sup>

You can be confident that your patient may receive VASCEPA with:



**Less hassle for you and your patients**



**Fewer pharmacy callbacks**



**Lower cost for patients**

### FORMULARY STATUS FOR PLANS IN YOUR AREA

Anthem Blue Cross & Blue Shield	Covered, Omega-3 Class PA
Cigna	Now Unrestricted 10/2017
CVS Caremark	Preferred
Express Scripts	Preferred
Federal Employee Benefit Plan	Covered
Humana	Equal Copay to Gx Omega-3
OptumRx	Preferred
Prime Therapeutics & HCSC	Covered
UnitedHealthcare	Covered, Omega-3 Class PA


Data on file as of 9/1/2017.

**Pay As Little As \$9<sup>+</sup>**  
For each prescription<sup>†</sup>

Expiration Date: **12/31/2018**

\*Limitations apply. See reverse side for details.  
†Reimbursement limited to \$70 per month or \$140 on a 90 day fill.

Powered by:  
**CHANGE HEALTHCARE**  
BIN# 004682  
PCN# CN  
GRP# ECVASCEPA  
ID# 59021139303



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\* CAN PAY AS LITTLE AS \$9 FOR A 90-DAY SUPPLY WITH THE VASCEPA SAVINGS CARD<sup>†</sup>

- Most eligible, insured patients will pay as little as \$9 of their copay every 90 days while saving up to \$140 per 90-day fill\*
- Your patients can download the VASCEPA Savings Card at [www.VASCEPASavings.com](http://www.VASCEPASavings.com)
- Universal Pharmacy Card (UPC) may be applied for any eligible patient by entering all 4 codes into the notes section of an e-prescription

\*Offer restrictions: Most eligible, insured patients will pay as little as \$9 of their copay for either each month or a 90 day fill, with a maximum savings of up to \$70 per month or \$140 on a 90 day fill. Not for use by residents of VT, nor medical professionals licensed in VT. May not be used to obtain prescription drugs paid for by Federal or State Healthcare Programs including Medicare Part D. This offer is not valid for those patients under 18 years of age or patients whose plans do not permit use of a copay card. Void where prohibited by law, taxed, or restricted. Eligible patients include those who participate in commercial insurance, through a healthcare exchange, or pay cash. Offer good through December 31, 2018.

<sup>†</sup>As of June 5, 2017.



Nationally, VASCEPA has >95% unrestricted access on Medicare Part D plans regardless of triglyceride levels<sup>1</sup>

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Less hassle for you and your patients



Fewer pharmacy callbacks



Lower cost for patients

**FORMULARY STATUS FOR PLANS IN YOUR AREA**

AARP/UnitedHealthcare/OptumRx	Equal Copay to Gx Omega-3
Anthem Blue Cross & Blue Shield	Covered, Gx 03 Requires PA
Cigna HealthSpring	Covered, Most Patients LIS
Express Scripts	Pref, Exclusive Omega-3
Humana	Equal Copay to Gx Omega-3
Humana Walmart	Exclusive, Gx Omega-3 NC
Prime Therapeutics	Preferred
SilverScript (CVS)	Covered, Most Patients LIS
WellCare	Covered, Most Patients LIS

Data on file as of 9/1/2017.

**LOW INCOME SUBSIDY (LIS)-QUALIFIED BENEFICIARIES RECEIVE SUBSIDIZED BENEFITS\***

LIS Medicare beneficiaries have low out-of-pocket prescription expenses (from \$3.30 to \$8.25) for VASCEPA, with a fixed branded copay that is not subject to a deductible or the coverage gap/donut hole.<sup>†</sup>

\*Premium, deductible, copay, and drug costs in the coverage gap are reduced or eliminated for LIS beneficiaries.

<sup>†</sup>As of June 5, 2017.

Reference: 1. Data on file. Amarin Pharma, Inc.; 2017.