

Financial Support for EYLEA HD and EYLEA

If you need assistance paying for EYLEA HD and/or EYLEA, EYLEA4U® may be able to help.



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



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About This Brochure

This brochure has important information about how **EYLEA4U®** may be able to help eligible patients with the costs for **EYLEA HD and/or EYLEA**. Take time to read it, then ask your EYLEA4U Support Specialist to help you with the next steps.

For more information:



Call **1-855-EYLEA4U (1-855-395-3248)**,
Option 4, Monday–Friday, 9 AM–8 PM Eastern Time



Visit **www.EYLEAHD.com**
or **www.EYLEA.com**

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EYLEA4U[®] Provides Patient Support

for EYLEA HD and EYLEA in Many Ways

If you need help with the cost of EYLEA HD and/or EYLEA, the EYLEA4U program is just 4 U!

How EYLEA4U may be able to help

» Are you insured with a commercial plan (not funded through the government)?

EYLEA4U may be able to help you with some out-of-pocket costs for EYLEA HD and/or EYLEA and injection administration if you qualify.

» Do you not have coverage for EYLEA HD and/or EYLEA? Or are you uninsured?

EYLEA4U may be able to provide you with EYLEA HD and/or EYLEA at no cost if you qualify.

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EYLEA4U®

Commercial Copay Card Program

For patients with commercial insurance (not funded through a government health care program)

EYLEA4U may be able to help with some of the out-of-pocket costs for EYLEA HD and/or EYLEA.

There is no annual income verification or limit on program participation.*

*This program is not an insurance benefit.

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EYLEA4U®

Commercial Copay Card Program

How the program works

Eligible patients may pay:

As little as a **\$0 copay** for each EYLEA HD and/or EYLEA treatment. You pay any additional out-of-pocket costs that exceed the annual assistance limit.

The program covers*:

\$20k
assistance

Up to \$20,000 in assistance per rolling year eligibility toward product-specific copay, coinsurance, and deductibles for EYLEA HD and/or EYLEA treatments.

\$1k
assistance

Up to \$1,000 in assistance per rolling year eligibility toward administration-specific copay, coinsurance, and deductibles for EYLEA HD and/or EYLEA treatments.

Program benefits do not reset if you change from one treatment to the other.

*Not an insurance or debit card program. This program is not valid for prescriptions covered by or submitted for reimbursement under Medicaid, Medicare, Veterans Affairs, Department of Defense, TRICARE, or similar federal or state programs. This program does not cover or provide support for supplies associated with EYLEA HD and/or EYLEA. This program is not valid where prohibited by law, taxed, or restricted. Patients who are residents of Massachusetts or Rhode Island are not eligible for administration assistance. 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.

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EYLEA4U[®] Commercial Copay Card Program

Eligibility Requirements

- ✓ You must have commercial or private insurance that covers EYLEA HD and/or EYLEA
- ✓ You must be receiving EYLEA HD and/or EYLEA for an FDA-approved indication
- ✓ You must be a resident of the United States or its territories or possessions

If approved for the program

- ✓ You will receive an EYLEA4U Commercial Copay Card and a welcome letter explaining the program
- ✓ You will be automatically renewed for the EYLEA4U Commercial Copay Card Program if:
 - You still meet eligibility requirements after a rolling 12-month period
 - There has been at least one reimbursement claim against your current eligibility year for the program



You can sign up for the EYLEA4U Commercial Copay Card Program with just a phone call!

Call 1-855-EYLEA4U (1-855-395-3248), Option 4, Monday–Friday, 9 AM–8 PM Eastern Time. Your EYLEA4U Support Specialist will help you with the eligibility and enrollment process.

FDA = US Food and Drug Administration.



EYLEA4U® Commercial Copay Card Program Reimbursement Process

How to Request Reimbursement for EYLEA HD and/or EYLEA

Product benefit

Administration benefit

REQUIRED DOCUMENTATION*

- Patient name, DOB, DOS
- Diagnosis code for injection
- **EYLEA HD/EYLEA (product)** – amount billed, amount allowed, amount paid, patient responsibility
- **Administration** – amount billed, amount allowed, amount paid, patient responsibility
- Patient address for payment

SUBMIT

EYLEA4U via fax
1-888-335-3264

*Typically found on an EOB, CMS-1450 or CMS-1500 claim form, receipt of payment, or statement from physician.

Final approval of copay claim payments will be based on eligibility status and diagnosis of an FDA-approved indication at the DOS. Please note, not all products within this program have the same FDA-approved indications. Please refer to www.EYLEAHD.com or www.EYLEA.com for a full listing.

How the EYLEA4U Commercial Copay Card Program could help with the costs for EYLEA HD and/or EYLEA

For example, if a patient had a total out-of-pocket cost of \$2,000 for EYLEA HD, \$1,500 for the EYLEA HD product (25% coinsurance and \$1,000 deductible) and \$500 for the administration of EYLEA HD:

- The patient would be responsible for \$0
- The EYLEA4U Commercial Copay Card Program would cover the balance of \$2,000[†]
 - \$1,500 toward the product-specific out-of-pocket cost
 - \$500 toward the administration-specific out-of-pocket cost

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[†]Subject to program assistance limits. Any cost above the program benefit caps would be your responsibility.

CMS = Centers for Medicare & Medicaid Services; DOB = date of birth; DOS = date of service; EOB = explanation of benefits.



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Patient Assistance Program

For patients who are uninsured or do not have coverage for EYLEA HD or EYLEA

The Patient Assistance Program (PAP) may be able to provide eligible patients with EYLEA HD or EYLEA at no cost.

To qualify, you must:

- Be uninsured or not covered for EYLEA HD or EYLEA
- Be a resident of the United States or its territories or possessions
- Be enrolled in EYLEA4U®
- Show financial need (based on total annual household adjusted gross income*)

If approved, patients may be eligible for assistance for up to 1 year and must reapply annually.

*You will need to provide financial documentation to support this information.

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Patient Assistance Program

Your EYLEA4U® Support Specialist can help with the program details

Once EYLEA4U receives your application, your Support Specialist



Verifies that you meet the program requirements



Sends a confirmation letter about your enrollment to your doctor's office upon approval



Makes sure that your EYLEA HD or EYLEA gets shipped to your doctor's office


Contact EYLEA4U to start the application process today.

If you are enrolled in the PAP and have insurance that does not cover EYLEA HD or EYLEA and your provider wants to change to the other product, a new EYLEA4U Enrollment Form for PAP will need to be submitted.

We're Here 4 U!

Insurance coverage can sometimes be hard to understand. Your EYLEA4U® Support Specialist knows the important details and is available to help.

» Get in touch with an EYLEA4U Support Specialist today

 **Call 1-855-EYLEA4U** (1-855-395-3248), Option 4, Monday–Friday, 9 AM–8 PM Eastern Time

 Visit www.EYLEAHD.com or www.EYLEA.com for more information.

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