EYLEA4U® Connect

» **PROVIDER PORTAL**
U S E R S '   G U I D E

www.EYLEA4Ueportal.com

EYLEA®
(aflibercept) Injection

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WELCOME TO
» THE EYLEA4U® PROVIDER PORTAL

This guide provides you with information to maximize your use of the EYLEA4U Provider Portal. Specifically, you will find detailed information about different support, features, and tips available 24 hours a day, 7 days a week.

Getting Started

Navigating the Provider Portal

Managing Your Patients

Portal Notifications

This guide provides detailed information for the following features:

⟫ Registration

See step-by-step instructions for registering with the EYLEA4U Provider Portal via the secure interactive portal.

⟫ Logging In

To ensure the privacy of your information and your patient's data, we require registered users to log in to view and manage information and submit requests. In this section, you will find instructions for logging in to the Provider Portal once you have registered.

eSignature

EYLEA4U has 2 options for securing your electronic signature:

EZSign: Simply fill out, sign, and fax the EYLEA4U Healthcare Provider Electronic Enrollment Form Representation to EYLEA4U at 1-888-335-3264. Your signature will be placed on file, allowing you to submit enrollment forms on the EYLEA4U Provider Portal.

NTIS: Regeneron Pharmaceuticals has partnered with the National Technical Information Service (NTIS) network to support electronic physician signature (eSignature) authentication.

⟫ Managing User Profile

In addition to submitting requests online, you can create and manage profiles of patients, providers, and facilities. Once you add patients, providers, or facilities to your profile, you can easily add them to your requests with just a few clicks instead of re-entering the information each time. You can also change your personal information or password anytime you choose.

⟫ Submitting Requests

See step-by-step instructions for submitting requests using the EYLEA4U Enrollment Form, including what a successful enrollment looks like and enrollment troubleshooting.

⟫ eEligibility

Re-verify the medical insurance status of an enrolled patient who has previously completed a benefit verification.

⟫ Program Alerts, Message Center, and Patient Case Reports

The last sections of the guide provide information on additional components of the Provider Portal.

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CONTENTS

WEB SUPPORT

Our Web Support Team is available to answer your questions about the EYLEA4U® Provider Portal. To speak with a Web Support Team member, call **1-855-EYLEA4U** (1-855-395-3248), select Option 4, then Option 3, and **ask for Web Support** anytime Monday–Friday 9 AM–8 PM Eastern Time.

Our Web Support Team consists of 2 types of analysts for handling different kinds of Provider Portal questions, issues, and requests:

Level 1 Analyst	EYLEA4U Team member with additional training to address general Provider Portal questions, issues, and requests (eg, user name and password issues)
Level 2 Analyst	Information Technology Team member with additional knowledge to address more technical questions, issues, and requests

» **If a Level 1 Analyst cannot complete your request, he or she will escalate the request to a Level 2 Analyst.** Escalated requests will be responded to within 48 hours of being received.

REGISTRATION

The EYLEA4U Provider Portal allows you to quickly and easily submit secure requests electronically. Registered users can add patients, providers, and facilities to their profiles to reduce the requirement of filling out the same information over and over again. Registered users can also view the status and results of their requests anytime.

To register with the EYLEA4U Provider Portal
- Visit and bookmark **www.EYLEA4Ueportal.com**
- Click either of the **Register Now** links to be taken to the User Registration page

REGISTRATION (cont'd)

Complete the User Registration form
- **Fields marked with an * and that are in blue are required** to complete the registration process

REGISTRATION (cont'd)

Within 2 days, EYLEA4U® will contact you to validate your account and send an email to the email address used during the registration process. The final step in the registration process is establishing a user name and password by following the directions in the email.

>> **Be sure to check your email**—including your spam folder—within 2 days of registration

eSIGNATURE

eSignature allows a physician to sign EYLEA4U® Enrollment Forms electronically and eliminates the need to print and fax forms to EYLEA4U.

