EYLEA4U® Sers' Guide

www.EYLEA4Ueportal.com



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Contacting EYLEA4U®

Via phone:

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

Your Regeneron Reimbursement Business Manager (RBM) is another available source of assistance with ePortal questions or support.





naging Your Patients

Contacting EYLEA4U® (cont'd)

Online:

The message center allows you to view and receive messages that EYLEA4U sends via the ePortal. 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

		eportal
EYLEA	HD (aflibercept) EYLEA® (af a mg	libercept)
HEALTHCARE PROFESSION	USCRAY Support Message Center By Account Copey Claims Destboard	
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8 HD (affibercept) Injection EAB (affibercept) Injection	Message Center Messages in BOLD ars similar	crick have to learn more
YLEA4U	Correcte New Message (New Directed Rems) Very hy Dagest Type All All All All All All All All All Al	
Form	Vou hove the Messages Deleter	
USEHD.24.01.0216 of December 1, 2023, a completed form is ndatory for enrollment		
Enroll a Patient		
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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

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Compose message and click Send



To register with the EYLEA4U ePortal

- Visit and bookmark www.EYLEA4Ueportal.com
- Click any of the **Register Now** links to be taken to the User Registration page





Registering to Access the EYLEA4U[®] ePortal (cont'd)

User Registrat	id	Complete the User Registration form
Your Contact Information		Fields marked with
Please provide the following "Registrant"s Contact Type "First Name: "Last Name: "Email Address: "Confirm Email Address: "Phone Number:		Fields marked with an * and in blue are required to complete the registration process
Phone Extension: Best time to Contact:	1234 9-5 EST	
NPI Number: State License State 1: State License Number 1: State License State 2:	1234567890 NC 1234567890 SC	
State License Number 2: Your Office Information	2345678901	
Nease provide the following	information about your office.	
Office Name:	John Smith Office	
Street Address:	123 Main St	
kuite/Bldg #:		
City:	Charlotte	
state:	NC ¥	
Zip Code:	28269	
Phone Number:	(123) 456-7890	
Phone Extension:	1234	
Fax Number:	(123) 456-7890	
Atternate Contact Informa	iBon	
As an option, you can provid	e the following information for an alternate person we can call to complete the o	line registration.
Contact Type: First Name:	Office Staff	
Last Name:	Doe	
Email Address:	JaneDoe@notgoogle.com	
Confirm Email Address:	JaneDoe@notgoogle.com	
Phone Number:	(098) 765-4321	
Phone Extension:	0987	
Best Time to Contact:	9-5 EST	
✓ I'm not a robot	NGARTOHA Prisay - Terra	
	Submit Cancel	

- Within 2 business days, an EYLEA4U representative will call you to validate your registration details
- Upon validation, EYLEA4U will send a confirmation email to the email address provided during the registration process. This email will ask you to create a username and password for your new account

Reminders:

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- **Be sure to check your email**—including your spam folder—for an email from noreply@eylea4ueportal.com, within 2 business days
- Bookmark www.EYLEA4Ueportal.com. Use approved browsers (Chrome, MS Edge, Firefox)



Certification Needed to Electronically Submit for Services Within the EYLEA4U® ePortal

There are 2 ways to certify-choose 1

EZSign

Here's how it works:

- Contact your RBM to initiate the process and obtain the EYLEA4U Healthcare Provider Electronic Enrollment Form Representation
- 2 Physician completes and signs the form*
- B) Fax the form to EYLEA4U at 1-888-335-3264
- 4 EYLEA4U will contact you when the form is on file and when you can start submitting EYLEA4U Enrollment Forms electronically through the EYLEA4U ePortal

*Delegate staff will be verified annually.



