# Enrollment Form

## VYEPTI CONNECT™ is your direct link to access support

### VYEPTI CONNECT can initiate a benefits investigation on behalf of your patient

If you have chosen VYEPTI™ (eptinezumab-jjmr) for your patient, VYEPTI CONNECT is here to provide support throughout the insurance coverage process, regardless of your patient's insurance type. Simply fill out the enclosed form and VYEPTI CONNECT will initiate a benefits investigation with your patient's health plan.

**VYEPTI CONNECT will continue to provide support throughout the coverage process if prior authorization or an appeal is required.**

**Please see the Important Safety Information below. For more information, see the full Prescribing Information including Patient Information or go to vyeptihcp.com.**

### Insurance Verification

- Fill in all the information accurately.
  *Be sure to include copies of the patient's medical and prescription cards.*
- Include the correct ICD-10-CM code (see reference guide).
- Send the form to VYEPTI CONNECT.
  **Fax:** 866-868-7071

VYEPTI CONNECT Liaisons are available to answer any of your questions regarding VYEPTI coverage and reimbursement.

Contact us at 833-4-VYEPTI, M-F, 8 AM - 8 PM EST.

## Indication

VYEPTI™ is indicated for the preventive treatment of migraine in adults.

## Important Safety Information

### CONTRAINDICATIONS

- VYEPTI is contraindicated in patients with serious hypersensitivity to eptinezumab-jjmr or to any of the excipients. Reactions have included angioedema.

### WARNINGS AND PRECAUTIONS

- **Hypersensitivity reactions:** Hypersensitivity reactions, including angioedema, urticaria, facial flushing, and rash, have occurred with VYEPTI in clinical trials. Most hypersensitivity reactions occurred during infusion and were not serious, but often led to discontinuation or required treatment. Serious hypersensitivity reactions may occur. If a hypersensitivity reaction occurs, consider discontinuing VYEPTI, and institute appropriate therapy.

### ADVERSE REACTIONS

- The most common adverse reactions (≥2% and at least 2% or greater than placebo) in the clinical trials for the preventive treatment of migraine were nasopharyngitis and hypersensitivity.

**For more information, see the full Prescribing Information including Patient Information or go to vyeptihcp.com.**

vyepti™
(eptinezumab-jjmr)
100 mg/mL injection

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vyepti connect™

# Insurance Verification Enrollment Form

**Fax:** 866-868-7071 **Phone:** 833-4-VYEPTI **Hours:** 8 AM - 8 PM EST

**Website:** www.vyepticonnect.com

## Prescriber Information

Prescriber Name: ____________________

Specialty: ____________________

Prescriber NPI#: ____________________

Prescriber State License#: ____________________

Account ID for Bulk Enrollment: ____________________

Practice Name: ____________________

Practice Address: ____________________

City: ____________________

State: ____________ ZIP: ____________

Practice Phone Number: ____________________

Practice Fax Number: ____________________

### Contact Responsible for Enrollment Submission

Name: ____________________

Email: ____________________

Phone Number: ____________________

Site Type: ☐ Physician Office ☐ Hospital Outpatient ☐ Infusion Center

### Site of Administration Information ☐ Same as Above

(if different than above)

Site of Administration Name: ____________________

Site of Administration Address: ____________________

City: ____________________

State: ____________ ZIP: ____________

Site of Administration Phone Number: ____________________

Site of Administration Contact Name: ____________________

### Fulfillment Method

☐ Buy and Bill ☐ Specialty Pharmacy (AOB)

### Provider Attestation

☐ By signing this form, you represent that your patient agrees to the disclosure of his or her protected health information to Lundbeck and its agents and independent contractors (collectively, "Lundbeck") so that Lundbeck may provide patient support services, including reimbursement and insurance verification services, and the services provided by field reimbursement professionals, as part of the patient's treatment with VYEPTI™ (eptinezumab-jjmr) and that you have obtained appropriate patient authorization for such disclosures and uses, meeting the requirements of applicable law.

X ____________________

Provider Signature Date

Please note: For your convenience, a sample patient authorization is available at www.vyepticonnect.com/resources. Some states (such as California) may require the patient authorization to be submitted with this enrollment form.

## Patient Information

Patient Name (First, MI, Last): ____________________

Address: ____________________

City: ____________________

State: ____________ ZIP: ____________

Phone Number: ____________________

DOB (MM/DD/YYYY): ____________________

Gender: ☐ Female ☐ Male

### Insurance Information

**Remember to provide copies of patient's MEDICAL and PRESCRIPTION cards**

☐ Patient Does Not Have Health Insurance

Primary Insurance Name: ____________________

Insurance Phone Number: ____________________

Policyholder Name: ____________________

Relationship to the Patient: ____________________

Member ID#: ____________________

Group ID#: ____________________

Employer Name: ____________________

Secondary Insurance Name: ____________________

Insurance Phone Number: ____________________

Policyholder Name: ____________________

Relationship to the Patient: ____________________

Member ID#: ____________________

Group ID#: ____________________

Employer Name: ____________________

### VYEPTI Prescribing Information

Diagnosis (ICD-10 Code): ____________________

Prior Migraine Therapy: ____________________

____________________

VYEPTI 100-mg/mL single-use vial, dosed every 3 months

Anticipated First VYEPTI Infusion Date: ____________________

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vyepti™ (eptinezumab-jjmr) 100 mg/mL injection