



# **COPAY ASSISTANCE** for Your Commercially Insured Patients

The VYEPTI® (eptinezumab-jjmr) Copay Assistance Program may help eligible commercial patients\* with their copays for VYEPTI.

*In this brochure you will find information on*

- VYEPTI Copay Assistance Program Eligibility and Enrollment
- VYEPTI Copay Assistance Program Reimbursement Process
- Setting Up Automated Clearing House (ACH) Transactions
- Setting Up Electronic Claims Transactions

\*Full Terms and Conditions can be found on page 9.



## Copay Assistance for Your Commercial Patients

The VYEPTI Copay Assistance Program may help eligible commercial patients\* with their copays for VYEPTI.

### Patients may pay as little as \$5 per infusion every 3 months for VYEPTI

With the VYEPTI Copay Assistance Program, 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

- ▶ Age 17 years or older.
- ▶ Have commercial insurance that covers VYEPTI.
- ▶ Have a valid prescription for VYEPTI that is not eligible for reimbursement through any state or federal healthcare programs.
- ▶ Reside in the United States or Puerto Rico.
- ▶ Meet all other eligibility requirements set forth in the VYEPTI Copay Assistance Program Terms and Conditions.\*
- ▶ Patients are not eligible for this assistance if they are uninsured or if their prescription will be reimbursed, in whole or in part, by any state or federal healthcare programs, including but not limited to Medicare or Medicaid, Medigap, VA/DOD, TRICARE®, or where prohibited by law.

\*Full Terms and Conditions can be found on page 9.

For more information about VYEPTI, please visit [www.vyepthcp.com](http://www.vyepthcp.com)

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### Steps your patients should take when enrolling in the VYEPTI Copay Assistance Program

After providing your patients with information about the VYEPTI Copay Assistance Program, be sure to remind them that it is their responsibility to enroll in the program by following these steps.

- ▶ Confirm with the office staff or the patient's commercial insurance provider that VYEPTI is covered.
- ▶ Visit [www.vyepthcp.com](http://www.vyepthcp.com) or call 833-4-VYEPTI, option 3, to confirm eligibility and to enroll in the VYEPTI Copay Assistance Program.
- ▶ Eligible patients will receive VYEPTI Copay Assistance Program information at the time of enrollment.
- ▶ Patients and their physician will receive a confirmation letter if enrollment is accepted.
- ▶ Patients and physicians provide VYEPTI Copay Assistance Program information to the alternate site of care, if applicable

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## VYEPTI Copay Assistance Program Claim Process

### Buy and bill claim process

- ▶ Upon successful enrollment, the patient and the HCP will receive a Welcome Letter that describes the program and includes all of the information needed to participate.
- ▶ After administering VYEPTI, the administering HCP submits a claim to the patient's primary insurance plan for product costs.
- ▶ 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, mail, or electronic claims transactions (EDI):  
Fax: 866-218-3479  
Mail: VYEPTI Copay Assistance Program  
PO Box 2355  
Morristown, NJ 07962  
EDI: See page 8 for setup instructions.
- ▶ The VYEPTI Copay Assistance Program will send copay payment via a check or Automated Clearing House (ACH) transaction on behalf of the patient to the HCP, minus the \$5 copay amount\* owed by the patient.
- ▶ HCP collects the patient share of the copay from the patient. Patient is responsible for administration and other fees.

\*Patients may pay more than \$5 if they have exceeded the maximum program benefit based on their insurance coverage.

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### Specialty pharmacy claim process

- ▶ Patient provides the specialty pharmacy with their VYEPTI Copay Assistance Program information (BIN/Group/PCN/ID numbers).
- ▶ Specialty pharmacy first submits the claim to the patient's primary commercial insurance.
- ▶ Specialty pharmacy submits the balance due to the VYEPTI Copay Assistance Program as a secondary payer coordination of benefits with the patient responsibility amount and a valid other coverage code.
- ▶ Specialty pharmacy collects the \$5 copay from the patient and ships VYEPTI to the HCP office.
- ▶ Copay payment is sent to the specialty pharmacy.

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

Claims may be submitted only on behalf of eligible commercially insured patients enrolled in the VYEPTI Copay Assistance Program. The claims process described above applies when an enrolled patient authorizes the Program to provide payment directly to their healthcare provider. **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 Copay Assistance Program, the patient may be eligible for reimbursement directly.** Patients who opt to receive payment directly can submit a Patient Reimbursement Request Form to initiate the process.

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## Setting Up Automated Clearing House (ACH) Transactions

*This will allow your office to receive the copay amount electronically.*

### Steps for offices that have an existing EnrollHub account

#### Log in to your EnrollHub account.

- Link to EnrollHub: <https://solutions.caqh.org>
- Enroll in electronic funds transfer by selecting your bank account
- From the payers list, select “VYEPTI Copay Assistance Program”
- You will receive an email from EnrollHub notifying you that you have selected VYEPTI Copay Assistance Program for ACH reimbursement

**EnrollHub will transmit your information to the VYEPTI Copay Assistance Program overnight.**

**You will begin to receive payments for approved claims via ACH transaction.**

For more information about VYEPTI, please visit [www.vyepthcp.com](http://www.vyepthcp.com)

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### Steps for offices that do not have an EnrollHub account

#### Set up an EnrollHub account for ACH transactions.

- Link to EnrollHub <https://solutions.caqh.org>
- Click “Register Now” and complete the required fields to set up your account
- Once you complete registration, EnrollHub will email you a link to activate your account
- Log into your account and create a provider record
- Enroll for ACH by selecting your bank account
- From the payers list, select “VYEPTI Copay Assistance Program”
- You will receive an email from EnrollHub notifying you that you have selected the VYEPTI Copay Assistance Program for ACH reimbursement

#### EnrollHub will verify your bank account.

- EnrollHub will electronically verify account information
- You will receive an email from EnrollHub notifying you of the outcome of the account verification process, including next steps if your account could not be verified

**EnrollHub will transmit your information to the VYEPTI Copay Assistance Program after verification overnight.**

**You will begin to receive payments via ACH.**

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## Setting Up Electronic Claims Transactions

This will allow your office to submit claims electronically.

### Getting started

In your practice management software, select “PSKW0” as a payer.

If PSKW0 is not available, contact your software vendor and/or clearinghouse to make PSKW0 available in your system.

*The process of adding a new payer to a practice management software or clearinghouse varies by vendor. Please work directly with your vendor’s customer support team if you require assistance.*

Once PSKW0 is available in your system to select as a payer, you are ready to submit electronic claims transactions.

### Request electronic remittance advice (ERA)

Submit a request to your software vendor and/or clearinghouse to accept ERA transactions from PSKW0.

Once this request is fulfilled, you should begin to receive ERAs for claims submitted via EDI about 5 to 7 business days from the date of claims submission.

For more information about VYEPTI, please visit [www.vyepthcp.com](http://www.vyepthcp.com)

## 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.



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## Additional programs available from VYEPTI



For additional patient support, **VYEPTI GO** is there to assist patients during their VYEPTI treatment journey. Terms and Conditions apply. **Get all the details at [www.vyeptigo.com](http://www.vyeptigo.com)**



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

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**For more information about VYEPTI, please visit [www.vyeptihcp.com](http://www.vyeptihcp.com)**



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