

Terms and Conditions for the Iveric Bio Patient Assistance Program

Eligibility Criteria

- IZERVAY™ (avacincaptad pegol) must be prescribed on-label by an appropriately licensed eye care professional (ECP)
- Patient must be either uninsured or underinsured
 - Underinsured can mean that a patient lacks secondary insurance to Medicare Part B and demonstrates an inability to afford the treatment due to the cost of the co-payment or deductible, or that the patient's insurance does not cover the treatment at all
- Patient must be a US resident and aged 18 or older
- Patient must have \$150,000 or less gross annual household income
- Prescriber must be a US resident

Terms and Conditions

- IZERVAY My WaySM will review all submitted documentation, including the Iveric Bio Patient Assistance Program eligibility form and all substantiating information, prior to approving a patient for eligibility under the Iveric Bio Patient Assistance Program
- Both the patient and prescriber must sign and date all submitted documentation to attest to the accuracy of the information
- Patient must be a US resident, aged 18 and older, and have an on-label prescription for IZERVAY from an appropriately licensed ECP in the United States
- Patient must not have any insurance or other coverage for their prescription medicine, or demonstrate that they are still unable to afford the product in spite of available coverage. Some examples of other insurance coverage include private insurance, HMOs, Medicaid, Medicare, state pharmacy assistance programs, veterans assistance, or any other social service agency support
- Patient must have a gross annual household income of \$150,000 or less
- The Iveric Bio Patient Assistance Program is not insurance
- No purchase is necessary to participate in the Iveric Bio Patient Assistance Program
- Patient, pharmacist, and prescriber agree not to seek reimbursement for all or any part of the benefit received by the patient through the Iveric Bio Patient Assistance Program. If the ECP or pharmacy receives any payments for products provided under this program, they agree to return such payments to the applicable payer

- Patient, pharmacist, and prescriber agree to not sell, purchase, trade, or offer to sell, purchase, or trade any benefit received by the patient through the Iveric Bio Patient Assistance Program
- Iveric Bio retains the right to make the final decision regarding any patient assistance program product request. All product requests are subject to review at Iveric Bio's sole discretion, and all decisions by Iveric Bio are final
- Iveric Bio may modify or terminate this program at any time without notice
- Nothing in this program is intended to induce or reward prescriptions or referrals of Iveric Bio products. This program is solely for the purpose of ensuring proper patient care using Iveric Bio products