

● Copay Assistance for Your Commercial Patients

The VYEPTI™ (eptinezumab-jjmr) Copay Assistance Program may help eligible commercial patients* with their copays for VYEPTI.

Patients may pay as little as \$5 per infusion every 3 months for VYEPTI

The VYEPTI Copay Assistance Program covers the cost of VYEPTI only. With the VYEPTI Copay Assistance Program, patients could save up to \$4000 every calendar year on the cost of VYEPTI. There may be responsibility for administration and other fees

Patient Eligibility Criteria:

- Age 17 years or older
- Covered by commercial insurance
- Have a valid prescription for VYEPTI that is not eligible for reimbursement through any state or federal healthcare programs
- Reside in the United States
- Meet all other eligibility requirements set forth in the VYEPTI Copay Assistance Program Terms and Conditions*
- Patients are not eligible for this assistance if they are uninsured or if their prescription will 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, TRICARE, or where prohibited by law

Steps your patients should take to enroll in the VYEPTI Copay Assistance Program

After providing your patients with information about the VYEPTI Copay Assistance Program, be sure to remind them that it is their responsibility to enroll in the program by following these 3 steps.

- 1 Confirm with the office staff or their commercial insurance provider that VYEPTI is covered.
- 2 Visit www.vyepti.com or call 833-4-VYEPTI to confirm eligibility and to enroll in the VYEPTI Copay Assistance Program.
- 3 Eligible patients will receive VYEPTI Copay Assistance Program information at the time of enrollment.

*Full Terms and Conditions can be found at www.vyepti.com.

● VYEPTI Copay Assistance Program Reimbursement Process

The VYEPTI Copay Assistance Program can assist eligible patients, whether VYEPTI is acquired through buy and bill or specialty pharmacy.

Buy and bill reimbursement process

- Upon successful enrollment, the patient and the HCP will receive a Welcome Letter that describes the program and includes all of the information needed to participate.
- After administering VYEPTI, the HCP submits a claim to the patient's primary insurance plan.
- HCP sends the explanation of benefits (EOB) from the patient's commercial insurance plan, along with a copy of the CMS 1500 or UB-04 claim form by fax or mail to

Fax: 866-218-3479

Mail: VYEPTI Copay Assistance Program
PO Box 2355
Morristown, NJ 07962

- VYEPTI Copay Assistance Program sends payment on behalf of the patient to the HCP minus the \$5 copay amount owed by the patient.
- HCP collects the patient share of the copay from the patient. Patient is responsible for administration and other fees.

Specialty pharmacy reimbursement process

- Patient provides the specialty pharmacy with their VYEPTI Copay Assistance Program information (BIN/Group/PCN/ID numbers).
- Specialty pharmacy submits the claim to the patient's primary commercial insurance.
- Specialty pharmacy submits a claim to the VYEPTI Copay Assistance Program using the information provided by the patient.
- Specialty pharmacy collects the \$5 copay from the patient and ships VYEPTI to the HCP office.
- Reimbursement is sent to the specialty pharmacy.

VYEPTI CONNECT™ is your direct link to access support
FOR MORE INFORMATION CALL 833-4-VYEPTI OR VISIT WWW.VYEPTI.COM

For more information about VYEPTI, please visit www.vyepti.com



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