

Date \_\_\_\_\_

Dear \_\_\_\_\_,  
Clinic/Physician's First and Last Name

I'm writing to let you know that \_\_\_\_\_  
Name of Practice/Infusion Center  
is able to infuse FDA-approved VYEPTI® (eptinezumab-jjmr).

VYEPTI may be right for your eligible patients. If you've been considering VYEPTI, but are unable to infuse in your office, please consider referring to us for treatment.

If you have any questions about how we can help, please do not hesitate to contact me at the information below.

Sincerely,

\_\_\_\_\_  
Prescriber's Signature

\_\_\_\_\_  
Prescriber's Name

\_\_\_\_\_  
Name of Practice/Infusion Center

\_\_\_\_\_  
Practice/Infusion Center Address

\_\_\_\_\_  
Practice/Infusion Center Phone Number



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