EZSign

Here's how it works:

1. **Contact your Reimbursement Business Manager (RBM) to initiate the process** and obtain the EYLEA4U Healthcare Provider Electronic Form

2. **Physician completes and signs the form**
   - Identify delegate staff to electronically complete EYLEA4U Enrollment Forms on physician's behalf

3. **Fax the form to EYLEA4U at 1-888-335-3264**

4. **Your RBM and EYLEA4U will contact you** when the form is on file and when you can start submitting EYLEA4U Enrollment Forms electronically through the EYLEA4U Provider Portal

NTIS

Regeneron Pharmaceuticals has partnered with the National Technical Information Service (NTIS) to support electronic physician signature (eSignature) authentication.

- To participate, each prescribing physician must register with the NTIS network and authorize the use of his or her eSignature for requests submitted. Registration is secure and Health Insurance Portability and Accountability Act (HIPAA) compliant
  - Electronic signatures are specific to each physician, who must provide both credentials and identification information to be registered and authenticated with the NTIS network

To use NTIS eSignature
- Click eSignature under the My Account menu bar

- After reading about eSignature, initiate the registration process by checking the Enable eSignature box next to the physician being registered
  - Enter the physician's DEA number and email address; then click submit
- The physician will receive an invitation email with instructions to complete the NTIS enrollment. When this email is sent to the physician, the physician's status will change to Registration Request Sent to Physician

NTIS REGISTRATION BY PHYSICIAN

>> **Step 1:** The first email the physician will receive will be the invitation email. Click the register with NTIS link within the email to bring you to the Attestation page

>> • After reading the eSignature Agreement page, confirm whether the physician wants to delegate submission of online enrollments and apply the eSignature on his or her behalf
  – If the physician does not wish to allow delegates to submit enrollments and apply his or her eSignature, select Elect Not to Authorize Delegates
  – Please note: if Elect Not to Authorize Delegates is selected, the physician will not be able to later add delegates
• Click **Submit** to bring you to the Smart ID Website to complete the registration process

NTIS REGISTRATION BY PHYSICIAN (cont'd)

Step 2: Complete the registration form by entering all requested information. Users will need to answer soft credit check–type questions to verify their identity. This step does not affect their credit profile in any way

Step 3: After completing and submitting the form, users will receive a final verification email
- To complete the verification, users will need their DEA number, the last 4 digits of their Social Security number, and the answer to their secret question (selected during the enrollment process)

MANAGING YOUR ACCOUNT

This feature allows users to manage their account information and create profiles for their prescribing providers and facilities, if they support more than one.

>> **Review your account**

- Click **User Profile** under the My Account menu bar option and review your information

Manage your account

- Physician or office information can be modified; other physicians and offices can be added to the account

Email preferences

- Manage email Alert preferences by selecting Turn Off Alerts or choosing to receive Alerts daily or weekly

  – For a complete list of Alerts, see page 33

>> **Submit your changes**

- Click **Submit** to have the changes verified and updated by the program. An email will be sent to confirm the account changes

GETTING AROUND

Whether or not you are logged in determines which features you can access. Features are easily accessible through either the main menu bar or the left-hand controls, and you can navigate to any feature at any time within the portal.

The main menu bar has links to various features of the portal

- **Program Tools:** Access forms, reports, J-code information, and portal updates
- **Customer Support:** Contact the support team; view the FAQs or the User Guide
- **Message Center:** View your inbox or compose a new message
- **My Account:** Manage your account information or enroll in eSignature

The left-hand controls provide information on specific portal features

- Enroll a Patient
- Incomplete Enrollments
- View Patient Profile
- Contact Us

PROGRAM TOOLS

- Click on the document links to download and manually complete the EYLEA4U Enrollment Form (English or Spanish) for a new or existing patient
- Click on the document links to download sample letters and other resources

