

EYLEA4U®

# >> ePortal

## Users' Guide

[www.EYLEA4Ueportal.com](http://www.EYLEA4Ueportal.com)

**EYLEA4U®**  
EYLEA® HD (aflibercept) | EYLEA® (aflibercept)  
Injection 8 mg | Injection 2 mg

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**EYLEA4U**<sup>®</sup>  
EYLEA<sup>®</sup> HD (aflibercept) | EYLEA<sup>®</sup> (aflibercept)  
Injection 8 mg | Injection 2 mg

# 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.**



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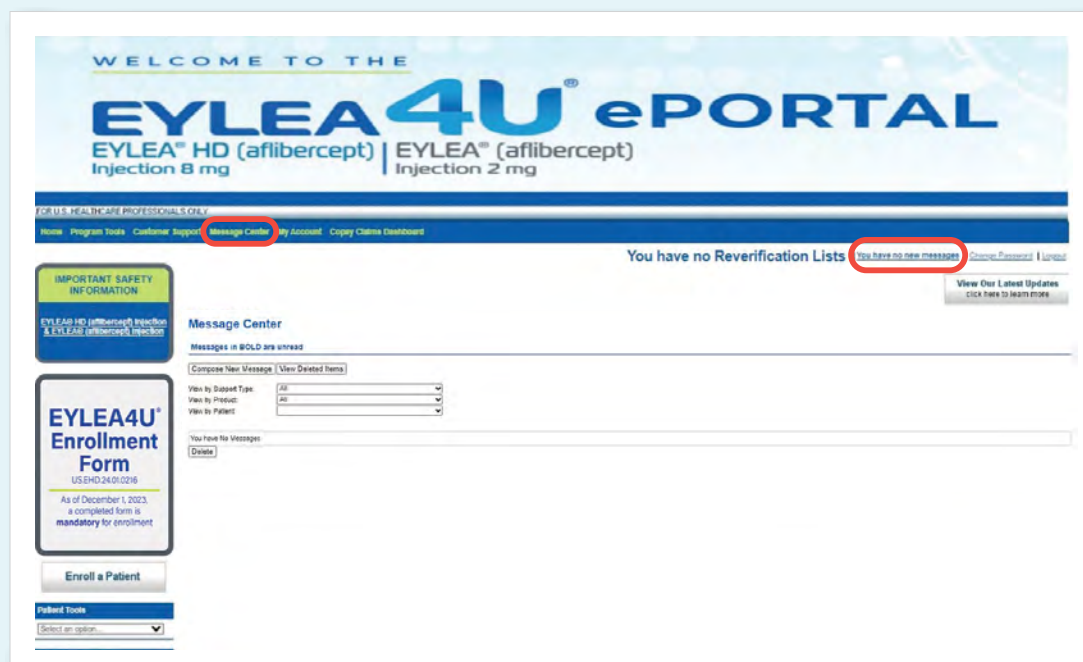
# Contacting EYLEA4U® (cont'd)

## 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



### 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**

# Registering to Access the EYLEA4U® ePortal



## To register with the EYLEA4U ePortal

- Visit and bookmark [www.EYLEA4Ueportal.com](http://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 Registration**  
Fields with an \* are required

**Your Contact Information**  
Please provide the following information about yourself.

\*Registrant's Contact Type:

\*First Name:

\*Last Name:

\*Email Address:

\*Confirm Email Address:

\*Phone Number:

Phone Extension:

Best time to Contact:

\*NPI Number:

\*State License State 1:

\*State License Number 1:

State License State 2:

State License Number 2:

**Your Office Information**  
Please provide the following information about your office.

\*Office Name:

\*Street Address:

Suite/Bldg #:

\*City:

\*State:

\*Zip Code:

\*Phone Number:

Phone Extension:

\*Fax Number:

**Alternate Contact Information**  
As an option, you can provide the following information for an alternate person we can call to complete the online registration.

Contact Type:

\*First Name:

\*Last Name:

\*Email Address:

\*Confirm Email Address:

\*Phone Number:

Phone Extension:

Best Time to Contact:

☒ I'm not a robot

Not real data.

