vyepti®
(eptinezumab-jjmr)
100 mg/mL Injection for IV

This form is to be completed by patients that are not enrolled in VYEPTI CONNECT® but still require Field Reimbursement Specialist (FRS) assistance.

Patient Authorization for Use and Disclosure of Protected Health Information

Please Note: This information is for healthcare providers to use to obtain a patient authorization for Field Reimbursement Specialist (FRS) assistance. To submit this form, please fax to +1 (425) 998-9337.

By signing below, I authorize my healthcare providers (including pharmacy providers) and health plans to share information identifying me and relevant to my use or potential use of VYEPTI® (eptinezumab-jjmr), (my "Information") with Lundbeck and its agents, including field reimbursement professionals (collectively, "Lundbeck"), for Lundbeck to use to provide me with support services—specifically the services provided by field reimbursement professionals—as part of my treatment with VYEPTI. I understand that once my Information has been disclosed pursuant to this Authorization, federal privacy law may no longer restrict its use or disclosure and it could be redisclosed to others. I also understand, however, that Lundbeck plans to use and disclose my Information only for the purposes described above or as required by law. I further understand that if I choose not to sign this Authorization, that will not affect my right to receive healthcare treatment or payment benefits for healthcare. I also understand that if I sign, I may later withdraw this Authorization by sending written notice of my withdrawal via fax to +1 (425) 998-9337 and that such withdrawal will not invalidate any uses or disclosures of my Information made prior to Lundbeck's receipt of the notice. I am entitled to a copy of this signed Authorization, which expires 10 years from the date it is signed by me.

X _____

Patient Signature | Patient Name (print) | Date

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