

# COPAY ASSISTANCE IS AVAILABLE

The VYEPTI CONNECT® Copay Assistance Program can help eligible commercial patients with their copays for VYEPTI® (eptinezumab-jjmr).



Card is for illustrative purposes only.  
No copay card is provided.



## You may pay as little as \$5 every 3 months for VYEPTI, if eligible

By signing up for the VYEPTI CONNECT Copay Assistance Program, you could save up to \$4000 every calendar year on the cost of your VYEPTI medication. You may be responsible for administration and other fees.



## The eligibility criteria include\*

- ✓ Being at least 17 years old
- ✓ Being covered by commercial insurance†
- ✓ Having a valid prescription for VYEPTI
- ✓ Meeting all other eligibility requirements outlined in the VYEPTI CONNECT Copay Assistance Program Terms and Conditions

\*Patients must meet all other eligibility requirements set forth in the VYEPTI CONNECT Copay Assistance Program Terms and Conditions. For full eligibility requirements, please see the Terms and Conditions at the end of this document or visit [vyeptisavings.com](http://vyeptisavings.com).

†Patients are not eligible for this assistance if they are uninsured or if their prescription is eligible to be reimbursed, in whole or in part, by any state or federal healthcare programs, including but not limited to Medicare or Medicaid, Medigap, VA/DOD, or TRICARE.

To learn more about how to enroll in the VYEPTI CONNECT Copay Assistance Program, see the next page, visit [vyeptisavings.com](http://vyeptisavings.com), or call 833-4-VYEPTI.

For more information about VYEPTI, visit [vyepti.com](http://vyepti.com).

# WAYS TO ENROLL

## In the VYEPTI CONNECT® Copay Assistance Program

If you are eligible, you may enroll through any of the following options:



Visit [vyeptisavings.com](https://vyeptisavings.com) or call 833-4-VYEPTI (833-489-3784), Option 1, to confirm eligibility and to enroll in the program.



If your doctor is enrolling you in VYEPTI CONNECT, you can **complete the VYEPTI CONNECT Copay Assistance Program enrollment section** on the form.



If you are receiving VYEPTI through a Specialty Pharmacy, **your pharmacist can help you** enroll in the program while on the phone.

## Additional Support Available for VYEPTI Patients



**VYEPTI CONNECT** is a program designed by experts who understand the information and assistance that can be helpful to patients starting VYEPTI. This program offers support throughout your treatment...from insurance Benefits Investigation through infusion.

Talk to your doctor about enrolling you in VYEPTI CONNECT today.

For additional information or to speak directly with a VYEPTI CONNECT Liaison, call 833-4-VYEPTI, Option 1, Monday through Friday, 8 AM to 8 PM ET.



**VYEPTI GO**® provides helpful information and resources while you are being treated with VYEPTI. Registered nurses are available 6 days a week to answer your questions about VYEPTI and to:

- Direct you to helpful resources
- Provide information on VYEPTI and the treatment process

For additional information or to enroll in VYEPTI GO, visit [vyeptigo.com](https://vyeptigo.com) or you can call 833-4-VYEPTI, Option 2, Monday through Friday, 8 AM–8 PM ET, and Saturday, 10 AM–2 PM ET.

For more information about VYEPTI, visit [vyepti.com](https://vyepti.com).

## Terms and Conditions for the VYEPTI CONNECT® Copay Assistance Program (the “Program”)

**Terms and Conditions:** Only commercially insured patients age 17 years and older whose insurance policy provides coverage for VYEPTI® (eptinezumab-jjmr) and whose insurance company does not pay for the entire cost of their prescription, are eligible for copay assistance (the “Offer”). Patients are not eligible for the Offer:

- (1) If they are self-pay, meaning the patient pays the entire cost of the prescription out of their own pocket; or
- (2) If the patient is enrolled in a health plan in which the federal or state government could pay for their prescription, either all of it or part of it; examples of government programs that pay for medication are Medicare or Medicaid, Medigap, VA, DOD, or TRICARE; or
- (3) If they are Medicare-eligible and enrolled in an employer-sponsored retiree health plan or prescription drug benefit program.

The Offer is valid for use only with a valid prescription for VYEPTI at the time the prescription is filled by the pharmacist, or at the time the healthcare provider (or “HCP”) administers VYEPTI to the patient. The Offer applies only to prescriptions filled before the Program expires or terminates. The Offer applies to the cost of the product only; any administration costs (e.g., cost of IV infusion) or other fees are the responsibility of the patient. The patient or patient’s HCP shall not submit any prescription copays for payment to any public third-party payer, including Medicaid or Medicare, or to any other similar federal or state healthcare program. Patients are responsible for complying with any obligations or requirements imposed by their commercial insurance plans.

The Offer is for the eligible patient and is not transferable to any other person. The selling, purchasing, trading, or counterfeiting of the Offer is prohibited by law. The Offer has no cash value and may not be used in combination with any other discount, coupon, rebate, free trial, or similar offer for the specified VYEPTI prescription.

Lundbeck reserves the right to rescind, revoke, terminate, or amend the Offer at any time without notice. The Offer is intended to comply with all applicable laws and regulations including, without limitation, the federal Anti-Kickback Statute, its implementing regulations, and related guidance interpreting the federal Anti-Kickback Statute. The Offer is not health insurance. The Offer is valid only in the USA where allowed by law. There is no product purchase requirement associated with the Offer. Patients can discontinue participation in the Program at any time and their questions and requests can be directed to 833-4-VYEPTI (833-489-3784) Monday through Friday, 8 AM - 8 PM ET.

Eligible commercially insured patients age 17 years and older with a valid VYEPTI prescription who participate in this Program must pay at least \$5 for each VYEPTI treatment. Copay assistance is subject to a per patient maximum benefit of \$4,000 per calendar year (the “Cap”) for out-of-pocket expenses for VYEPTI, including copays or coinsurances. If the patient’s total out-of-pocket bill exceeds the Cap established by Lundbeck, the patient will be responsible for the additional balance. Patients should confirm their out-of-pocket cost with their pharmacy, or with their HCP, prior to treatment.

The Offer will automatically renew each calendar year. If the patient no longer wishes to participate in the Offer, he/she can call and cancel at any time. By participating in the VYEPTI CONNECT Copay Assistance Program, the patient acknowledges and agrees that he/she is eligible to participate pursuant to the rules stated in these VYEPTI CONNECT Copay Assistance Program Terms and Conditions and that he/she understands and agrees to comply with these VYEPTI CONNECT Copay Assistance Program Terms and Conditions.

For more information about VYEPTI, visit [vyepti.com](https://vyepti.com).



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