## Complete the User Registration form

- Fields marked with an \* and in blue are required to complete the registration process

- 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:

- 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](http://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:

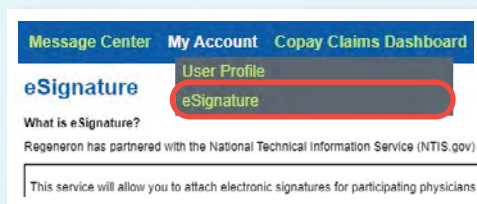
- 1 **Contact your RBM to initiate the process** and obtain the EYLEA4U Healthcare Provider Electronic Enrollment Form Representation
- 2 **Physician completes and signs the form\***
- 3 **Fax the form to EYLEA4U at 1-888-335-3264**
- 4 **EYLEA4U will contact you** when the form is on file and when you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

\*Delegate staff will be verified annually.

## 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

**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)



g

# Home Page

## Patient List

WELCOME TO THE  
**EYLEA4U® ePORTAL**  
EYLEA® HD (aflibercept) Injection 8 mg | EYLEA® (aflibercept) Injection 2 mg

FOR U.S. HEALTHCARE PROFESSIONALS ONLY

Home Program Tools Customer Support Message Center My Account Copy Claims Dashboard

You have no Reverification Lists | You have no new messages | [Change Password](#) | [Logout](#)

[View Our Latest Updates](#)  
Click here to learn more

**IMPORTANT SAFETY INFORMATION**  
EYLEA® HD (aflibercept) Injection & EYLEA® (aflibercept) Injection

**EYLEA4U® Enrollment Form**  
US (HMD-2431-0216)  
As of December 1, 2023, a completed form is mandatory for enrollment

[Enroll a Patient](#)

**Patient List**

**Basic Search**  
Patients to display: ☐ Show All Patients ☒ Show Only Patients with Alerts  
Search By Patient Last Name (optional):   
[See More Search Criteria](#)  
**SEARCH** **RESET**

**Advanced Filters (Optional)**  
Site:  Product Status:  Support:   
Provider:  Patient ID:  Product:   
Alert Type:  EYLEA HD  
EYLEA  
Begin Date:  End Date:   
**SEARCH** **RESET**

Displaying Page 1 of 14  
Total Patients: 341

[View Copay Details](#) | [Manage Archived Patients](#) | [Print List](#)

Patient ID	Patient Name	DOB	Insurance	Product	Product Status	EYLEA Commercial Card	Alerts
RE00001	J. Doe		PIP	EYLEA	DEFERRED INQUIRY		No Alerts
RE00002	S. Lee		PIP	EYLEA	Application information verified/reviewed		No Alerts
RE00003	A. Johnson	12/04/2003	Premium support	EYLEA HD	Covered with Restrictions		No Alerts

Not real data.

### Basic search

- **Show All Patients:** Shows all patients that are active within your ePortal
- **Show Only Patients with Alerts:** Shows only patients with new alerts (new EYLEA4U® services completed or services needing follow up)

### Advanced filters search

- **You can search the active patient database by many criteria:**
  - Site
  - Provider
  - Product status
  - Patient ID (RE#)
  - Alert type
  - Product
  - Support

- **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.

# How to Enroll Online via the EYLEA4U® ePortal

## New or existing patient



Click **Enroll a Patient**

Not real data.



- Select a **Program**
  - Reimbursement Support
- Select a **Form**
  - EYLEA4U Enrollment Form
- Select a **Product**
  - EYLEA HD and/or EYLEA
- Select a **Site**
- Select a **Physician**
- Select a **Patient**
  - Select **New Patient** or choose an **existing patient** from the list
- Existing patient's information will be pre-populated into the form for ease of use

# 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



- Choose the patient support services you would like to request for the patient



- Provide all required patient and insurance information



- Provide the diagnosis details for each requested product



- Provide the patient's prescription details

Not real data.









# Statement of Benefits Results

## Instant electronic results

**Patient Enrollment**

**Enrollment Submission Confirmation**

**EYLEA4U**

CONGRATULATIONS! An instant benefit verification was completed for Peter White. Please click the link below to view the summary of benefits.

[Click here to open the Summary of Benefits](#)

**EYLEA**

CONGRATULATIONS! An instant benefit verification was completed for Peter White. Please click the link below to view the summary of benefits.