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

Olan shares	User Profile
eSignature	eSignature
What is eSignature?	
annat is e signature :	

To use NTIS eSignature

EYLEA4U

- 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



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STEP

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

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

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)





Navigating the ePortal

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

- Home: Return to home page to view, search through, and manage Patient List
- 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
- Copay Claims Dashboard: Manage, search for, and export your patients' EYLEA4U[®] commercial copay data

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Search By Patient Last Name (optional): See More Search Octavia		
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~	 Incomplete Enrollments 	
EA4U Option 4	 View Patient Profile 	
(EA4U, Option 4 6-3248) 6-3264	 Contact Us 	
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ePortal Settings and A



Home Page

Patient List

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0 HD (attoercept) injection EAR (attibercept) injection	Patient List Basic Search			
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You can search the active patient database by many criteria:

- Site

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- Alert type
- Product status Patient ID (RE#)
- Product - Support

- Provider

- Checking the View Copay Details box displays your patients enrolled in the EYLEA4U Commercial Copay Card Program
- To manage your patient list and archive patients no longer active within your practice, select Manage Archived Patients (please see page 24 for more details)
- If you would like to print a listing of your patients, select Print List

The Patient List is sortable. Users can click on any header within the list to sort that column of information.

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How to Enroll Online via the EYLEA4U® **ePortal**

New or existing patient

WELC	OME TO THE	CONTRACTOR STRATEGICS
EY		PORTAL
EYLEA®	HD (aflibercept) EYLEA® (aflibercept	t)
OR U.S. HEALTHCARE PROFESSIONALS	ORY	
Home Program Toole Coefomer Sup	port Message Center My Account Copay Claims Elektroand	You have no Reverification Lists 1920 https://www.messagerification.lister
IMPORTANT SAFETY INFORMATION		Viseor Our Latest Updates pick here to learn more
EYLEAO HD (affilixercept) injection <u>& EYLEAO (affilixercept) injection</u>	My Account	
	Use this page to manage your account information as well as your office and phy My information	ysician associations
EYLEA4U'	*Fields in BOLD are required User Name: Toross	
Enrollment Form	*First Name: Tom *Last Name: Cross *Contact Phone: (123) 456-7800	
USEHD:24.01.0216 As of December 1, 2023, a completed form is	*Primary Email: toross@notgoogle.com	
mandatory for enrollment	Office Contact Information Fields in BOLD are required Note: You can only update one aris par submission	
Enroll a Patient	*Select an Office: Select One Tax ID:	
select an option	*Street Address: Sube Bog #: *Chtr:	
RESCRIBING INFORMATION	*State: AK ¥ *Zip:	
TLLARY SIDERING LEVELING	*Office Phone: Ext Fax Phone:	
		Select a Program
Patient Enrolln	nent	- Reimbursement Support
Select a Patient to Enroll		Select a Form
	ent, please select the appropriate enrollment form. Int Form is used to request any one or multiple support programs offered by	- EYLEA4U Enrollment Form
		Select a Product
ielect a Program: ielect a Form:	Reimbursement Support	- EYLEA HD and/or EYLEA
elect Product:	Seylea HD Seylea	Select a Site
ielect a Site:		Select a Physician
elect a Physician:	Flutie, Doug MD - Medical Doctor	Select a Patient
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		 Select New Patient or choose an existing
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	5. Test 6. test DemoPortal, TestPAT1 DemoPortal, TestPAT3 PertADLName114473, PertADFName114473 T	choose an existing patient from the list
Select a Patient:	5. Test 6. test DemoPortal. TestPAT1 DemoPortal. TestPAT3 PertADLName114473. PertADFName114473 T PertADLName121859. PertADFName121859 T PertADLName13208. PertADFName13208 T	choose an existing

Not real data



How to Enroll Online via the EYLEA4U[®] ePortal (cont'd)

New or existing patient (cont'd)

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

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How to Enroll Online via the EYLEA4U[®] ePortal (cont'd)

New or existing patient (cont'd)