COMPLETING AN ONLINE ENROLLMENT—NEW OR EXISTING PATIENT

» Click **Enroll a Patient**

» • Select a **Program** (Reimbursement Support) and a **Form** (EYLEA4U® Enrollment Form)
  – EYLEA4U Enrollment Form is only available under the Reimbursement Support Program
  • Enroll a new patient by clicking **New Patient**
  • For enrolling an existing patient, the enrollment process is **exactly the same** except that much of the existing patient's information is already prepopulated into the fields for ease of use

COMPLETING AN ONLINE ENROLLMENT—NEW OR EXISTING PATIENT (cont'd)

»

- Check the appropriate box or boxes to request relevant services you need
- Complete the EYLEA4U Enrollment Form with all the requested information
- Fields marked with an * and that are in blue are required to complete the enrollment process

»

Enter information for the patient

- Complete all required fields on each tab of the enrollment form
  - To navigate, you can use either the buttons on the tabs or the tabs themselves
- Review the data you have entered

COMPLETING AN ONLINE ENROLLMENT—NEW OR EXISTING PATIENT (cont'd)

Enter Information for the Remaining Sections

Complete all required fields on each tab of the enrollment form. To navigate, you can use either the buttons on the tabs or the tabs themselves. Review the data you have entered, correct any errors, and submit.

Use the Physician Details tab to read the Physician Certification section and check **I AGREE** if physician agrees with the certification section

The Financial Details tab information is only required if you are submitting a Patient Assistance Program (PAP) enrollment form

- Use the Review Selections tab to review all information entered and to upload the enrollment form if the patient has signed it
  - If the patient hasn't signed the form, see page 19

- Once you have completed all the required fields, click **Submit** to finalize the enrollment

SUCCESSFUL ENROLLMENT

If Instant Benefit Verification Completed

» If electronic enrollment is available and successful for the patient, the **Congratulations** message will appear as confirmation.

- Click the links to download PDFs of the **Summary of Benefits (SOB)** and successfully completed Enrollment Form for the patient and patient's file

» **EYLEA4U has gone green!** The fax option has now been replaced with the new environmentally friendly downloadable PDF for all successful electronic verifications. A fax will still be provided for manual verifications

SUCCESSFUL ENROLLMENT (cont'd)

If Manual Verification Required

If electronic enrollment is not available for the patient, manual verification will be required, follow the steps on the confirmation page

»
- Open the completed enrollment form PDF and print
- Have the patient and physician sign the appropriate sections of the enrollment form where a signature is required
  - Physician signature is not required if physician has signed up for eSignature through the EYLEA4U® Provider Portal
  - Patient signature is required
- Either retain a completed and patient-signed form on file at your office for enrollments entered via the Provider Portal or fax the completed and patient-signed form to 1-888-335-3264
  - Once the processing is complete, a Benefit Verification will be sent via fax
  - To upload, see page 28

ENROLLMENT TROUBLESHOOTING

Error messages will appear if the information entered on the Enrollment Form does not **match exactly** with the information that the insurer has on file.

»
- The message lets you know which parts of the Enrollment Form need attention
- **Patient name, date of birth,** and **gender** should match what the insurer has on file
- Verify this information, make corrections as needed, and resubmit your request

ENROLLMENT TROUBLESHOOTING (cont'd)

Patient Enrollment
Enrollment Corrections Needed

Please correct errors below and resubmit.
The Primary Insurance Policy Number contained in the request does not match a Policy Number on file with the Insurer. Please make corrections to the entered Primary Insurance Policy Number and resubmit your request.

PATIENT INFORMATION
Please verify this information, making sure patient's name matches the name on the insurance card.

Patient Enrollment
Enrollment Corrections Needed

Please correct errors below and resubmit.
The Secondary Insurance Policy Number contained in the request does not match a Policy Number on file with the Insurer. Please make corrections to the entered Secondary Insurance Policy Number and resubmit your request.

PATIENT INFORMATION

Patient Enrollment
Enrollment Corrections Needed

Please correct errors below and resubmit.
The Primary Insurance Policy Number contained in the request does not match a Policy Number on file with the Insurer. Please make corrections to the entered Primary Insurance Policy Number and resubmit your request.