[Click here to open the Summary of Benefits](#)

You are required to retain on file your 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.

If you would like to print a copy of the Enrollment Form for your records, please click on the form below:

[Click here to open the Enrollment Form for Peter White](#)

[Enroll Another Patient](#)

\*Requires Adobe® Reader®. If you do not have Adobe® Reader®, click on the following button to get Adobe® Reader®.

[Get Adobe Reader](#)

Not real data.

**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
- 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

**Patient Enrollment**  
Enrollment Submission Confirmation

**EYLEA<sup>®</sup> HD**  
An Instant Benefit Verification could not be completed. Your request has been sent for processing, which can take up to 2 business days.

**EYLEA**  
An Instant Benefit Verification could not be completed. Your request has been sent for processing, which can take up to 2 business days.

You are required to retain on file your 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. If you would like to print a copy of the Enrollment Form for your records, please click on the form below:  
[Click here to open the Enrollment Form for John Doe](#)

[Enroll Another Patient](#)

\*Requires Adobe® Reader®. If you do not have Adobe® Reader®, click on the following button to get Adobe® Reader®.

Not 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<sup>®</sup> Enrollment Form will also be available to download and save.**

**EYLEA4U<sup>®</sup>**  
EYLEA<sup>®</sup> HD (aflibercept) | EYLEA<sup>®</sup> (aflibercept)  
Injection 8 mg | Injection 2 mg



# Viewing Patient Details Within the EYLEA4U® ePortal

## Finding a patient

There are 2 ways to search for a patient:

1

**Left Navigation Bar:**  
View Patient Profile

**EYLEA4U® Enrollment Form**  
US EHD 24.01.0216  
As of December 1, 2023, a completed form is mandatory for enrollment.

**Enroll a Patient**

**Patient Tools**  
Select an option: ▼

**PRESCRIBING INFORMATION**  
EYLEA HD (aflibercept) Injection  
EYLEA HD (aflibercept) Injection

**INCOMPLETE ENROLLMENTS**  
Copy Both, Commercial Payer  
EYLEA HD (aflibercept) Injection  
EYLEA HD (aflibercept) Injection

doe, John  
EYLEA HD (aflibercept) Injection  
EYLEA HD (aflibercept) Injection

PartACLName121555  
PartACFName121555 T  
EYLEA HD (aflibercept) Injection

**VIEW PATIENT PROFILE**  
Enter patient's last name to search  
▼

2

**Home Page:**

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

**Patient List**

**Basic Search**

Patients to display: ☒ Show All Patients ☐ Show Only Patients with Alerts

Search By Patient Last Name (optional):

**Advanced Filters (Optional)**

Site:  Product Status:  Support:

Provider:  Patient ID:

Flutie, Doug MD - Medical Doctor  
Provider, Demo MD - Medical Doctor  
Trower, Stan MD - Medical Doctor

Form type:

Form Complete Date  
Begin Date:  End Date:

**SEARCH** **RESET**

Displaying Page 1 of 14  
Total Patients: 641

Not real data.

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

## Viewing patient data

**Patient Profile for: TestPAT11** (Date of Birth: 5/8/1985 Patient ID: RE0000AMH)

Reimbursement Support: EYLEA [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:	37 Years Old	Address:	34285347
Gender:	Male		admir3
Email:			Schenectady, NY 12345
		Phone:	(565) 555-5555

**EYLEA Info**

Patient Status: Valid

Program Status: Patient was sent application

Product Status: Form Complete Date:

Diagnosis:

Primary Diagnosis:

Other Diagnosis:

**Treating Physician**

Physician:	Demo Provider MD	Phone:	(555) 555-5555
Office:		Fax:	(565) 555-5555
Address:	3735 Glen Lake Dr	Email:	
	Charlotte, NC 28208		

**Referring Physician**

Physician:	Demo Provider MD	Phone:	(555) 555-5555
Office:		Fax:	(565) 555-5555
Address:	3735 Glen Lake Dr	Email:	
	Charlotte, NC 28208		



- **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: TestPAT11** (Date of Birth: 5/8/1985 Patient ID: RE0000AMH)

Reimbursement Support: EYLEA [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 PAP, use the **Shipments** tab to see when the product has shipped or to track product shipments

Not real data.