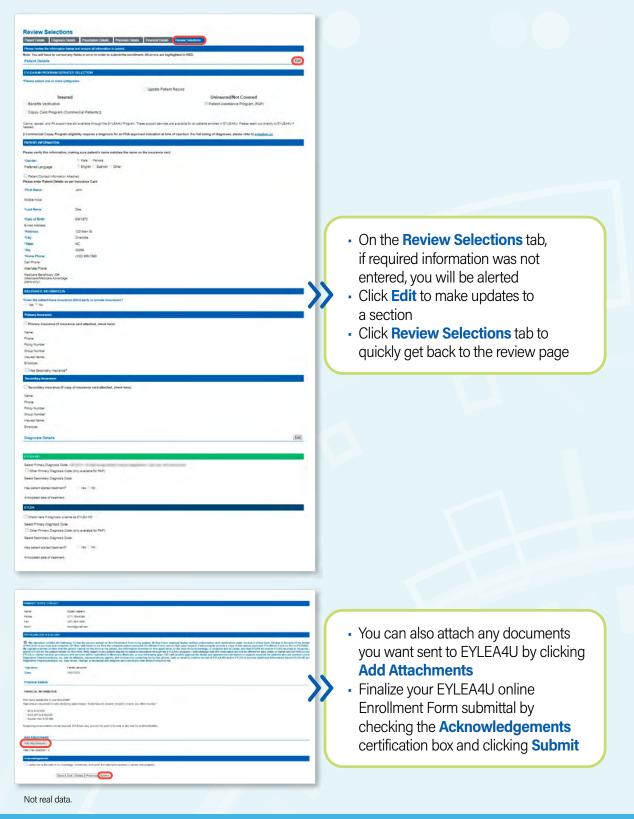
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ay.	Chanotte	
later	NC V	Dhusisian Cartifications sastion
P.	28206	Physician Certifications section
hone	(555) 555-5555	
DC	(666) 666-5666	*Most other physician information is populated.
e/Dilling Entity NPI:		
RIMARY OFFICE CONTACT		
lame:	Annie Heights	
hone	(555) 555-5555	
as:	(666) 666 6666	
mail:	(100) 000 000	
PASIGNA CERTIFICATIONS "My signature certifies the mplete, (v) that i will retain signature below certifies 10 med on this form. With rega brinted to Melcare, Medica ntacting me by fax, phone, i gnature.	following: (()) that the person named on this Constituted Form is my patient, (i) that I have delate the person availed on this form is my patient, the information periods on the application, is of a service and the period available for patient and the information periods on the application, is of a service and the period available for patient and the information (C) (240) program. I solvewhelp be not, or email to confirm receipt of C/L/A into and/or C/L/A to provide additional information at	
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How to Enroll Online via the EYLEA4U[®] ePortal (cont'd)

New or existing patient (cont'd)



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Statement of Benefits Results

Instant electronic results

	ian
EVLEAHD	
CONGRATULATIONS! An insta	at benefit verification was completed for Peter White. Please click the link below to view the summary of benefits.
Click here to open the s	Summary of Benefits 12
EYLEA	
CONGRATULATIONS! An insta	t benefit verification was completed for Peter White. Please click the link below to view the summary of benefits.
Click here to open the s	Summary of Benefits 1
	our patient's written authorization and certification under Section 4 of the Enrollment Form, and if asked by EYLEA4U, be able to provide a copy of the patient-executed Enrollment Form
You are required to retain on file ve	
	the Enrollment Form for your records, please click on the form below:
If you would like to print a copy of	the Enrollment Form for your records, please click on the form below: nrollment Form for Peter White 🔞
If you would like to print a copy of	_
If you would like to print a copy of	nrollment Form for Peter White 🔞

Up to 40% of benefit verifications can be instantly completed electronically.

Within 60 seconds, you will receive a confirmation pop-up stating "Click here to open the Summary of Benefits."

- Save this PDF to your files

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- A faxed copy of the Statement of Benefits will not be sent, ONLY this PDF will be available
- If you forget to save this PDF, it will be saved for future reference within the **Documents** section of your patient's profile

A copy of the completed EYLEA4U[®] Enrollment Form will also be available to download and save.

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.





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Statement of Benefits Results (cont'd)

Manual results

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nrollment Submission Confirmation	
YLEAHD	
In Instant Benefit Verification could not be completed. Your req	uest has been sent for processing, which can take up to 2 business days.
YLEA	
in Instant Benefit Verification could not be completed. Your req	uest has been sent for processing, which can take up to 2 business days.
ou are required to retain on file your patient's written authorizat	ion and certification under Section 4 of the Enrollment Form, and if asked by EYLEA4U, be able to provide a copy of the patient-axecuted Enrollment Form.
you would like to print a copy of the Enrollment Form for your	
lick here to open the Enrollment Form for John	Doe 12
	Enroll Another Patient
	"Requires Adobe [®] Reader [®] . If you do not have Adobe [®] Reader [®] , click on the following button to get Adobe [®] Reader [®] .
	😕 Mernaur
t real data.	

