



support for
your patients



Actor Portrayal

—○ Help your eligible patients with commercial insurance save through the **VYEPTI CONNECT Copay Assistance Program**

- Benefits and eligibility
- Enrollment
- Claims submission
- Claims payment
- Additional support
- Contact information

View full [Terms & Conditions](#) on pages 7-8 or at vyeptisavings.com.



let's take
a closer
look

Your eligible patients with commercial insurance may pay as little as \$0 for each VYEPTI infusion*

- Includes up to \$200 in administration fees per infusion
- Covers 100 mg and up to 300 mg doses

Your patients are eligible to save if they:

- ✓ Have commercial insurance that covers VYEPTI
- ✓ Are not enrolled in any state or federal healthcare programs, such as Medicaid or Medicare
- ✓ Are 17 years of age or older
- ✓ Live in the United States or Puerto Rico
- ✓ Meet all the other Program Terms and Conditions

*Your patient's out-of-pocket cost may vary depending on their dose, insurance coverage, and eligibility. Health plans may require patients to try other treatments before starting VYEPTI. Talk to your patient's insurance provider for specific information about prescription coverage. Eligibility criteria and program maximums apply. Patients residing in Massachusetts, Minnesota, and Rhode Island are eligible only for copay assistance for out-of-pocket VYEPTI costs and are not eligible for copay assistance for VYEPTI administration costs. **Please see the full Terms and Conditions.**



help your
patients
enroll

ENROLLMENT



We've made it easy for your eligible patients to enroll in the VYEPTI CONNECT Copay Assistance Program.

For HealthCare professionals enrolling patients

- ✓ For HealthCare professionals and Infusion Providers*
- ✓ Any HealthCare Professional or Infusion provider can enroll patients online at vyeptisavings.com by clicking on the "Enroll Today" button, select "HealthCare Professionals"
- ✓ Prescribing physician's office, it is suggested the infusion provider enrolls the patient as described above
- ✓ In states where privacy laws require patient signatures, patients themselves must initiate enrollment

*HealthCare professionals and Infusion providers include those who work for Infusion Centers, HCP Offices, Hospital Outpatient Centers, Home Infusion Practices, and Specialty Pharmacies

Patients on their own

- ✓ Enroll online at vyeptisavings.com by clicking on the "Enroll Today" button, then select "Patients"
- ✓ Call 833-4-VYEPTI (833-489-3784), option 1, to speak with a VYEPTI CONNECT Liaison and enroll over the phone

A confirmation letter will be sent to your patient and the prescribing physician after enrollment.





CLAIMS SUBMISSION



You can file a claim on behalf of your patients through the VYEPTI CONNECT Copay Assistance Program.

To start a claim, submit a copy of the CMS Form 1500 or UB-04 Claim Form and a copy of the explanation of payment or explanation of benefits from the patient's insurance carrier(s).

You may submit your claims electronically, or via fax or mail



claims simplified



Electronically (EDI):
Use **Payer ID 56155** (This Payer ID is tied to TrialCard)



Fax:
866-218-3479



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



Select **Enroll Today** at vyeptisavings.com and select **Copay Claim Upload**

- Copay claims must be submitted within 180 days of the date of service
- Up to \$200 in administration costs may be covered, even for patients who use an SP*

*Patients living in Massachusetts, Minnesota, and Rhode Island are not eligible to use copay assistance for VYEPTI administration costs. They can only use copay assistance for out-of-pocket costs for VYEPTI.



For more information about VYEPTI, please visit vyeptihcp.com.



CLAIMS PAYMENT



Claims payments can be made via check or electronic funds transfer (EFT)

The default method of claims reimbursement is paper check. You should receive payment by mail for a successful claim within two to three weeks upon approval. If you prefer to receive your payment via EFT, please use one of the following options below to set up your account:



Online: InstaMed® Online Registration for Providers at register.instamed.com

Email: support@InstaMed.com

Call: InstaMed Support at 866-467-8263

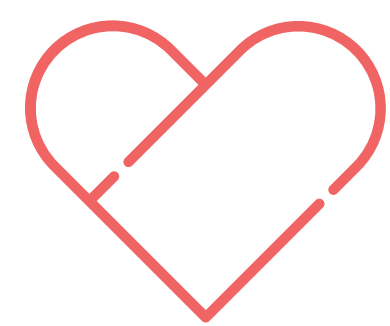
If a patient receives an infusion at an alternate site of care, that site may be responsible for submitting claims to the program. Please share this information with the site of care to ensure claims are processed properly.