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

**Patient Profile for: Medicare Fee for Service** (Date of Birth: 2/23/1955 Patient ID: RE000U00)

Reimbursement Support: EYLEA4U, EYLEA

Details Insurance Prescriptions Statements **Case History** Documents

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

**Case History Summary**

You can view the details of any record by clicking on the hyperlinks. To sort by a specific column, simply click on that column's header.

Client	Support	Product	Outcome	Outcome: Explanations 1	Outcome: Explanations 2	Date Closed	Payer
9/6/2023	<u>Benefit Verification</u>	EYLEA	Verification Completed	Covered	Completed by Phone - Full EV	9/6/2023	NC Medicare
9/6/2023	<u>Benefit Verification</u>	EYLEA4U	Verification Completed	Covered	Completed by Phone - Full EV	9/6/2023	NC Medicare
2/4/2023	<u>Benefit Verification</u>	EYLEA	Verification Completed	Covered	Completed by Phone - Full EV	2/4/2023	NC Medicare

**Case History Details**

Support	Benefit Verification	Date Opened	Date Closed
Outcome	Verification Completed	9/6/2023 7:44:00 AM	9/6/2023 7:45:20 AM

Date of Action	Type of Action Performed
9/6/2023	Completed: Called Payer re: Coverage
9/6/2023	Completed: Failed/Mailed Information to Provider



- 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

**Patient Profile for: Commercial Payer Copay Product** (Date of Birth: 2/24/1989 Patient ID: RE000U51)

Please select a program to view related product information.

☒ EYLEA4U: Commercial Copay Card Program: EYLEA4U, EYLEA  
☐ Reimbursement Support: EYLEA4U, EYLEA

Details Insurance Prescriptions Statements **Copay Claims** Documents

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

**Y Y1 A-6-68 Commercial Copay Card Program**

**Account Summary**

Eligibility Period	Allocated Amount	Available Balance	Claims Must Be Received By
02/24/2023 - 02/23/2024	\$23,000.00	\$16,750.00	06/22/2024
02/24/2023 - 02/23/2024	\$1,000.00	\$1,000.00	06/22/2024

**Account Details**

Eligibility Period (Product)	Eligibility Period (Admin)
02/24/2023 - 02/23/2024	02/24/2023 - 02/23/2024

Claims Must Be Received By:	Claims Must Be Received By:
06/22/2024	06/22/2024

Allocated Amount:	Allocated Amount:
\$23,000.00	\$1,998.00

Payments Issued:	Payments Issued:
\$1,300.00	\$8.00

Available Balance:	Available Balance:
\$16,750.00	\$1,998.00

Spent Down Amount:	Spent Down Amount:
\$0.00	\$8.00

Reimbursement requests for the administrative benefits (R7620) must have a date of service on or after December 16, 2022 to be eligible for payment.

**Claims**

Product	Date of Service	Claim Status	Source	Requested Amount	Approved Amount
EYLEA	03/17/2023	Processed	Medical	\$500.00	\$500.00
<p>Expense Status: Expense Description: Expense Type: Eligible Amount: Eligible Reason: Spent Down Amount:</p> <p>Check Status: Transaction or Check Number: Claim approval date: Approved Claim Amount: Payer Type: Pay to the order of: Payer Address:</p>					
EYLEA	03/03/2023	Processed	Medical	\$400.00	\$400.00
EYLEA	03/03/2023	Processed	Medical	\$800.00	\$8.00



## 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.**

Not real data.



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

**Patient Profile for: Commercial Payer Copay Product** (Date of Birth: 2/24/1989 Patient ID: RES00US1)

Details Insurance Prescriptions Shipments Care History Copay Claims **Documents**

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

You can view the documents by clicking on the name of the document.  
To sort by a specific column, simply click on that column's name.

**My Documents**

[Add a Document](#)

No documents on record.

**Enrollments Submitted**

No documents on record.

