

Phone: 1-855-EYLEA4U, Option 4

(1-855-395-3248) Fax: 1-888-335-3264

Patient Assistance Program—Product Request Form (PRF)

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The EYLEA4U® Patient Assistance Program (PAP) was designed to help eligible patients who have unmet medical needs, are uninsured, or lack coverage receive EYLEA® HD (aflibercept) Injection and/or EYLEA® (aflibercept) Injection free of charge.				
All fields are required or shipping delays may occur				
Section 1				
Patient name:				
RE# (If known): RE				
By checking this box, I attest I am not aware of any changes in my patient's insurance coverage (including Medicaid or other state programs) and/or financial status. PLEASE NOTE: If this box remains unchecked, PAP product shipment will be delayed.				
Section 2				
Is patient transitioning from <u>EYLEA to EYLEA HD</u> or <u>EYLEA HD to EYLEA?</u> Yes (Proceed to Section 3) No (Proceed to Section 4)				
Section 3 Required if "Yes" is selected in Section 2				
Patient is transitioning product and is: UNINSURED OR	INSURED			
Continue to Section 5	A new EYLEA4U Enrollment Form for PAP is required if your patient is transitioning product AND Additional PAP approval is required prior to product shipment			
Section 4 Required if "No" is selected in Section 2				
Is the patient still receiving product? Yes, the patient continues to receive <u>current</u> product. <i>Conti</i>	nue to Section 5.			

No, the patient is no longer receiving product. Please disenroll the patient from PAP.

No product shipment needed at this time. Please send me PRF as a reminder on this date: _

OR



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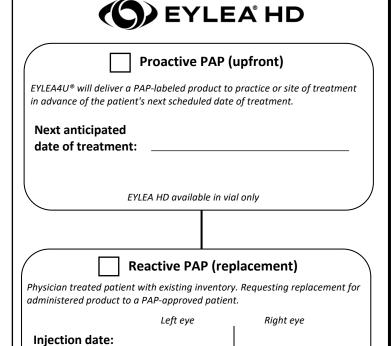
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Section 5 (Re-enter patient information)

Patient name:	Patient DOB:/
RE# (If known): R E	
Section 6	

PAP shipping options – please choose ONE option below (unless patient is receiving bilateral treatment and a different PAP-approved product in each eye)

If choosing a "Proactive PAP (upfront)" option below, please return this PRF a **minimum of 10 business days before** the date of treatment to ensure product is delivered prior to the treatment date.



EYLEA HD available in vial only

Lot #:

EYLEA				
Proactive PAP (upfront)				
EYLEA4U will deliver a PAP-labeled product to practice or site of treatment in advance of the patient's next scheduled date of treatment.				
Next anticipated date of treatment:				
A PFS will be delivered by default, unless the box below is marked:				
Please deliver a vial instead of a PFS				
Reactive PAP (replacement)				
Physician treated patient with existing inventory. Requesting replacement for administered product to a PAP-approved patient.				
	<u>Left eye</u>	<u>Right eye</u>		
Injection date:				
Administered:	PFS or Vial	PFS or Vial		
Lot #:				

PFS = pre-filled syringe. 2



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Section 7 (Re-enter patient information)

Patient name:		Patient DOB:		
RE#(If known): R E				
Section 8				
Shipping address:				
Account Name:	<i>,</i>	Attn:		
Street:				
City:	State:	ZIP:		
Acceptable delivery days:				
Section 9				
By checking this box, I attest both that product was/will be administered to a PAP-approved patient <u>and</u> the site will not seek payment or reimbursement for product administered for this PAP patient from any patient, government health care program, or third-party payer.				
Physician's signature:		Date:		
Signature required; this form cannot be processed without an original or stamped signature.				

Please fax the completed form to 1-888-335-3264. If you have any questions, please call EYLEA4U® at 1-855-EYLEA4U (1-855-395-3248), Option 4, Monday—Friday, 9 AM—8 PM Eastern Time.

All other consents, certifications, authorizations, representations, and obligations as described within the original EYLEA Enrollment Form shall remain in full force and effect unless otherwise noted and shall also apply to EYLEA HD.

This letter contains personal health care information from EYLEA4U and should only be viewed by the individual to whom it is addressed. Please contact EYLEA4U at 1-855-EYLEA4U (1-855-395-3248), Option 4, if you have received this letter in error. You may also return this letter to the EYLEA4U Patient Support Program at PO Box 220578, Charlotte, NC 28222-0578.

The EYLEA4U Patient Support Program is committed to protecting the confidentiality of individuals' health and financial information. EYLEA4U receives health information from health care providers, health plans, and health insurers pursuant to written authorizations from patients who have enrolled in EYLEA4U. EYLEA4U uses patients' health and financial information only to provide coverage and reimbursement, care coordination, support services, and for other purposes required by law or permitted by the EYLEA4U Enrollment Form. EYLEA4U does not share program participants' medical and financial records with Regeneron Pharmaceuticals, Inc.