

## LOVAZA® SAVINGS CARD

Only valid for eligible patients

Pay as little as

# \$5 / Month

Potential savings of up to \$75 per fill after the first \$5

BIN#: 610600  
PCN#: AS  
RxGroup: 359  
ID#: 35902584275



**To the Patient:** This co-pay card may be used to reduce your out of pocket cost for this product. Please present this card to the pharmacist to participate in this program. This offer applies toward out-of-pocket expenses only, for a potential savings of up to \$75 per fill after the first \$5. By using this co-pay card, you acknowledge that you currently meet the eligibility criteria and will comply with the terms & conditions.  
**Not available in CA or MA.**



**To the Pharmacist:**  
**Pharmacy Processing:** Submit the out-of-pocket balance due using coordination of benefits to AlphaScrip as a Secondary Payer as out-of-pocket billing using Other Coverage Code 8. Eligible patients may pay as little as \$5 per fill. Maximum benefit of \$75 per fill applies. Any remaining balance will be the patient's responsibility. You will receive the amount covered by the program in your reimbursement from AlphaScrip. As a condition of payment, you must comply with the terms and conditions of this offer and all of your own contractual and legal obligations. Pharmacists needing assistance in processing of this claim, call our pharmacy help desk at 1-877-274-3244

## LOVAZA® Savings Card Program

RxBin:	610600
PCN:	AS
RxGroup:	359
ID #:	35902584275

### To The Patient:

This co-pay card may be used to reduce your out of pocket cost for LOVAZA®. Please present this card to the pharmacist to participate in this program. This offer applies toward out-of-pocket expenses only, for a potential savings of up to \$75 per fill after the first \$5. By using this co-pay card, you acknowledge that you currently meet the eligibility criteria and will comply with the terms & conditions described above.

### To The Pharmacist:

**Pharmacy Processing:** Submit the out-of-pocket balance due using coordination of benefits to AlphaScrip as a Secondary Payer as out-of-pocket billing using Other Coverage Code 8. Eligible patients may pay as little as \$5 on each fill. Maximum benefit of \$75 per fill applies. Any remaining balance will be the patient's responsibility. You will receive the amount covered by the program in your reimbursement from AlphaScrip. As a condition of payment, you must comply with the terms and conditions of this offer and all of your own contractual and legal obligations. Pharmacists needing assistance in processing of this claim, call our pharmacy help desk at **1-877-274-3244**

### Terms and Conditions

\* Offer valid for commercially-insured new patients who have a valid LOVAZA® prescription. Annual, monthly, and per-fill program limits apply. Offer valid for US residents (except Massachusetts and California residents). Void where prohibited by law. Manufacturer retains the rights to rescind, revoke or amend this program at any time with or without notice. Not valid for uninsured patients or insured patients with government coverage. Additional restrictions may apply. **This is not an offer for health insurance.**