**Outbound Correspondence**

Document	Service	Initial Date
<a href="#">Copay Card Approval HCE</a>	EYLEA4U® Commercial Copay Card Program	9/5/2023
<a href="#">EYLEA HD Summary of Benefits</a>	Reimbursement Support	9/1/2023
<a href="#">EYLEA Summary of Benefits</a>	Reimbursement Support	9/1/2023
<a href="#">Copay Card Approval HCE</a>	EYLEA4U® Commercial	2/24/2023

Not real data.

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.



# 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

Commercial Copay Claims List

Claims To Display: **Show Recent Claims (Last 90 Days)** A

Total Claims: 3

Export to Excel

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	Provider	Site	Remaining Funding (Product)	Remaining Funding (Admin)	Copay Card Eligibility End Date
EYLEA HD	Copay Admin Commercial Patient	06/08/1950	09/02/2023	0.00	150.00	09/14/2023			Demo Provider	Demo Portal Site	20000.00	420.00	02/23/2024
EYLEA HD	Copay Both Commercial Patient	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
EYLEA HD	Copay Product Commercial Patient	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.
- C** **Copay claim approval amounts** for EYLEA HD or EYLEA **product** and/or **administration**.
- D** Date of the **latest approved** claim.
- E** Claims **payment method**—check or Electronic Funds Transfer (EFT).
- F** Claim **transaction number** (for EFT) or **check number**.
- G** 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.

# Commercial Copay Claims Dashboard (cont'd)

## Commercial Copay Claims Dashboard: Search all claims

**Commercial Copay Claims List**

Claims To Display: **(#) Search All Claims (Last 365 Days)** **A**

**Search Criteria**

Site: **All** **B**

Provider: **All** **C**

Patient Last Name: **\_\_\_\_\_** **D**

Patient DOB: **\_\_\_\_\_** **E**

Date Of Service: **\_\_\_\_\_** **F**

Begin Date: **\_\_\_\_\_**

End Date: **\_\_\_\_\_**

**Search** **Reset**

Total Claims: 6

Product	Patient Name	Patient DOB	Date of Service	Approved Claim Amount (Provider)	Approved Claim Amount (Admin)	Claim Approval Date	Payment Method	Transaction or Check Number	Provider	Site	Remaining Funding (Provider)	Remaining Funding (Admin)	Copay Card Eligibility End Date
EYLEA	Copay Admin Commercial Patient	05/05/1950	02/23/2023	0.00	100.00	03/21/2023	Check	200005535	Demo Provider	Demo Portal Site	20000.00	700.00	02/23/2024
EYLEA HD	Copay Admin Commercial Patient	05/05/1950	06/02/2023	0.00	150.00	06/14/2023			Demo Provider	Demo Portal Site	20000.00	420.00	02/23/2024
EYLEA	Copay Both Commercial Patient	05/10/1960	03/10/2023	800.00	200.00	03/21/2023	EFT	7075342450	Demo Provider	Demo Portal Site	18200.00	400.00	02/23/2024

[Export to Excel](#)

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.
- E** Select the patient's **date of birth**.
- F** Enter the **beginning date of service** or the **end date of service**, or complete both fields for your search.

# 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

**Patient Profile for: Commercial Payer Copay Product** (Date of Birth: 2/24/1969 Patient ID: RE000US1)

Please select a program to view related product information.

☒ EYLEA4U Commercial Copay Card Program: EYLEA HD, EYLEA  
☐ Reimbursement Support: EYLEA HD, EYLEA

**Details** Insurance Prescription Payments Case History Copay Claims Documents

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

**EYLEA4U Commercial Copay Card Program**

**Account Summary**

Eligibility Period	Allocated Amount	Available Balance	Claims Must Be Received By
02/24/2023 - 02/23/2024	\$20,000.00	\$18,700.00	06/22/2024
02/24/2023 - 02/23/2024	\$1,000.00	\$1,000.00	06/22/2024

**Account Details**

Eligibility Period (Product)	Eligibility Period (Admin)
02/24/2023 - 02/23/2024	02/24/2023 - 02/23/2024
Claims Must Be Received By: 06/22/2024	Claims Must Be Received By: 06/22/2024
Allocated Amount: \$20,000.00	Allocated Amount: \$1,000.00
Payments Issued: \$1,300.00	Payments Issued: \$0.00
Available Balance: \$18,700.00	Available Balance: \$1,000.00
Spend Down Amount: \$0.00	Spend Down Amount: \$0.00

Reimbursement requests for the administration benefit (if/when) must have a date of service on or after December 15, 2022 to be eligible for payment.