If a patient already paid for his or her VYEPTI treatment, or if a clinic or infusion center does not accept payment directly from the VYEPTI CONNECT Copay Assistance Program, the patient may submit a claim directly via mail or fax. They may be directly reimbursed by the Copay Assistance Program via check.





ADDITIONAL SUPPORT



support
designed
to make a
difference

VYEPTI CONNECT

From benefits investigation through infusion, **VYEPTI CONNECT** helps your patients get started on VYEPTI, and can answer questions about:

- Insurance coverage for VYEPTI
- How eligible patients can save on their copay
- Where to get a VYEPTI infusion

A **VYEPTI CONNECT Liaison** is available Monday–Friday, 8 AM–8 PM (ET).



Call 833-4-VYEPTI (833-489-3784) and select “option 1,” or visit vyepticonnect.com

VYEPTI GO[®]

VYEPTI GO is a related program for patients that provides one-on-one support over the phone from a registered nurse. Our registered nurses can:

- Answer questions about VYEPTI and infusions
- Send emails with useful information about your patient’s condition, the infusion process, and treatment with VYEPTI
- Text your patient with infusion appointment reminders

VYEPTI GO nurses can be reached Monday–Friday, 8 AM–8 PM (ET) and Saturday, 10 AM–2 PM (ET).



Call 833-4-VYEPTI (833-489-3784), “option 2,” or visit vyepti.com/nurse-support.com



Terms and Conditions for the VYEPTI CONNECT Copay Assistance Program (the “Program”)

Terms and Conditions: Commercially insured patients aged 17 years and older whose insurance policy provides coverage for VYEPTI[®] (eptinezumab-jjmr) (or the “Product”) and whose insurance company does not pay for the entire cost of their prescription, may be eligible to receive financial assistance with out-of-pocket expenses for VYEPTI medication costs and VYEPTI administration costs (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 that is funded, in whole or in part, by the federal or state government; examples of such government health plans 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.

Eligible patients may pay as little as \$0 per infusion of VYEPTI. This Offer is subject to a Program assistance cap of \$200 per infusion for eligible administration costs, and a calendar year maximum on all Program assistance for all out-of-pocket expenses for VYEPTI (i.e., medication and administration expenses) (the “Cap”). If the patient’s total out-of-pocket expenses for VYEPTI exceed 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 (“HCP”), prior to treatment. Copay claims must be submitted to the Program within 180 days of the patient’s date of service.

The Offer is valid for use only with a valid prescription for VYEPTI (up to 300 mg) for an approved indication at the time the prescription is filled by the pharmacist, or at the time the HCP administers VYEPTI to the patient. The Offer applies only to prescriptions filled before the Program expires or terminates. The Offer applies to the patient’s out-of-pocket costs for the Product and the eligible out-of-pocket Product administration costs. Any other fees related to the Product administration are the responsibility of the patient. The patient or patient’s HCP shall not submit any prescription or administration 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.



Copay assistance for Product administration costs is restricted in Massachusetts, Minnesota, and Rhode Island. Claims submitted on behalf of, or requested to be paid to, patients or providers located in RI are not eligible for copay assistance for Product administration costs. Claims submitted by, or requested to be paid to, providers located in MA or MN are not eligible for copay assistance for Product administration costs. The Offer is intended solely for the eligible patient's benefit 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 (including any pharmacy benefit manager or insurer program that adjusts patients' out-of-pocket costs for their drugs, such as through "maximizers" or "accumulators").

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 and Puerto Rico where allowed by law. This Offer is not conditioned on any past, present, or future Product purchase requirement, including refills. 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.

The Offer will automatically renew each calendar year. If the patient no longer wishes to participate in the Offer, they can call and cancel at any time. By participating in the VYEPTI CONNECT Copay Assistance Program, the patient acknowledges and agrees that they are eligible to participate pursuant to the rules stated in these VYEPTI CONNECT Copay Assistance Program Terms and Conditions and that they understand and agree to comply with these VYEPTI CONNECT Copay Assistance Program Terms and Conditions.





CONTACT INFORMATION

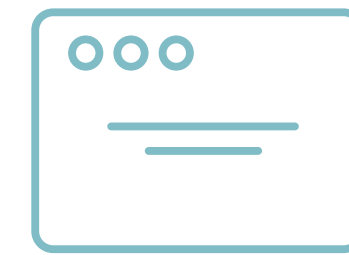


let's
stay in
touch

vyeptihcp.com



Call **833-4-VYEPTI** (833-489-3784), option 1



Visit vyepticonnect.com



Fax documents to **866-218-3479**



Send mail to:
VYEPTI CONNECT Copay Assistance Program
2250 Perimeter Park, Suite 300
Morrisville, NC 27560



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