

# Help Eligible Patients Pay Only \$5 of Their Co-Pay for EYLEA® (aflibercept) Injection With the EYLEA Co-Pay Card\*

**EYLEA®**  
(aflibercept) Injection



**No income eligibility requirement**—eligible patients who have commercial insurance not funded through a government healthcare program may qualify for the Co-Pay Card Program

## Who's Eligible?

- Must have commercial or private insurance that covers EYLEA for an approved indication
- Co-pay for EYLEA must exceed \$5 per purchase/treatment
- Patients must be residents of the United States or its territories or possessions



## Program Benefits—NOW With Enhanced Terms!

<p><b>The program covers*</b></p>	<ul style="list-style-type: none"> <li>• <b>Up to \$10,000</b> in assistance per year toward product-specific co-pay, co-insurance, and insurance deductibles for EYLEA treatments</li> </ul>
<p><b>The patient is responsible for</b></p>	<ul style="list-style-type: none"> <li>• The first \$5 of each treatment's co-pay</li> <li>• Any additional co-pay costs that exceed the program assistance limit</li> </ul>

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

- The patient would be responsible for the first \$5
- The EYLEA Co-Pay Card Program would cover the remaining balance of \$1,495 if your patient has not exceeded the \$10,000 per-year limit. Any cost above the limit would be the patient's responsibility

\*The 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.



## EYLEA Co-Pay Card Enrollment Options

- Request Co-Pay Assistance on the EYLEA4U Enrollment Form and submit via fax (1-888-335-3264) or via the EYLEA4U e-Portal
- By phone—your office or patients may call EYLEA4U at 1-855-EYLEA4U (1-855-395-3248), Option 4, to start the enrollment process

**Access Real-Time Co-Pay Card Data for  
Enrolled Patients via the EYLEA4U e-Portal.  
Register Now at [www.EYLEA4Ueportal.com](http://www.EYLEA4Ueportal.com)**



## When Enrolling Patients by Phone

**EYLEA**<sup>®</sup>  
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### Have the following patient information available:

- Diagnosis: must be an approved EYLEA<sup>®</sup> (aflibercept) Injection 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
- EYLEA4U<sup>®</sup> Authorization to Disclose/Use Health Information signed by your patient

### Patient enrollment confirmation

- If the patient meets all initial eligibility criteria and the EYLEA4U patient authorization is on file, 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 to your patient

## Obtaining Co-Pay Assistance Through the EYLEA Co-Pay Card Program

### Various reimbursement options

#### Example: Healthcare provider purchases EYLEA and applies directly for co-pay reimbursement

- Patient is responsible for the first \$5 and any additional out-of-pocket co-pay costs that exceed the program assistance limit
- Office submits an EYLEA4U Co-Pay Expenditure Form and 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
  - Patient's authorization to use and disclose health information (on file)
- 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

Visit [www.EYLEA.com](http://www.EYLEA.com) for more information

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**REGENERON**

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