**Claims**

Product	Date Of Service	Claim Status	Source	Requested Amount	Approved Amount
EYLEA	03/01/2023	Processed	Medical	\$500.00	\$500.00
<div> <div> Expense Status: Expense Description: Expense Type: Ineligible Amount: Ineligible Reason: Spend Down Amount: </div> <div> Check Status: Transaction or Check Number: Claim Approval Date: Approved Claim Amount: Payee Type: Pay to the order of: Payee Address: </div> </div>					
+ EYLEA	03/03/2023	Processed	Medical	\$400.00	\$400.00
+ EYLEA	03/10/2023	Processed	Medical	\$800.00	\$0.00

Not real data.

- A** 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.

# Archiving Patient Profiles



Click **Manage Archived Patients** from the Patient List from the home page

**Patient List**

**Basic Search**

Patients to display: ☒ Show All Patients ☐ Show Only Patients with Alerts

Search By Patient Last Name (optional):

[See More Search Criteria](#)

Displaying Page 1 of 14  
Total Patients: 541

☐ View Co-pay Details ☒ **Manage Archived Patients**

Patient ID	Patient Name	DOB	Segment	Product	Product Status	Com. Consistent Date	Alerts
RE0000LD	<a href="#">2 Test</a>		IMP	EYLEA	General Inquiry		No Alerts
RE0000LY	<a href="#">8 Test</a>		IMP	EYLEA	Application information verbally received		No Alerts
RE0000RX	<a href="#">Advantage Medicare</a>	02/24/2023	Reimbursement Support	EYLEA HD	Covered with Restrictions		No Alerts
			Reimbursement Support	EYLEA	Covered with Restrictions		No Alerts

**WELCOME TO THE EYLEA4U<sup>®</sup> ePORTAL**  
EYLEA<sup>®</sup> HD (aflibercept) Injection 8 mg | EYLEA<sup>®</sup> (aflibercept) Injection 2 mg

FOR U.S. HEALTH CARE PROFESSIONALS ONLY

[Home](#) [Program Tools](#) [Customer Support](#) [Message Center](#) [My Account](#) [Copy Claims Dashboard](#)

You have no Reverification Lists [1 Total Alerts on New Therapies](#) [1 Quality Improvement](#) [1 Update](#)

[View Your Latest Updates](#)  
[Click Here to Search Profiles](#)

**Archive Management**

Help Text:

- To Archive a patient, check box
- To View a patient, uncheck box
- Functionality is at Site Level

**Basic Search**

Patients To Display: ☒ Show All Patients ☐ Show Only Archived Patients

Search By Patient Last Name (optional):

[Expand All](#) [Collapse All](#)

- ☐ P1, Test - RE000GLL
- ☐ Patient1, Test - RE000GKF
- ☐ patient11, test - RE000GKK



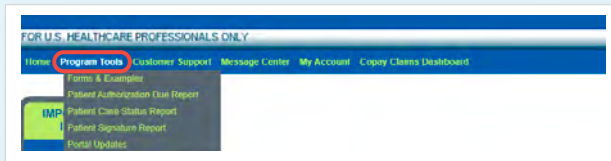
- Click **Show All Patients** (patients who are active in your system will have an empty box; patients who are already archived will have a checked box)
- To archive a patient profile:
  - Check the box** next to the name of the patient profile you wish to archive, then click **Submit**\*
  - To un-archive a patient profile, simply **un-check the checkbox** and click **Submit**
  - Auto-archival of patients will occur if patients have no EYLEA4U activity for >3 years

\*This includes patients with existing alerts.

Not real data.