- If your request needs to be completed manually, you will see a submission confirmation alerting you that processing can take up to 2 business days to complete
- Upon completion, the Statement of Benefits will be faxed to your office location on file as well as saved for future reference within the **Documents** section of your patient's profile

A copy of the completed EYLEA4U[®] Enrollment Form will also be available to download and save.

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Viewing Patient Details Within the EYLEA4U[®] ePortal

Finding a patient

There are 2 ways to search for a patient:

Left Navigation Bar: View Patient Profile



2

Home Page:

- Basic Search -> Search by patient's last name
- Advanced Search -> Search by Patient ID (RE#)

Basic Search		
Patients to display: Show All Patients Show Crop Rebools with Alects		
Search By Patient Last Name (optional)		
THE ADVANCED SEATON OF ISSUE		
Advanced Filters (Optional)		
Site:	Product Status:	Support
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Trivier, Stan MD - Medical Doctor *	All	*
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	Begin Date.	
SEARCH RESET	-	
Displaying Page 1 of 14		
Displaying Page 1 of 14 Fotal Patients: 641		

Not real data.



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Viewing Patient Details Within the EYLEA4U[®] ePortal (cont'd)

Viewing patient data

staats	Insurance	Prescriptions	Shipments	Case History	Documents	
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Reimbursement Su	ODOT EYLEA					Print Prod
Details	trisanace	Preiceptions	Shipments	Case History	Documents	
his information do	es not guarantee payment of claims. Pie	ase contact the payer directly to inquire about paymen	nt of a claim			
soft by a specific	column, simply dick on that column's h	eadet				

For PAP, use the **Shipments** tab to see when the product has shipped or to track product shipments

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Viewing Patient Details Within the EYLEA4U[®] ePortal (cont'd)

Reinburser	ment Support EVLEA	HD. EYLEA								Frint Profile
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Lase Histo	cy Summary									
bu can vie	w the details of any re	cord by clickin	ng on the hyperlink.							
	SHORHT		Outcome	Outcome Explanation 1	Outcome Explanation 2	Date Closed	Parent			
9/6/2023	Renetit.Verification	EYLEA	Ventication Completed	Covered	Completed by Phone - Full BV	9/6/2023	NC Medicare			
R6/2023	Benefit Ventication	EVLEAHD	Verification Completed	Covered	Completed by Phone - Full BV	9/6/2023	NC Medicare			
2/24/2023	Benefit Verification	EYLEA	Verification Completed	Covered	Completed by Phone - Full BV	2/24/2023	NC Medicare			
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6/2023	Compl	eted Called P	ayer re. Coverage							
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- Click Case History to see details of support completed for each case
- Click on the underlined links within the report to gain further insight into the support provided

*m		related product information. Card Program EYLEA FD. EYLEA					Print Profile
NUR	Insura	nce Trescapilo	es Shpreets suver directly to inquire about juryment of a claim	Case History	Copey Claims	Documents	
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Reimi		he administration benefit (67628) must	have a date of service on or after December	19, 2022 to be eligible for payment.			
_	Product	Date Of Service	Claim Status	Source	Requested Amount	Appenved Ar	nound
-	EYLEA	03/01/5053	Processed	Medical		\$500.00	\$500.00
	Engense Statue Eigense Desorption Eigense Tipe Inergibie Amount Inergibie Reason Spend Down Arrount			Checi Statu: Transastolo or Check Runder. Caan Agenvid Cale Agenvid Cale Annort Pares Type Pare Type Pare the order at Pares the order at			
+	EYLEA	03/03/2023	Processed	Medical		\$409.00	3400.00
	EYLEA	63/10/2023	Frecessed	Medical		\$809.00	\$9.00

Click on the Copay Claims tab to view:

- Commercial Copay Card Program eligibility
- Account balances
- Claims activity
 - Click on the + sign to obtain further claim details

Copay Claims tab only appears when the patient is an approved Commercial Copay Card Program Patient.

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Not real data.