The Secondary Insurance Policy Number contained in the request does not match a Policy Number on file with the Insurer. Please make corrections to the entered Secondary Insurance Policy Number and resubmit your request.

Patient Enrollment
Enrollment Corrections Needed

Please correct errors below and resubmit.
The Patient Name contained in the request does not match the Name on file with the Insurer. Please verify this information, make corrections as needed to the entered Patient Name, and resubmit your request.

The Secondary Insurance Policy Number contained in the request does not match a Policy Number on file with the Insurer. Please make corrections to the entered Secondary Insurance Policy Number and resubmit your request.

PATIENT INFORMATION
Please verify this information, making sure patient's name matches the name on the insurance card.

» The message lets you know whether the policy number for Primary or Secondary insurance needs clarification.
- Check whether the message refers to **Primary** or **Secondary** insurance
- Verify the policy number, making sure it matches what the insurer has on file
- Make corrections as needed; then resubmit your request

Contact your EYLEA4U® Support Specialist in the unlikely event that you are still unable to enroll your patient.

INITIATING AN ELECTRONIC ELIGIBILITY (eELIGIBILITY) CHECK

The eEligibility feature enables you to perform quick medical eligibility verifications after an initial full benefit profile has been completed or to verify insurance status in cases where product coverage is already known (ie, Medicare). To initiate an eEligibility check, follow the steps below.

»
- **Step 1:** Click **eEligibility** under the Patient Tools menu bar or from the left-hand controls
- Select **Patient**
- Click **Begin Check**

» If the selected patient does not have an active payer, a message will display instructing you to submit an Enrollment Form or to contact EYLEA4U

INITIATING AN eELIGIBILITY CHECK (cont'd)

»
- **Step 2:** Verify the patient's personal, provider, and insurance information. The following information is needed to initiate the check:
  - Patient's first and last name and date of birth
  - Provider with National Provider Identifier (NPI) number
  - Treating site with primary address
  - Active primary, secondary, and/or tertiary payer
  - Member ID (policy number)
- Click **Submit eEligibility Check**

» A confirmation page will display if the eEligibility check was submitted successfully

OBTAINING eELIGIBILITY RESULTS

» Results are delivered in an easy-to-understand format and will be stored in the patient's profile for review anytime

» You will be notified by email when the check has been completed; access the results via the patient's profile page or by returning to the eEligibility screen and clicking **eEligibility Check Response**

» If the check cannot be completed, one of three messages will display; depending on the message, you may be able to provide the requested information to re-initiate the check, in which case an EYLEA4U® Support Specialist will contact you for follow-up

VIEWING PATIENT INFORMATION

» Select a patient to view from the Patient Name list or from the View Patient Profile drop-down list

VIEWING PATIENT INFORMATION (cont'd)

>>
- **Click tabs to view different sections** of data related to the patient (Details, Insurance, Prescriptions, Shipments, Case History, and Documents)
- To view detailed information, click links within the tab pages
- If needed, click **Print Profile** to print the desired tabs for the patient

Patient Profile for: John Smith   (Date of Birth: 4/24/1981 Patient ID: RE000GLL)

Reimbursement Support   Print Profile

| Details | Insurance | Prescriptions | Shipments | Case History | Documents |

This information does not guarantee payment of claims. Please contact the payer directly to inquire about payment of a claim.

Patient Information

Age:	38 Years Old	Address:	test
Gender:	Male		Schenectady, NY 12345
Email:	Test@yahoo.com	Phone:	(456) 457-5675

EYLEA hide

Patient Status
Program Status: Valid
Product Status: BV assessment is complete
Form Complete Date:

Diagnosis
Primary Diagnosis (ICD-9):   362.35 - Central retinal vein occlusion (last updated on 5/8/2019)
Other Diagnosis (ICD-9):

Treating Physician

Physician:	Doug Freeman,MD	Phone:	(774) 674-8744
Office:	St Haven	Fax:	(774) 674-8745
Address:	3674 Open Range Pkwy # 12B Sinking Spg, OH 45172	Email:	

Patient Profile for: John Smith   (Date of Birth: 4/24/1981 Patient ID: RE000GLL)

Reimbursement Support   Print Profile

| Details | Insurance | Prescriptions | Shipments | Case History | Documents |

This information does not guarantee payment of claims. Please contact the payer directly to inquire about payment of a claim.

