




Welcome to the VYEPTI CONNECT™ Copay Assistance Program!



(eptinezumab-jjmr)
100 mg/mL Injection for IV

Medical Claim Processing


Payer ID: 56155
Group: 00003679
Member ID:


Pharmacy Claim Processing


BIN: 610020
Group: 99994269
Member ID:

See below for claim instructions and eligibility criteria

You may begin using your new card immediately. To learn more about VYEPTI and additional support that may be available to you, please call 1-833-4VYEPTI.

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We will be sending you a welcome letter, which will include your copay information. Your healthcare provider will also receive this information. If you are receiving your VYEPTI infusion at a location other than your healthcare provider's office, please also share this information with the individual or location administering the infusion to ensure claims are processed properly.
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Through this program, you may pay as little as **\$0** for your VYEPTI infusion. Offer includes up to **\$200** in administration fees per VYEPTI treatment. Eligibility criteria and program maximums apply. Your out-of-pocket cost may vary depending on your dose, insurance coverage, and eligibility. Talk to your insurance provider for specific information about your prescription coverage.
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Your healthcare provider or office personnel handling your infusion will need to fax or electronically submit documentation after each infusion you receive.

 - * The toll-free fax number is 866-218-3479; reimbursement will be sent after the copay claim is reviewed and approved
 - * If you or your physician need more information, please call 833-4-VYEPTI

You may be eligible for direct reimbursement from the VYEPTI CONNECT Copay Assistance Program if:

- * Your clinic or infusion center does not accept payment for medication costs directly from the VYEPTI CONNECT Copay Assistance Program
- * You have paid for your VYEPTI medication costs while enrolled in the VYEPTI CONNECT Copay Assistance Program

If eligible for direct reimbursement, please mail or fax your explanation of benefits (EOB) and receipt to the VYEPTI CONNECT Copay Assistance Program at:

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

Fax: 866-218-3479

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-VYEP-TI (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.