



## Enrollment Form

**VYEPTI CONNECT™ is your direct link to access support**

**VYEPTI CONNECT can initiate a benefits investigation on behalf of your patient**

If you have chosen VYEPTI™ (eptinezumab-jjmr) for your patient, VYEPTI CONNECT is here to provide support throughout the insurance coverage process, regardless of your patient's insurance type. Simply fill out the enclosed form and VYEPTI CONNECT will initiate a benefits investigation with your patient's health plan.

**VYEPTI CONNECT will continue to provide support throughout the coverage process if prior authorization or an appeal is required.**

**Please see the Important Safety Information below. For more information, see the full [Prescribing Information](#) including [Patient Information](#) or go to [vyeptihcp.com](http://vyeptihcp.com).**



### Insurance Verification

- Fill in all the information accurately.  
*Be sure to include copies of the patient's medical and prescription cards.*
- Include the correct ICD-10-CM code (see reference guide).
- Send the form to VYEPTI CONNECT.  
**Fax: 866-868-7071**

VYEPTI CONNECT Liaisons are available to answer any of your questions regarding VYEPTI coverage and reimbursement.

Contact us at 833-4-VYEPTI, M-F, 8 AM - 8 PM EST.

## Indication

VYEPTI™ is indicated for the preventive treatment of migraine in adults.

## Important Safety Information

### CONTRAINDICATIONS

- VYEPTI is contraindicated in patients with serious hypersensitivity to eptinezumab-jjmr or to any of the excipients. Reactions have included angioedema.

### WARNINGS AND PRECAUTIONS

- **Hypersensitivity reactions:** Hypersensitivity reactions, including angioedema, urticaria, facial flushing, and rash, have occurred with VYEPTI in clinical trials. Most hypersensitivity reactions occurred during infusion and were not serious, but often led to discontinuation or required treatment. Serious hypersensitivity reactions may occur. If a hypersensitivity reaction occurs, consider discontinuing VYEPTI, and institute appropriate therapy.

### ADVERSE REACTIONS

- The most common adverse reactions ( $\geq 2\%$  and at least 2% or greater than placebo) in the clinical trials for the preventive treatment of migraine were nasopharyngitis and hypersensitivity.

For more information, see the full [Prescribing Information including Patient Information](#) or go to [vyeptihcp.com](http://vyeptihcp.com).

## Prescriber Information

Prescriber Name: \_\_\_\_\_

Specialty: \_\_\_\_\_

Prescriber NPI#: \_\_\_\_\_

Prescriber State License#: \_\_\_\_\_

Account ID for Bulk Enrollment: \_\_\_\_\_

Practice Name: \_\_\_\_\_

Practice Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Practice Phone Number: \_\_\_\_\_

Practice Fax Number: \_\_\_\_\_

## Contact Responsible for Enrollment Submission

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Site Type:  Physician Office  Hospital Outpatient  
 Infusion Center

Site of Administration Information  Same as Above  
(if different than above)

Site of Administration Name: \_\_\_\_\_

Site of Administration Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Site of Administration Phone Number: \_\_\_\_\_

Site of Administration Contact Name: \_\_\_\_\_

## Fulfillment Method

Buy and Bill  Specialty Pharmacy (AOB)

## Provider Attestation

By signing this form, you represent that your patient agrees to the disclosure of his or her protected health information to Lundbeck and its agents and independent contractors (collectively, "Lundbeck") so that Lundbeck may provide patient support services, including reimbursement and insurance verification services, and the services provided by field reimbursement professionals, as part of the patient's treatment with VYEPTI™ (eptinezumab-jjmr) and that you have obtained appropriate patient authorization for such disclosures and uses, meeting the requirements of applicable law.

## Patient Information

Patient Name (First, MI, Last): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_

DOB (MM/DD/YYYY): \_\_\_\_\_

Gender:  Female  Male

## Insurance Information

**Remember to provide copies of patient's MEDICAL and PRESCRIPTION cards**

Patient Does Not Have Health Insurance

Primary Insurance Name: \_\_\_\_\_

Insurance Phone Number: \_\_\_\_\_

Policyholder Name: \_\_\_\_\_

Relationship to the Patient: \_\_\_\_\_

Member ID#: \_\_\_\_\_

Group ID#: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Secondary Insurance Name: \_\_\_\_\_

Insurance Phone Number: \_\_\_\_\_

Policyholder Name: \_\_\_\_\_

Relationship to the Patient: \_\_\_\_\_

Member ID#: \_\_\_\_\_

Group ID#: \_\_\_\_\_

Employer Name: \_\_\_\_\_

## VYEPTI Prescribing Information

Diagnosis (ICD-10 Code): \_\_\_\_\_

Prior Migraine Therapy: \_\_\_\_\_

VYEPTI 100-mg/mL single-use vial, dosed every 3 months

Anticipated First VYEPTI Infusion Date: \_\_\_\_\_

**X** \_\_\_\_\_  
Provider Signature Date

Please note: For your convenience, a sample patient authorization is available at [www.vyepconnect.com/resources](http://www.vyepconnect.com/resources). Some states (such as California) may require the patient authorization to be submitted with this enrollment form.