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Viewing Patient Details Within the EYLEA4U[®] ePortal (cont'd)

Defails Insurance	Prescriptions	Shapments	Case History	Copay Claims	Documents
information does not guarantee paym	ent of claims. Please contact the payer directly to inquir	e about payment of a claim.			
u can view the documents by clicking on sort by a specific column, simply click of	the name of the document In that column's name.				
ly Documents					
Add a Document					
No documents on record.					
Enroliments Submitted					
lo documents on record					
Outbound Correspondence					
Document	Service	Submit Date-			
Coosy Card Accrowal HCP	EYLEA4U8 Commercia Copay Caro Program	6 - C - C - C - C - C - C - C - C - C -			
EYLEA HD Summary of Benedita	Reimburser Support	ment 9/1/2023			
EYLEA Summary of Benefits	Reinburser Support	ment 9/1/2023			
Coosy Card Acotomic HETP	EYLEA4U8 Commercia		1		

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Click the **Documents** tab to view:

- Statement of Benefits (completed)
- Enrollments submitted
- Correspondence from the EYLEA4U program

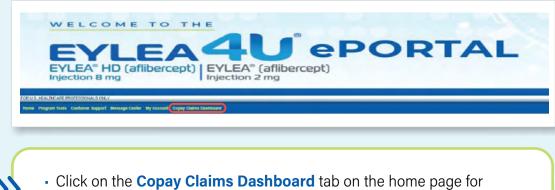
Click Add a Document to upload a document related to the patient.



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Commercial Copay Claims Dashboard



 Click on the Copay Claims Dashboard tab on the home page for access to the dashboard

Commercial Copay Claims Dashboard: Recent claims

Claims To		ecent Claims (Las		Α									
fotal Clair	ns: 3			-								(Export to Excel
В						- D	E	F					
•					6							u	
Product	Patient Name	Patient DOB	Date of Service	Approved Claim Amount (Product)	Approved Claim Amount (Admin)	Claim Approval Date	Payment Method	Transaction or Check Number	Provides	Sile	Remaining Funding (Product)	Remaining Funding (Admin)	Copay Card Eligibility End Date
YLEA D	Conav Admin, Commercial Paver	05/08/1950	09/02/2023	0.00	150.00	09(14/2023			Demo Provider	Demo Portal Site	20000.00	420,00	02/23/2024
EVLEA.	Coosy Both, Commercial Bith st	05/10/1960	09/12/2023	250.00	25.00	09/14/2023			Demo Provider	Demo Portal Site	17720.00	352.00	02/23/2024
	Copey Product, Commercial	02/24/1969	09/07/2023	210.00	0.00	09/14/2023			Demo Provider	Demo Portal Site	18700.00	1000.00	02/23/2024

Not real data.

- A Show Recent Claims (last 90 days) is the default setting.
- B Product column.
- Copay claim approval amounts for EYLEA HD or EYLEA product and/or administration.

Date of the **latest approved** claim.

- Claims payment method—check or Electronic Funds Transfer (EFT).
- E Claim transaction number (for EFT) or check number.
- Patient's **remaining copay funding** for reimbursement of EYLEA HD or EYLEA and/or administration fees.
- 🚺 NEW: Claims data can now be exported to Excel.



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Commercial Copay Claims Dashboard (cont'd)

Commercial Copay Claims Dashboard: Search all claims

Search	@ Search	All Claims (Last		A									
100000000	up MD - Medical Doctor comes Maak Access (egg an MD - Medical Doctor +	B C			Patient Last Name Patient DOB:		e C		Date Of Si Begin Date End Date			F	
Parameter and a second s	Reset												Expert to Ex
Total Claim	- Second -	Patient DOB	Date of Service	Approved Claim Amount (Product)	Approved Claim Arrisunt (Arrisunt	Claim Approval Date	Payment Method	Transaction or Check, Number	Provider	Site	Remaining Funding (Product)	Remaining Funding (Admin)	Encort to Enc Copey Card Eligibility End Date
Search Total Claim Product EYLEA	15:6			Amount	Amount				Provider Demo Provider	Site Demo Portal Dite	Funding	Funding	Copey Card Eligibility End
Total Claim Product	Patton Kanna Coras Admin. Commodal	DOB	Service	Amount (Product)	Amount (Admin)	Date	Method	Number	Demo	Demo Portal	Funding (Product)	Funding (Admin)	Copey Card Eligibility End Date

Not real data.

- A When Search All Claims is selected, 5 different drop-downs appear allowing you to search up to 365 days prior for the desired copay claims information. Choose the fields you want to complete and click SEARCH or start over by clicking RESET.
- B Use this drop-down box to choose either all or 1 of the health care provider (HCP) sites assigned to your user account.
- C This drop-down box displays the names of **HCPs** assigned to your user account at the site(s) you selected in drop-down box B. Choose desired HCPs.
- D Search for a **patient** by entering their last name.
 - Select the patient's date of birth.
- Enter the beginning date of service or the end date of service, or complete both fields for your search.



