

## Terms and Conditions for the VYEPTI 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 federal or state government pays 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 but 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 (eg, cost of IV infusion) or other fees are the responsibility of the Patient. The Patient or Patient’s healthcare provider 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 future 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 EST.

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 healthcare provider, 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 Copay Assistance Program, the Patient acknowledges and agrees that he/she is eligible to participate pursuant to the rules stated in these VYEPTI Copay Assistance Program Terms and Conditions and that he/she understands and agrees to comply with these VYEPTI Copay Assistance Program Terms and Conditions.

### **Pharmacist Instructions for a Patient With an Eligible Third Party**

- Submit the claim to the primary third-party payer first, then submit the balance due to **Change Healthcare** as a Secondary Payer COB [coordination of benefits] with Patient responsibility amount and a valid Other Coverage Code, **(eg, 8)**. The Patient is responsible for the first \$5.00
- Reimbursement will be received from **Change Healthcare**. Valid Other Coverage Code required
- For any questions regarding **Change Healthcare** online processing, please call the Help Desk at 1-800-422-5604

### **Provider Instructions for Submitting Claims**

- Submit the claim by sending a copy of the CMS 1500 or UB-04 claim form and a copy of the explanation of payment/explanation of benefits (EOP/EOB) from the Patient's insurance carrier(s) by fax or mail to:

Fax: 866-218-3479

Mail: VYEPTI Copay Assistance Program  
PO Box 2355  
Morristown, NJ 07962

- For questions regarding claim transmission or patient eligibility, call the VYEPTI Copay Assistance Program at 833-4-VYEPTI (833-489-3784) Monday through Friday, 8 AM – 8 PM EST