

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

Terms and Conditions: Commercially insured patients aged 17 years and older whose insurance policy provides coverage for VYEPTI® (eptinezumab-jjmr) (or the “Product”) and whose insurance company does not pay for the entire cost of their prescription, may be eligible to receive financial assistance with out-of-pocket expenses for VYEPTI medication costs and VYEPTI administration costs (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.

In addition, patients residing in Massachusetts, Minnesota, and Rhode Island are eligible only for copay assistance for the out-of-pocket Product costs and are not eligible for copay assistance for Product administration costs.

Eligible patients may pay as little as \$0 per infusion of VYEPTI. This Offer is subject to a Program assistance cap of \$200 per infusion for eligible administration costs, and a calendar year maximum on all Program assistance for all out-of-pocket expenses for VYEPTI (i.e., medication and infusion expenses) (the “Cap”). If the patient’s total out-of-pocket expenses for VYEPTI exceed 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 healthcare provider (“HCP”), prior to treatment. Copay claims must be submitted to the Program within 180 days of the patient’s date of service.

The Offer is valid for use only with a valid prescription for VYEPTI (up to 300 mg) for an approved indication at the time the prescription is filled by the pharmacist, or at the time the HCP administers VYEPTI to the patient. The Offer applies only to prescriptions filled before the Program expires or terminates. The Offer applies to the patient’s out-of-pocket costs for the Product and the eligible out-of-pocket Product administration costs. Any other fees related to the Product infusion are the responsibility of the patient. The patient or patient’s HCP shall not submit any prescription or administration 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 intended solely for the eligible patient’s benefit 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 (including any pharmacy benefit manager or insurer program that adjusts patients’ out-of-pocket costs for their drugs, such as through “maximizers” or “accumulators”).

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 and Puerto Rico where allowed by law. This Offer is not conditioned on any past, present, or future Product purchase requirement, including refills. 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.

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.