

Terms and Conditions for the IZERVAY Commercial Copay Program

- Only commercially insured patients aged 18 years and older whose insurance policy provides coverage for IZERVAY™ (avacincaptad pegol) and who are not reimbursed for the entirety of their cost share for IZERVAY and/or the in-office administration cost share for IZERVAY are eligible for the copay assistance (the “Offer”). Patients are not eligible for the Offer if they are self-paying or if the patient is enrolled in a federal healthcare program, including but not limited to Medicare or Medicaid, Medigap, VA, DOD, or TRICARE. In addition, patients may not use the Offer if they are Medicare-eligible and enrolled in an employer-sponsored health plan or prescription drug benefit program for retirees
- The Offer is valid only for use to reimburse the patient for their cost share identified in a valid explanation of benefits (EOB) in connection with administration of IZERVAY by the patient’s eye care professional (ECP). The Offer applies only to IZERVAY administered by the patient’s ECP before the program expires or terminates. Claims related to the administration of IZERVAY must not be submitted for reimbursement to any public third-party payer, including Medicaid or Medicare, or any other similar federal or state healthcare program. Patients are responsible for complying with any obligations or requirements imposed by their insurance plans
- The Offer is not transferable. The selling, purchasing, trading, or counterfeiting of the Offer is prohibited by law. The Offer has no cash value and may not be used in combination with any other discount, coupon, rebate, free trial, or similar offer for the specified prescription. Iveric Bio reserves the right to rescind, revoke, terminate, or amend the Offer without notice. The Offer is intended to comply with all applicable laws and regulations, including, without limitation, the federal Anti-Kickback Statute, its implementing regulations, and related guidance interpreting the federal Anti-Kickback Statute. The Offer is not health insurance. The Offer is valid only in the US where allowed by law. There is no future purchase requirement associated with the Offer. Patient questions and requests to discontinue participation in the program can be directed to 1-888-C5MYWAY (1-888-256-9929) 8 AM to 8 PM Monday - Friday
- Patients acknowledge and agree that reimbursement for eligible out-of-pocket expenses will be paid by Iveric Bio to, and administered by, its third-party program administrator on behalf of the patient. The patient will not receive funds directly, and the third-party program administrator shall arrange for payment to the patient’s ECP on behalf of the patient. Nonetheless, nothing in this program creates any obligation by Iveric Bio to any ECP, and all ECP payments remain the responsibility of the patient. There is a maximum benefit limit of \$20,000 for product cost share per calendar year and \$1,500 for the administration cost share reimbursement to the patient. If the patient’s total out-of-pocket bill exceeds the cap established by Iveric Bio, the patient will be responsible for the additional balance. Patients should confirm

their out-of-pocket cost with insurance prior to administration of IZERVAY by the patient's ECP. By participating in the IZERVAY Commercial Copay Program, the patient acknowledges and agrees that he/she is eligible to participate and that he/she understands and agrees to comply with the General and Copay Assistance Terms and Conditions

- For questions regarding patient eligibility or other issues, call IZERVAY My WaySM at 1-888-C5MYWAY (1-888-256-9929) 8 AM to 8 PM Monday - Friday