To sort by a specific column, simply click on that column's header

No Fulfillment Information available

>> For Patient Assistance, use the Shipments tab to see when the product has shipped or to track product shipments

VIEWING PATIENT INFORMATION (cont'd)

- Click **Case History** to see details of support completed for each case (eg, Copay Assistance)
- To view detailed information (eg, Copay Assistance), click the links within the grid
  - **Support**
    - Referred to Copay Assistance
  - **Type of Action Performed**
    - Attempted Patient Outreach
    - Patient Screening
    - Transferred Patient to Copay Program
    - Explained Copay Criteria Assistance
    - Faxed/Mailed Application to Patient Contact

VIEWING PATIENT INFORMATION (cont'd)

Click **Add a Document** to upload a document related to the patient

VIEWING PATIENT COPAY CARD INFORMATION

>> Click **Copay Claims** to view a summary of the patient's copay card information

- Click **Account Summary** to view Eligibility Periods and Available Balance information
- Click **Eligibility Period** to view claims for that cycle
- Click **Claims** to view expense details

VIEWING PATIENT COPAY CARD INFORMATION (cont'd)

Patient Tools

Select an option...

PRESCRIBING INFORMATION

EYLEA® (aflibercept) injection

INCOMPLETE ENROLLMENTS

patient12, test
EYLEA4U Enrollment Form - EYLEA

patient21, test
EYLEA4U Enrollment Form - EYLEA

PerfADLName111560,
PerfADFName111560 T
EYLEA4U Enrollment Form - EYLEA

PerfADLName113956,

VIEW PATIENT PROFILE

Enter patient's last name to search

CONTACT US

Phone Numbers
Voice: 1-855-EYLEA4U, Option 4
(1-855-395-3248)
Fax: 1-888-335-3264

Hours: Monday-Friday
9 AM - 8 PM Eastern

Contact Address
EYLEA4U Reimbursement
Program
PO Box 220578
Charlotte, NC 28222-0

Patient ID	Patient Name	DOB	Service	Product	Date Of Last Request
RE000GLL	P1, Test	04/24/1981	Reimbursement Support	EYLEA	Begin Check
RE000GKF	Patient1, Test	04/10/1981	Reimbursement Support	EYLEA	Begin Check
RE000GKK	patient11, test	05/08/1984	EYLEA Commercial Copay Card Program	EYLEA	Begin Check
RE000GKL	patient12, test	05/08/1984	PAP	EYLEA	Begin Check
RE000GKN	patient13, test	05/08/1984	EYLEA Commercial Copay Card Program	EYLEA	Begin Check
RE000GKO	patient14, test	05/08/1984	PAP	EYLEA	Begin Check
RE000GKP	patient15, test	05/08/1984	Reimbursement Support	EYLEA	Begin Check
RE000GKQ	patient16, test	05/08/1984	PAP	EYLEA	Begin Check
RE000GKR	patient17, test	05/08/1984	EYLEA Commercial Copay Card Program	EYLEA	Begin Check
RE000GKS	patient18, test	05/08/1984	PAP	EYLEA	Begin Check
RE000GKV	patient19, test	05/08/1984	EYLEA Commercial Copay Card Program	EYLEA	Begin Check

WELCOME TO EYLEA4U CONNECT VIA THE PORTAL

FOR U.S. HEALTHCARE PROFESSIONALS ONLY

Home   Program Tools   Customer Support   Message Center   My Account   Patient Tools

You have no new messages | Change Password | Logout

Patient Profile for: John Smith   (Date of Birth: 4/24/1981 Patient ID: RE000GLL)

Reimbursement Support   Print Profile

| Details | Insurance | Prescriptions | Shipments | Case History | Documents |

This information does not guarantee payment of claims. Please contact the payer directly to inquire about payment of a claim.