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Recent Commercial Copay Claims Dashboard (cont'd)

Recent Commercial Copay Claims Dashboard: Detailed patient information found by clicking a patient's name on the dashboard

EYLEA		IN Program EYLEA HD, EYLEA						Print Pro
Reimte	Ursement Support EYLEA H	D. EYLEA Prescription	s Ship	ments	Case History	Copuy Claims	Documents	-
es etterns	ation does not guarantee pay	yment of claims. Please contact the p	ayer directly to inquire about payment o	of a claim				
YE F AND	80 Commercial Copay Card	Program						
count :	Summary							
ligibility	Period		Allocated Amount		Available Balance	Claims Must Be Received B	<u>,</u>	
2/24/202	3 + 02/23/2024			\$20,000.00	-	\$18,700.00		06/22/2
2/24/2023	5 - 02/23/2024			\$1,000.00		\$1,090.00		05/22/21
aims Mu located A symental valiable (l pend Dov	st te Received By Imount Issued Jalance Im Amount:	24/2023 - 02/23/2024 06/22/2024 520,000,00 51,300,00 518,700,00 518,700,00 518,700,00 518,700,00 518,700,00 518,700,00 518,700,00	nave a date of service on or after De	cember 19, 2022 to be eligit	Eligibility Period (Admin) * Claims Must be Received By: Allocated Annount: Payments issued: Available Balance: Spend Down Annount.	02724/2023 - 02/21/02# 05/22/0224 51:000.00 50:00 51:000.00 50:00		
	Product	Date Of Service	Clair	n Slatus	Source	Requested Amount	Approved A	nount
	EYLEA	03/01/2023	Proc	essed	Medical		\$500.00	\$500
	xpense Status xpense Description xpense Type: veligitie Amount religitie Reason igend Dovin Amount			Check Status Tisansaction or Claim Approved Cla Payee Type Pay to the ord Payee Addres	Check Number H Date m Armount er of			
+	EYLEA	03/03/2023	Proce	essed'	Medical		\$400.00	\$400
	EYLEA	03/10/2023	Proce	hand	Vedcal		\$800.00	\$0

Not real data.

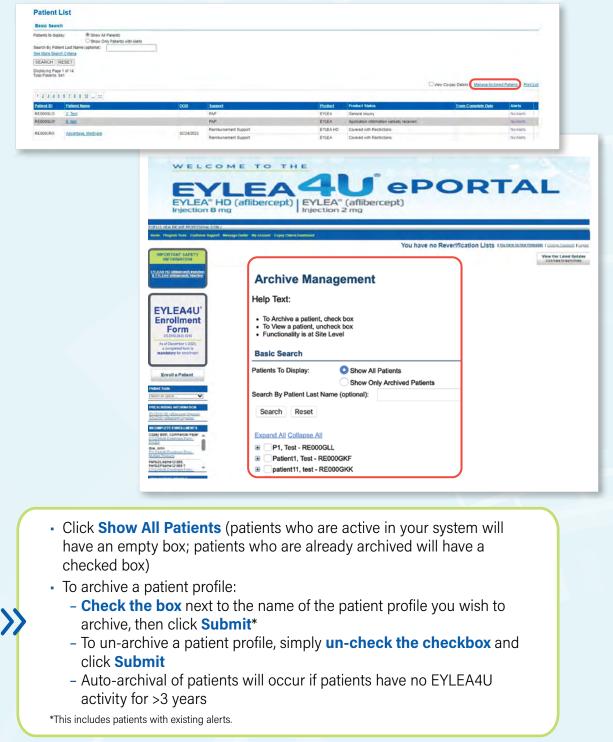
- Details shown about product benefit cap include the allocated amount, payments issued, available balance, and spend down amount.
- B Details shown about administration benefit cap include the allocated amount, payments issued, available balance, and spend down amount.
- C Specific **date of service** information includes claim status, source, requested amount, approved amount, expense type (product and/or administration), and payment status.



