




## New Commercial Co-Pay Support for Each EYLEA Treatment!\*

### Program Benefits

**Eligible patients may have as little as a**



**\$0 co-pay for each EYLEA treatment.\***

**Subject to program assistance limit.**

The patient is responsible for any additional co-pay costs that exceed the program assistance limit.

**The program covers up to\***



**\$15,000**

in assistance per year toward product-specific co-pay, co-insurance, and insurance deductibles for EYLEA treatments. No income eligibility requirement.

**For example, if a patient had an out-of-pocket cost of \$1,500 for EYLEA (25% co-insurance and \$1,000 deductible)**



#### Patient eligibility

- Must have commercial or private insurance that covers EYLEA
- Must have a co-pay for EYLEA
- Must be a resident of the United States or its territories or possessions

**To learn more about the EYLEA Co-Pay Card, call EYLEA4U® at 1-855-EYLEA4U (1-855-395-3248), Option 4, Monday-Friday 9 AM-8 PM Eastern Time, or visit EYLEA.com.**

For patients with insurance not funded through a government healthcare program.

\*Subject to program assistance limit. Not an insurance or debit card program. This program is not valid for prescriptions covered by or submitted for reimbursement under Medicaid, Medicare, VA, DOD, TRICARE, or similar federal or state programs. This program does not cover or provide support for supplies, procedures, or any physician-related service associated with EYLEA. General, non-product-specific co-pay, co-insurance, or insurance deductibles are not covered. This program is not valid where prohibited by law, taxed, or restricted. EYLEA4U reserves the right to rescind, revoke, terminate, or amend this offer, eligibility, and terms of use at any time without notice. Additional program conditions apply. See EYLEA.com.

<sup>†</sup>If patient has not exceeded the \$15,000 per-year limit. Any cost above the limit would be the patient's responsibility.



**EYLEA®**  
(afibercept) Injection



## Easy Enrollment With the



### To enroll via the EYLEA4U® Enrollment Form

Co-Pay Assistance must be requested on the EYLEA4U Enrollment Form and submitted via fax (1-888-335-3264) or the EYLEA4U e-Portal (EYLEA4Ueportal.com).



### To enroll by phone

Your office or patients may call EYLEA4U at 1-855-EYLEA4U (1-855-395-3248), Option 4, Monday–Friday 9 AM–8 PM Eastern Time.

#### When enrolling patients by phone, have the following patient information available:

- **Diagnosis:** must be an approved EYLEA indication
- **Contact information:** name, address, date of birth, and phone number
- **Commercial insurance information:** including payer and plan names, policy and group numbers, and payer phone number

#### Patient enrollment confirmation

- If the patient meets all initial eligibility criteria, the patient will be conditionally approved pending verification
- Once a patient's eligibility is confirmed, your EYLEA4U Support Specialist will forward you a confirmation letter and send the EYLEA Co-Pay Card and program terms to your patient



### Obtaining co-pay assistance through the EYLEA Co-Pay Card.\* Here's how:

- Patient is responsible for any additional out-of-pocket co-pay costs that exceed the program assistance limit†
- Office submits documentation that reflects the charges for the EYLEA purchase as well as any reimbursements from the payer
  - W-9 Form (one time only)
  - EYLEA4U Healthcare Provider Representation Form (one time only)
  - CMS 1500 or CMS 1450 Form
  - Itemized explanation of benefits (EOB) from the patient's insurer
- EYLEA Co-Pay Card Program will disburse funds within 7 to 14 business days of review/approval
- All requests for reimbursement must be submitted within 90 days of the Date of Service

\*If you purchase EYLEA, you may apply directly for co-pay reimbursement only after your patient is deemed eligible.

†If patient has not exceeded the \$15,000 per-year limit. Any cost above the limit would be the patient's responsibility.

[WWW.EYLEA.COM](http://WWW.EYLEA.COM)

**EYLEA**<sup>®</sup>  
(afibercept) Injection



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