Patient Information

Age: 38 Years Old
Gender: Male
Email: Test@yahoo.com

Address: test
Schenectady, NY 12345
Phone: (456) 457-5675

EYLEA hide

Patient Status

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Product Status: BV assessment is complete
Form Complete Date:

Diagnosis

Primary Diagnosis (ICD-9): 362.35 - Central retinal vein occlusion (last updated on 5/8/2019)
Other Diagnosis (ICD-9):

Treating Physician

Physician: Doug Freeman,MD   Phone: (774) 674-8744
Office: St Haven   Fax: (774) 674-8745
Address: 3674 Open Range Pkwy # 12B   Email:
Sinking Spg, OH 45172

Referring Physician

Physician: Doug Freeman,MD   Phone: (774) 674-8744

Effective September 15, 2021:

NEW EYLEA4U® Enrollment Form

Enroll a Patient

Patient Tools

Select an option...

PRESCRIBING INFORMATION

EYLEA® (aflibercept) injection

INCOMPLETE ENROLLMENTS

patient12, test
EYLEA4U Enrollment Form - EYLEA

patient21, test
EYLEA4U Enrollment Form - EYLEA

PerfADLName111560,

INTERESTED
EYLEA4U A

ASK YOUR
ABOUT A
BUSINESS

≫ Copay information is visible in existing portal features, including the Patient List, the Patient Profile, and the Case Status Summary Report

ARCHIVING PATIENT PROFILES

» Click **Manage Archived Patients** from the Patient List

- To archive a patient profile, click **Show All Patients**
- **Check the box** next to the name of the patient profile you wish to archive, then click **Submit***
- To un-archive a patient profile, simply **un-check the checkbox** and click **Submit**

*This includes patients with existing alerts.

PATIENT CASE STATUS SUMMARY REPORT

»
- To view the patient's status, click **Case Status Summary Report** under the Program Tools menu bar option; the Case Status Summary Report will display in a separate window
- You can filter the Case Status Summary Report by the treating physician, the treating office, and/or whether the patient is active or inactive; click **View Report** on the right-hand side to view your filtered results
- To download or export the Case Status Summary Report, select the appropriate format from the drop-down menu, click **Export**, and either save or open the Summary Report file

Case Status Summary Report

Office Information

Mid Atlantic Retina - Bethlehem
5325 Northgate Dr #103
Bethlehem, PA 18017
(610) 691-7015

Fischer, David H MD

Patient Name	Date of Birth	Patient ID	Product	Patient Authorization Signature Date	Support Type Requested	Status Date	Status	Copay Program	Copay Program Outcome	EYLEA Commercial Copay Card Eligible (Y/N)	EYLEA Commercial Copay Card ID Number	EYLEA Commercial Copay Card Eligibility Begin Date	EYLEA Commercial Copay Card Eligibility Begin Date
Name Hidden	DOB	RE00A756	EYLEA	03/24/2015	Benefit Investigation	03/25/2015	Pending						
Name Hidden	DOB	RE00A3DF	EYLEA	03/17/2015	Benefit Investigation	03/19/2015	Covered with No Restrictions						

Fineman, Mitchell MD

Patient Name	Date of Birth	Patient ID	Product	Patient Authorization Signature Date	Support Type Requested	Status Date	Status	Copay Program	Copay Program Outcome	EYLEA Commercial Copay Card Eligible (Y/N)	EYLEA Commercial Copay Card ID Number	EYLEA Commercial Copay Card Eligibility Begin Date	EYLEA Commercial Copay Card Eligibility Begin Date
Name Hidden	DOB	RE00A24M	EYLEA	03/17/2015	Benefit Investigation	03/28/2015	Pending						
Name Hidden	DOB	RE00A2U2	EYLEA	03/16/2015	Benefit Investigation	03/18/2015	Covered with No Restrictions						
Name Hidden	DOB	RE00A2QK	EYLEA	03/16/2015	Benefit Investigation	03/17/2015	Not Covered						