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Archiving Patient Profiles





Reporting

ne Program Tools Customer Support	Manager Provider	Mr. Account	Course Clause Distributed	
Forms & Examples	accounter the	all hecoast		
Patient Authorigation Otin Report				
Contraction of the American State of the Ame				
IMP Patient Case Status Report Patient Signature Report				

Patient Authorization Due ort Run Time: 10/26/2023 10:54/21 AM

Record ID 💲	Patient \$ First Name	Patient 3 Last Name	Patient \$ DOB	Patient Attestation Signature Date	Provider 8 First Name	Provider 🔅 Last Name	
RE00223T	Jack	Las	02/01/1999	02/11/1999	Farrah	Lancaster	
RE002245	Test	Test	09/09/1988	03/09/1988	Farrah	Lancaster	
RE002ZU4	Hugo	Hils	12/12/1996	12/12/2002	Farrah	Lancaster	
RE002ZUG	Kristy	Shelton	01/21/1997	12/12/1996	Farrah	Lancaster	
RE002ZUK	Jay	Holt	12/12/2000	12/12/2002	Farrah	Lancaster	

Patient Authorization Due Report

 Report depicts the date that patient signatures for authorization on the EYLEA4U® Enrollment Form will expire

Caller I Rober Agentices († Andri Bard I Andri Robert († 1990) Registeres	d																
ngi, katao MD Marin Kasa				And in case		-	-	-					.2.2-	1	Complete Complete		
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Instance Cog IC	-						-					-					
				and the second	-		-	-	-			-	-		-	122.24	
Seelan, Kiraly	#1.013MD	(All of the	DIENE		-	#URODI	Petro .						-			-	
tran Onthis	- respectively	stants.	rie.		Cont.			Number of Street		-							

Case Status Summary Report

Summary report for EYLEA4U patients by provider and includes:

Secondary Plan Name

Eligibility Begin Date

Eligibility End Date

Copay Program Outcome

EYLEA4U Commercial Copay Card

EYLEA4U Commercial Copay Card

EYLEA4U Commercial Copay Card

EYLEA4U Commercial Copay Card

Copay Program

Eligible (Y/N)

ID Number

- Patient Name
- Date of Birth
- Patient ID
- Product
- Patient Authorization Signature Date
- Support Type Requested
- Status Date
- Status
- Primary Payer Name
- Primary Plan Name

Patient	Expired Signature
Report Run	Time: 8/22/2023 5 25:31 AM

Record ID 🔅	Patient # First Name	Patient 8 Last Name	Petient 8 DOB	Patient # Attestation Signature Date	Provider 8 First Name	Provider 🔒 Last Name
RE002YJW	Shamla	Shelly	04/13/1961		Puriee	saiga
REDOZYJT	Nitya	Shetty	04/13/1951		Farrah	Lancaster
RE002YJQ	Nicolas	Kidman	04/12/1974		Farrah	Lancaster
RE002YJI	Claudia	Jessie	04/11/1972		Farrah	Lancaster
RE002YJE	Edwina	Sharma	04/11/1971		Farrah	Lancaster
RE002/J9	Anthony	Bridgerton	04/07/1985		Farrah	Lancaster

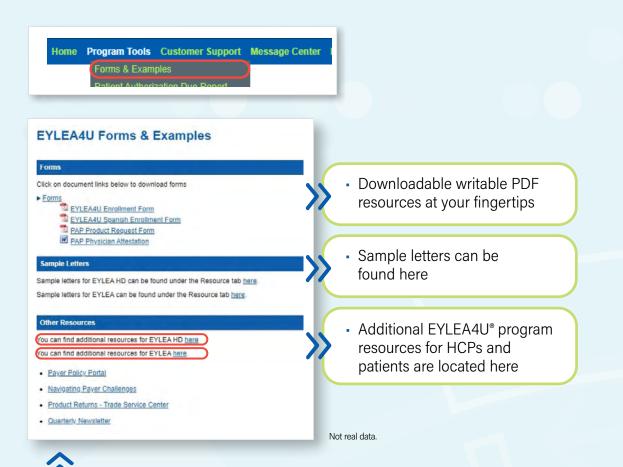
Patient Signature Report

 Report depicts patient signatures for authorization on the EYLEA4U Enrollment Form that have already expired



Not real data.

