



COPAY ASSISTANCE for Your Commercially Insured Patients

The VYEPTI CONNECT® Copay Assistance Program may help eligible commercial patients pay as little as \$5 for VYEPTI® (eptinezumab-jjmr) every 3 months.*

In this brochure you will find information on

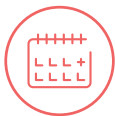
- Copay Enrollment
- Claim Process
- Additional Programs Available


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



*Full Terms and Conditions can be found on page 7.

VYEPTI CONNECT® Copay Assistance Program Eligibility and Enrollment



Eligible patients may pay as little as \$5 every 3 months for VYEPTI® (eptinezumab-jjmr)

With the VYEPTI CONNECT Copay Assistance Program, commercial patients can save up to \$4000 every calendar year on the cost of VYEPTI. The program covers the cost of VYEPTI only, not administration and other fees.

Patient Eligibility Criteria

- ✓ Patient must have commercial insurance that covers VYEPTI
- ✓ Must be 17 years of age or older and reside in the United States or Puerto Rico
- ✓ Must not be enrolled in a health plan where the federal or state government could pay anything for the prescription (e.g., Medicaid, Medigap, VA, DOD, or TRICARE)
- ✓ Must not be Medicare eligible and enrolled in an employer-sponsored retiree health plan or prescription drug benefit program
- ✓ Must meet all other eligibility requirements set forth in the VYEPTI CONNECT Copay Assistance program Terms and Conditions on page 7





For more information about VYEPTI, please visit vyeptihcp.com.





Steps your patients should take when enrolling in the copay program

After providing your commercially insured patients with information about the VYEPTI CONNECT® Copay Assistance Program, be sure to remind them to enroll in the program by following these steps:

- 1** Confirm with your office staff or commercial insurance provider that VYEPTI® (eptinezumab-jjmr) is covered.
- 2** Enroll in the VYEPTI CONNECT Copay Assistance Program through one of the following channels:
 -  Visit vyeptisavings.com to enroll online and click on the Enroll Today button.
 -  Call 833-4-VYEPTI (833-489-3784), Option 1, to speak with a VYEPTI CONNECT Liaison to enroll in the program over the phone.
 -  Complete the VYEPTI CONNECT Copay Assistance Program enrollment section on the VYEPTI CONNECT enrollment form.
 -  If receiving VYEPTI through a Specialty Pharmacy (SP), the pharmacist can help patients enroll in the program while on the phone.
- 3** Look out for the confirmation letter, if enrolled. This will be sent to the patient's HCP as well.
- 4** Provide VYEPTI CONNECT Copay Assistance Program information to the Infusion Provider, if applicable.

For more information about VYEPTI, please visit vyeptihcp.com.



VYEPTI CONNECT® Copay Assistance Program Claim Process



Buy-and-bill claim process

- Upon successful enrollment, the patient and HCP will receive a welcome letter that describes the program and includes all the information needed to participate.
- After administering VYEPTI® (eptinezumab-jjmr), 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 Form 1500 or UB-04 claim form by fax or mail. Refer to the fax number and mailing address located on the back page.
 - When submitting your claim documents ensure that your billing information, including billing fax number, is included for payment.
 - For details on the submission, the HCP can download and use the reimbursement fax coversheet at vyepticonnect.com in the resources section.
 - In order for the claim to be processed, the claims submission must be made within 120 days of the patient's date of service.
- VYEPTI CONNECT Copay Assistance Program faxes payment on behalf of the patient via a Virtual Mastercard to the HCP minus the \$5 copay amount owed by the patient.
- HCP collects the \$5 copay from the patient.

For more information about VYEPTI, please visit vyeptihcp.com.





SP claim process

- Patient provides the SP with their VYEPTI CONNECT® Copay Assistance Program information (BIN/Group/ID numbers).
- The SP will receive the prescription from the HCP office and will verify the patient's primary insurance and copay information.
- The SP submits the balance due to the VYEPTI CONNECT Copay Assistance Program listing the program as a secondary payer coordination of benefits. The submission includes the amount owed by the patient and a valid other coverage code.
- SP collects the \$5 copay from the patient and ships VYEPTI® (eptinezumab-jjmr) to the HCP office.
- Copay program payment is sent to the SP.

Payment for patients' out-of-pocket costs for VYEPTI can be provided to the HCP or the patient

Claims may be submitted only on behalf of eligible commercially insured patients enrolled in the VYEPTI CONNECT Copay Assistance Program. The claims process described on these pages applies when an enrolled patient authorizes the Program to provide payment directly to their HCP.

If a patient has paid for their VYEPTI medication, or if the clinic or infusion center does not accept payment for medication costs directly from the VYEPTI CONNECT Copay Assistance Program, the patient may be eligible for reimbursement directly.

Patients who opt to receive payment directly can request reimbursement from VYEPTI CONNECT.

For more information about VYEPTI, please visit vyeptihcp.com.





VYEPTI CONNECT® can provide access support throughout the patient journey—from benefits investigations through infusion. **For more information, call 833-4-VYEPTI.**



For nursing support, **VYEPTI GO**® is there to assist patients during their treatment journey. Terms and Conditions apply. **Get all the details at vyeptigo.com.**

For more information about VYEPTI, please visit vyeptihcp.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, please visit vyeptihcp.com.





Call: 833-4-VYEPTI (833-489-3784), Option 1



Visit: vyepticonnect.com

Fax or mail any copay documentation to:



Fax: 1-866-218-3479



Mail: VYEPTI CONNECT Copay Assistance Program
2250 Perimeter Park, Suite 300
Morrisville, NC 27560

For more information about VYEPTI, please visit vyeptihcp.com.



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