# Reporting



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

Record ID	Patient First Name	Patient Last Name	Patient DOB	Patient Attestation Signature Date	Provider First Name	Provider Last Name
RE00223T	Jack	Las	02/01/1999	02/11/1999	Farah	Lancaster
RE00224S	Test	Test	09/09/1988	03/09/1988	Farah	Lancaster
RE0022U4	Hugo	Hills	12/12/1986	12/12/2002	Farah	Lancaster
RE002ZUG	Kirsty	Shelton	01/21/1997	12/12/1996	Farah	Lancaster
RE002ZUK	Jay	Holt	12/12/2000	12/12/2002	Farah	Lancaster

## Patient Authorization Due Report

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

**Case Status Summary Report**

Record ID	Patient First Name	Patient Last Name	Patient DOB	Patient Attestation Signature Date	Provider First Name	Provider Last Name	Product	Status	Support Type Requested	Status Date	Primary Payer Name	Primary Plan Name	Secondary Plan Name	Copay Program	Copay Program Outcome	EYLEA4U Commercial Copay Card Eligible (Y/N)	EYLEA4U Commercial Copay Card ID Number	EYLEA4U Commercial Copay Card Eligibility Begin Date	EYLEA4U Commercial Copay Card Eligibility End Date
RE00223T	Jack	Las	02/01/1999	02/11/1999	Farah	Lancaster	EYLEA4U	Active	Primary	10/26/2023	Farah	EYLEA4U	EYLEA4U	EYLEA4U	EYLEA4U	EYLEA4U	EYLEA4U	EYLEA4U	EYLEA4U
RE00224S	Test	Test	09/09/1988	03/09/1988	Farah	Lancaster	EYLEA4U	Active	Primary	10/26/2023	Farah	EYLEA4U	EYLEA4U	EYLEA4U	EYLEA4U	EYLEA4U	EYLEA4U	EYLEA4U	EYLEA4U
RE0022U4	Hugo	Hills	12/12/1986	12/12/2002	Farah	Lancaster	EYLEA4U	Active	Primary	10/26/2023	Farah	EYLEA4U	EYLEA4U	EYLEA4U	EYLEA4U	EYLEA4U	EYLEA4U	EYLEA4U	EYLEA4U
RE002ZUG	Kirsty	Shelton	01/21/1997	12/12/1996	Farah	Lancaster	EYLEA4U	Active	Primary	10/26/2023	Farah	EYLEA4U	EYLEA4U	EYLEA4U	EYLEA4U	EYLEA4U	EYLEA4U	EYLEA4U	EYLEA4U
RE002ZUK	Jay	Holt	12/12/2000	12/12/2002	Farah	Lancaster	EYLEA4U	Active	Primary	10/26/2023	Farah	EYLEA4U	EYLEA4U	EYLEA4U	EYLEA4U	EYLEA4U	EYLEA4U	EYLEA4U	EYLEA4U

## Case Status Summary Report

Summary report for EYLEA4U patients by provider and includes:

- Patient Name
- Date of Birth
- Patient ID
- Product
- Patient Authorization Signature Date
- Support Type Requested
- Status Date
- Status
- Primary Payer Name
- Primary Plan Name
- Secondary Plan Name
- Copay Program
- Copay Program Outcome
- EYLEA4U Commercial Copay Card Eligible (Y/N)
- EYLEA4U Commercial Copay Card ID Number
- EYLEA4U Commercial Copay Card Eligibility Begin Date
- EYLEA4U Commercial Copay Card Eligibility End Date

**Patient Expired Signature**  
Report Run Time: 02/22/2023 5:25:31 AM

Record ID	Patient First Name	Patient Last Name	Patient DOB	Patient Attestation Signature Date	Provider First Name	Provider Last Name
RE002VJH	Shamla	Shetty	04/13/1961		Purser	saiga
RE002VJT	Nitya	Shetty	04/13/1961		Farah	Lancaster
RE002VJQ	Nicolas	Korman	04/12/1974		Farah	Lancaster
RE002VJI	Claudia	Jessie	04/11/1972		Farah	Lancaster
RE002VJE	Edwina	Sharma	04/11/1971		Farah	Lancaster
RE002VJ9	Anthony	Bridgerton	04/07/1985		Farah	Lancaster