Garg, Sunir MD

Patient Name	Date of Birth	Patient ID	Product	Patient Authorization	Support Type Requested	Status Date	Status	Copay Program	Copay Program Outcome	EYLEA Commercial Copay Card	EYLEA Commercial Copay Card ID	EYLEA Commercial Copay Card Eligibility	EYLEA Commercial Copay Card Eligibility

UNDERSTANDING PROGRAM ALERTS

Patients with Alerts will display on the secure home page, and you will be sent an email notifying you that you have Alerts you may need to address; alerts are provided to help you understand what is needed to move a patient through the process successfully.

Email Alerts are managed through the My Account section of the portal, and secure home page Alerts require completing the action required by following the instructions in the Alert.

Alert Types

Missing Info	Triggers when items are still needed to complete the requested task
BV Complete	Triggers when insurance verification for a patient was completed within the last 7 days of the current day; this record is placed in a "Benefit Verification Complete" status within the last 7 days
PAP Renewal Due	Triggers when a patient has a PAP application with no restrictions and the eligibility end date is 60 or fewer days from the current date
Copay Approved	Triggers when a patient has been approved for commercial copay assistance and displays for 30 days
Copay Denied	Triggers when a patient has been denied commercial copay assistance and displays for 30 days
Patient Authorization Due	Triggers 60 days before a patient's signature expiration date and displays for 60 days or until the updated signature is received

»
- You have the option to turn the email feature off—meaning you will not receive emails when Alerts are generated; instead, the Alert will appear only on the home page
- **To turn Alerts off or back on**, click **User Profile** under the My Account menu bar

MESSAGE CENTER

The message center allows you to view and receive messages that EYLEA4U® sends via the Provider Portal. The message center also allows you to compose new messages.
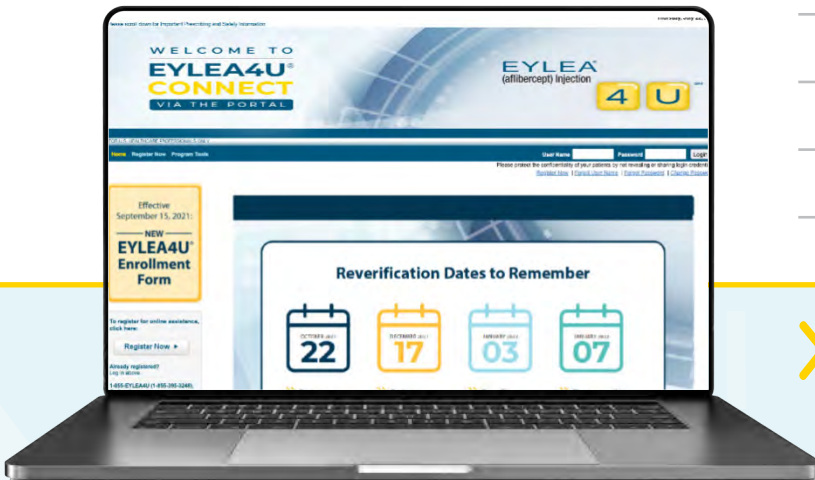
> **To view a message**
> - Click **Message Center** from the menu bar option or the **You have XX new messages** link in the right-hand corner of the home page; the Message Center inbox will display

> **To compose a new message**
> - Click **Message Center** from the menu bar option; the Compose New Message page will display
> - Select patient, support type, and product from the drop-down lists
> - Enter a subject line
> - Compose message and click **Send**

NOTES:

» **www.EYLEA4Ueportal.com**

REGENERON

08/2021
EYL.21.06.0103