Resources



 The EYLEA Payer Policy Portal for EYLEA HD and EYLEA is designed to help identify coverage information, policy requirements, and PA forms for approved indications for EYLEA HD and EYLEA

This resource does not replace the benefit verification conducted by EYLEA4U. Please enroll your patients in EYLEA4U to receive a Statement of Benefits.

- Navigating Payer Challenges was developed to help you understand the various insurance laws, rules, and regulations that may apply to challenges you may encounter in practice
- The Trade Service Center is your source for product support at Regeneron. From expertly managing the return or replacement of products to serving as a central point of contact for your distribution-related needs, our team is available to assist you quickly and efficiently
- The Quarterly Newsletter website provides timely information on payer access updates, news from CMS, product information regarding EYLEA HD and EYLEA, and EYLEA4U updates. It is refreshed on a quarterly basis



EYLEA4U[®] ePortal User Settings



 Click on the My Account tab to access account information and user settings

My Account	
Use this page to manage your account information as well as your office and physician	associations
My Information	
Fields in BOLD are required	
Jser Name: Toross	
First Name: Tom	
Last Name Cross	
Contact Phone: (123) 456-7890	
Primary Email: toross@notgoogle.com	
Office Contact Information	
Fields in BOLD are required	Undata upor information on
Note: You can only update one site per submission	 Update user information as
Select an Office: Select One 🗸	needed
ax ID:	/ neeueu
Street Address:	
Bute/Bidg #:	
City:	
State: AK V	
Office Phone: Ext	
ax Phone:	
My Office and Physician Associations	
IOTE: Any changes to your associations will require that the Website Support team validate the requested char	inges in order to meet HiFAA compliance
Aanage Associated Offices and Physicians	
To remove an office and/or physician check the corresponding box.	
important. If you select to remove an office you will also request to remove all of the associated physicians for t	ner omse.
Flute, Doug MD	
Provider, Demo MD	
Trider, Stan MD	 Add/delete associated offices
Demo Portal Site	
Provider, Demo MD	and physicians to/from your
Add Office(s)	
Please list the full name and address of the office(s) you would like to add, separated by commas	user database
Add Obusinian(s)	
Add Physician(s) Please list the first and last name of the physician(s) you would like to add, separated by commas	
User Setting	 Use these toggles to opt in/out
Select the box if you want to see the Patient Alerts on the Provider Portal.	of the Patient Alerts on the
O Select the box if you do not want to see the Patient Alerts on the Provider Portal.	
Email Preferences	EYLEA4U ePortal home screen
Select an e-mail preference you would like to update.	
Email Frequency	
Frequency applicable to all alerts you select below.	
I want to receive a daily email notification for patient alerts.	
O I want to receive a weekly email notification for patient alerts.	
I do not want to receive email notifications for patient alerts.	
Alert Types	
Weaking Info	
Yes. I want to receive email notifications for this patient alert. No, I do not want to receive email notifications for this patient alert.	 Use these toggles to opt in/out
BV Complete	of Patient Alert email
Yes, I want to receive email notifications for this patient alert.	
No. I do not want to receive email notifications for this patient alert.	notifications
PA Incomplete	nouncauons
Yes, I want to receive email notifications for this patient alert.	
O No. I do not want to receive email notifications for this patient alert.	
Patient Authorization Due	
Yes. I want to receive email notifications for this patient alert.	
No. I do not want to receive email notifications for this patient alert.	
Prior Authorization	
Yes, I want to receive email notifications for this patient alert.	
No. I do not want to receive email notifications for this patient alert.	
PAP Renewal Due	
Yes, I want to receive email notifications for this patient alert.	
No, I do not want to receive email notifications for this patient alert.	
Co-pay Approved	
Yes, I want to receive email notifications for this patient alert.	
No. I do not want to receive email notifications for this patient alert.	
Co-pay Denied	
Yes, I want to receive email notifications for this patient alert.	
O No. I do not want to receive email notifications for this patient alert.	
Reauthorization	
Yes. I want to receive email notifications for this patient alert.	
No, I do not want to receive email notifications for this patient alert.	

EYLEA4U[®] ePortal Alerts

To manage **email alerts** and **ePortal alerts** on the home page, navigate to **User Settings** on the My Account tab within the ePortal (see page 27 of this guide)

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.

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







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www.EYLEA4Ueportal.com

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