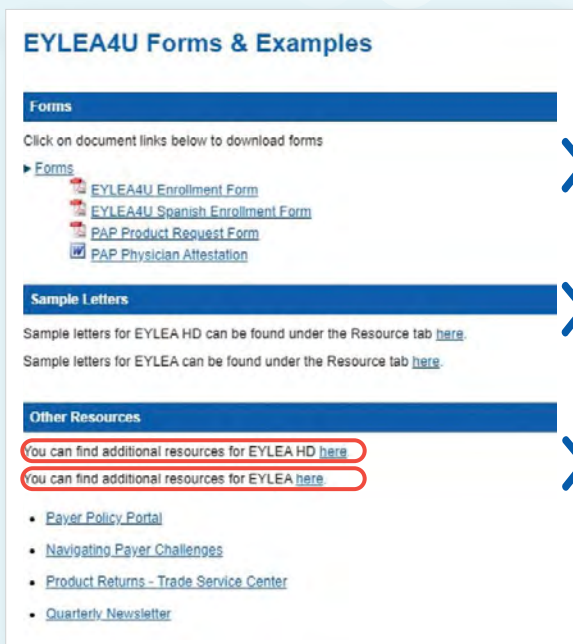
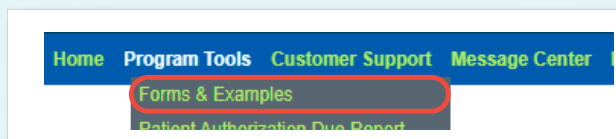
## Patient Signature Report

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

Not real data.



# Resources



Downloadable writable PDF resources at your fingertips

Sample letters can be found here

Additional EYLEA4U® program resources for HCPs and patients are located here

Not real data.

- 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

Home Program Tools Customer Support Message Center **My Account** Copay Claims Dashboard  
User Profile  
eSignature

- 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

User 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

Note: You can only update one site per submission

\*Select an Office: Select One  
Tax ID:  
\*Street Address:  
Suite/Bldg #:  
\*City:  
\*State: AK  
\*Zip:  
\*Office Phone: Ext:  
Fax Phone:

### My Office and Physician Associations

NOTE: Any changes to your associations will require that the Website Support team validate the requested changes in order to meet HIPAA compliance.

#### Manage 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 that office.

☐ User to be removed from:  
☐ Flute, Doug MD  
☐ Provider, Demo MD  
☐ Truier, Stan MD  
☐ Demo Portal Site  
☐ Provider, Demo MD

#### Add Office(s)

\*Please list the full name and address of the office(s) you would like to add, separated by commas

#### Add Physician(s)

\*Please list the first and last name of the physician(s) you would like to add, separated by commas

### User Setting

☒ Select the box if you want to see the Patient Alerts on the Provider Portal.  
☐ Select the box if you do not want to see the Patient Alerts on the Provider Portal.

### Email Preferences

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.  
☐ I want to receive a weekly email notification for patient alerts.  
☐ I do not want to receive email notifications for patient alerts.

#### Alert Types

##### Missing 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.

##### BV Complete

☒ Yes, I want to receive email notifications for this patient alert.  
☐ No, I do not want to receive email notifications for this patient alert.

##### PA Incomplete

☒ Yes, I want to receive email notifications for this patient alert.  
☐ 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.  
☐ 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.

- Update user information as needed

- Add/delete associated offices and physicians to/from your user database

- Use these toggles to opt in/out of the **Patient Alerts on the EYLEA4U ePortal home screen**

- Use these toggles to opt in/out of **Patient Alert email notifications**

Not real data.

# 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

<b>Missing Info</b>	Triggers when items are still needed to complete the requested task
<b>BV Complete</b>	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
<b>PAP Renewal Due</b>	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
<b>Copay Approved</b>	Triggers when a patient has been approved for commercial copay assistance and displays for 30 days
<b>Copay Denied</b>	Triggers when a patient has been denied commercial copay assistance and displays for 30 days
<b>Patient Authorization Due</b>	Triggers 60 days before a patient's signature expiration date and displays for 60 days or until the updated signature is received

BV = benefit verification.

# EYLEA4U<sup>®</sup>

EYLEA<sup>®</sup> HD (aflibercept) | EYLEA<sup>®</sup> (aflibercept)  
Injection 8 mg | Injection 2 mg



[www.EYLEA4Ueportal.com](http://www.EYLEA4Ueportal.com)

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