

VYEPTI CONNECT® PATIENT ENROLLMENT FORM

Complete all fields, sign where indicated, and email to VYEPTI Connect at enrollment@lundbeck.com.
For questions, call 833-4-VYEPTI (833-489-3784), Monday - Friday, 8 AM - 8 PM ET.



Please complete all required () fields and sign where indicated.

Has your doctor prescribed you VYEPTI or are you taking VYEPTI?*

☐ Yes ☐ No

Are you taking or planning to take VYEPTI for an approved indication?

For more information about VYEPTI's indication, review the [Patient Information](#).

☐ Yes ☐ No

Do you currently have an infusion location?*

☐ Yes Infusion Provider Name: _____

☐ No

What is your VYEPTI Dose?*

☐ 100 mg ☐ 300 mg Other: _____

☐ Unsure

Check the box next to the type of support you'd like to receive. Select all that apply.*

☐ Help me understand my insurance coverage for VYEPTI

☐ Help me find an infusion location

☐ Help me understand VYEPTI financial support

☐ Other: _____

Patient Information

PATIENT INFORMATION

DOB (MM/DD/YYYY)* _____ Gender*: ☐ M ☐ F ☐ Other

First Name* _____ Last Name* _____

Address Line 1* _____

Address Line 2 _____

City* _____ State* _____ ZIP* _____

Email* _____

Mobile Phone number* _____ Home Phone number _____

Ok to Text*: ☐ Yes ☐ No

Insurance Information

☐ I do not have Medical insurance

PRIMARY MEDICAL INSURANCE

Primary Medical Insurance Name* _____

Primary Medical Insurance Phone Number* _____

Policy Holder Member ID* _____

Group Number* _____

SECONDARY MEDICAL INSURANCE (optional)

Secondary Medical Insurance Name _____

Secondary Medical Insurance Phone Number _____

Policy Holder Member ID _____

Group Number _____

PHARMACY INSURANCE

Pharmacy Insurance Name _____

Prescriber Information

PRESCRIBER INFORMATION

Physician First Name* _____ Physician Last Name* _____

Address Line 1* _____

Address Line 2 _____

City* _____ State* _____ ZIP* _____

Office Phone Number* _____

For more information about VYEPTI, please see the [full prescribing information](#)
and [patient information on vyepti.com](#)

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PATIENT TO COMPLETE ALL REQUIRED FIELDS AND SIGN

To enroll in the VYEPTI CONNECT program: 1. Check the authorization button below; 2. Sign and date below.

CHECK

- ☐ I have read and understand Terms and Conditions for the VYEPTI Connect Program ("Program") available at www.Vyepti.com/Connect-terms-and-conditions. I certify that the information provided in this application is complete and accurate to the best of my knowledge. By submitting this application, I authorize Lundbeck and/or its representatives to enroll me into the Programs and provide me patient support if I am eligible.

Patient Authorization for Use and Disclosure of Personal Health Information

By signing below, I authorize my healthcare providers (including pharmacies and infusion providers) and health plans (together, my "Health Team") to disclose my personal health information relevant to my treatment or potential treatment with VYEPTI® (eptinezumab-jjmr), including any information I have provided in this application (my "Information"), to Lundbeck LLC and its affiliates, agents, representatives, and service providers (collectively, "Lundbeck"), so that Lundbeck can determine if I am eligible for the VYEPTI Program(s) I seek to participate in (collectively, the "Programs"), enroll me in the Programs if I am eligible, and undertake the activities listed below that involve the use and disclosure of my Information.

I authorize Lundbeck to share my Information with my Health Team to communicate about my benefit and coverage status and my medical care and payments for my medical treatment, and to use my Information to: (1) administer the Programs; (2) provide me with patient support, including facilitating the provision of VYEPTI to me; (3) provide me with informational and promotional materials relating to Lundbeck products and/or my condition or treatment; (4) contact me for Program or research purposes or to provide information about Lundbeck products and services, including by phone, email and/or text message, and including through messages that disclose that I take or may take VYEPTI; and (5) allow Lundbeck to analyze the usage patterns and the effectiveness of Lundbeck products, support, and programs and help develop new products, support, and programs, and for other Lundbeck general business and administrative purposes. I understand that Lundbeck may compensate my pharmacy providers for communicating with me about the benefits of Lundbeck products or services, and/or disclosing PHI pursuant to this authorization. I authorize my pharmacy providers to make such communications.

I understand that I am not required to sign this authorization in order to receive healthcare benefits or treatment, including with Lundbeck products. I also understand that once my Information has been disclosed to Lundbeck, federal privacy laws may no longer restrict its disclosure and it might legally be redisclosed to others.

I understand that I may cancel this authorization at any time by sending a written cancellation notice to 2250 Perimeter Park Drive, Suite 300, Morrisville, North Carolina 27560, attention, Privacy Office. I understand that if I were to cancel the authorization, it would be invalid for further uses and disclosures of my Information, but that my cancellation would not invalidate any uses and disclosures of my Information made prior to the Program's receipt of my notice of withdrawal. I understand that if I do not cancel this authorization, the authorization will expire ten years from the date of signature (or the maximum period allowed by applicable state law, if less than ten years). I understand that I am entitled to receive a copy of this authorization once it has been signed.

PRINT PATIENT NAME*: _____

SIGN

PATIENT SIGNATURE*: _____ DATE*: _____

IF UTILIZING A PERSONAL REPRESENTATIVE, THE FOLLOWING FIELDS WILL BE REQUIRED INSTEAD OF PATIENT SIGNATURE:

PRINT PERSONAL REPRESENTATIVE (AUTHORIZED TO SIGN FOR PATIENT)*: _____

SIGN

PERSONAL REPRESENTATIVE SIGNATURE*: _____ DATE*: _____

RELATIONSHIP TO PATIENT*: ☐ Parent ☐ Spouse ☐ Power of Attorney
☐ Other _____



Have VYEPTI questions?

Our Nurse Educators are available Monday - Friday, 8:00 a.m. - 8:00 p.m. (ET) to answer your questions and direct you to helpful resources.
Call 833-4-VYEPTI (833-489-3784) to speak to a nurse today.

For more information about VYEPTI, please see the full [prescribing information](#) and [patient information on vyepti.com](#)

