

VYEPTI CONNECT® COPAY ASSISTANCE PROGRAM CLAIM REIMBURSEMENT COVER SHEET

To: VYEPTI CONNECT® Copay Assistance Program

Fax: 866-218-3479

Pages (including cover):

Date:

From:

Primary Phone:

Patient Name:

Patient Date of Birth:

Billing Fax Number:

Please follow the steps below to request reimbursement for your patient from the VYEPTI CONNECT Copay Assistance Program for VYEPTI® (eptinezumab-jjmr).

Step 1: Please ensure the patient is enrolled in the VYEPTI CONNECT Copay Assistance Program. Copay enrollment can be completed through our website at vyeptisavings.com or by calling 1-833-4-VYEPTI (1-833-489-3784), Option 1.

If the patient is not enrolled in this program, the request for reimbursement will be denied. Requests are subject to patient eligibility and other program requirements. Please see the full Terms and Conditions at the end of this fax.

Step 2: Complete the above information and fax or mail this document along with a **CMS-1500** or **UB-04** form AND your patient's **Explanation of Benefits (EOB)** to the VYEPTI CONNECT Copay Assistance Program.

Please ensure the claim documentation clearly states the HCPCS code, CPT® code, NDC, and/or the drug name as well as the patient's remaining out-of-pocket expense for VYEPTI.

Step 3: Once the claim is approved, payment information will be issued via fax through a Virtual MasterCard.

Please provide the correct billing fax number at the top of this cover page. Note that program payment will be sent to the billing fax number provided.

Step 4: Submit all required information by fax or mail:

Fax: 1-866-218-3479

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

If you have any questions about the VYEPTI CONNECT Copay Assistance Program, please call 833-4-VYEPTI (833-489-3784), Option 1, or 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.