

IZERVAY Commercial Copay Program Enrollment Guide

Eligible commercial patients may pay as little as



- Eligible patients may pay **as little as \$0** copay for IZERVAY, **up to \$20,000** per calendar year*
- Eligible patients may pay **as little as \$0** copay for IZERVAY administration, **up to \$1,500** per calendar year*

Your office can enroll or re-enroll your eligible patients in the IZERVAY Commercial Copay Program through:

IZERVAYMyWayPortal.com

- You can complete the IZERVAY My Way Enrollment Form on the IZERVAY My Way Portal
- Alternately, you may download the Enrollment Form and submit via email at **Support@IZERVAYMyWay.com** or fax to **1-833-C5MYWAY (1-833-256-9929)**



After your patient is enrolled, IZERVAY My Way will verify your patient's benefits and confirm enrollment. When submitting a claim, your office will need to submit an explanation of benefits and a CMS-1500 form from the patient's primary commercial insurance plan (along with relevant NDC and CPT codes). Our copay claims processing partner will contact you to facilitate how the Commercial Copay Program issues payment to you on behalf of the patient once the claim is approved.[†]

*Eligibility criteria and terms and conditions apply. Patients are not eligible for the program if they are self-paying or if the patient is enrolled in a state or federal healthcare program (eg, Medicare, Medicaid). If the patient's total out-of-pocket bill exceeds the annual caps established by Astellas, the patient will be responsible for the additional balance. Patients residing in Massachusetts and patients receiving IZERVAY treatment in Massachusetts may be eligible for copay assistance for the cost of IZERVAY only, and are not eligible for copay assistance for the administration of IZERVAY. Offer is not health insurance and is void where prohibited by law. Astellas reserves the right to revoke, rescind, or amend this offer without notice for any reason. For full terms and conditions, visit IZERVAYcep.com/CommercialCopayTermsAndConditions.

[†]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.

How to enroll patients through **IZERVAY My Way**

To enroll patients through **IZERVAYMyWay.com**, **register your practice or login**, then select the **IZERVAY dashboard**.

The dashboard displays a bar chart titled "My Active Patients" showing the number of active patients (0 to 20+) across various stages: Intake, Benefits Investigation In Process, Insurance Auth Required, Financial Services In Process, DAP Evaluation In Process, and Other. Below the chart is a table titled "Actions Needed" with the following data:

| Category | Count |
|----------------------------------|-------|
| Intake | 9 |
| Benefit Investigation In Process | 4 |
| Insurance Auth Required | 4 |
| Financial Services In Process | 4 |
| DAP Evaluation In Process | 2 |
| Other | 6 |

Complete the Enrollment Form, making sure to select the **IZERVAY Commercial Copay Program**.

Please also obtain the patient's consent and signature before submission.

The enrollment form is a multi-step process. Step 6 is "Attestation", which includes a checkbox for "I certify that the information I have entered is complete and accurate to the best of my knowledge. By selecting this option, an email will be sent to the patient for the purpose of obtaining an electronic signature, and the Prescriber identified on this Enrollment Form attests to having received the patient's consent and approval to send emails to the email address entered below." Step 7 is "Prescriber Signature", which includes checkboxes for "Patient will read and agree to the Patient authorization prior to services" and "I have read and agree to the Healthcare provider certification and authorization". Step 8 is "Patient Signature", which includes a "Signature options" dropdown set to "Patient will E-Sign the enrollment form via DocuSign.", a "Patient name" field with "Jane Doe", and an "Email" field with "janedoe@email.com".

If you opt to download the Enrollment Form, you'll find the **“Offerings”** section on page 1 and the **patient authorization on page 3**.

IZERVAY My WaySM Enrollment Form
 Phone: 1-888-CSMYWAY (1-888-256-9929) Fax: 1-833-CSMYWAY (1-833-256-9929)
 Email: Support@IZERVAYMyWay.com Website: IZERVAYeap.com/PatientSupport

To enroll, simply complete this form and email all pages to Support@IZERVAYMyWay.com or fax it to 1-833-CSMYWAY (1-833-256-9929) to receive tailored support related to coverage and affordability for IZERVAY. Ensure all required fields are completed before sending.

Sections indicated by an asterisk (*) are required.

STEP 1 Offerings

Benefits investigation only
 IZERVAY Commercial Copay Program
 For complete terms and conditions, please visit IZERVAYeap.com/CommercialCopayTermsAndConditions. Patient needs to sign page 3 to be screened.
 IZERVAY Patient Assistance Program (for eligible uninsured and underinsured patients)
 Once screened, if your patient is deemed eligible, they will be enrolled in the program for the remainder of the calendar year.
 For complete terms and conditions, please visit IZERVAYeap.com/PatientAssistanceProgramTermsAndConditions

Information and assistance for prior authorizations, billing and coding, and claims appeals are available for patients enrolled in IZERVAY My Way. Contact us for more information.

IZERVAY My WaySM Enrollment Form
 Phone: 1-888-CSMYWAY (1-888-256-9929) Fax: 1-833-CSMYWAY (1-833-256-9929)
 Email: Support@IZERVAYMyWay.com Patient website: IZERVAY.com

Patient Authorization
 I have read and agree to the Patient Authorization on **pages 3-5** of the IZERVAY My Way Enrollment Form.

Patient/Authorized representative signature _____ Date (mm/dd/yyyy) _____
 Print name _____ Patient date of birth (mm/dd/yyyy) _____



IZERVAY My Way will reach out to your office and patient to confirm application status and/or enrollment.

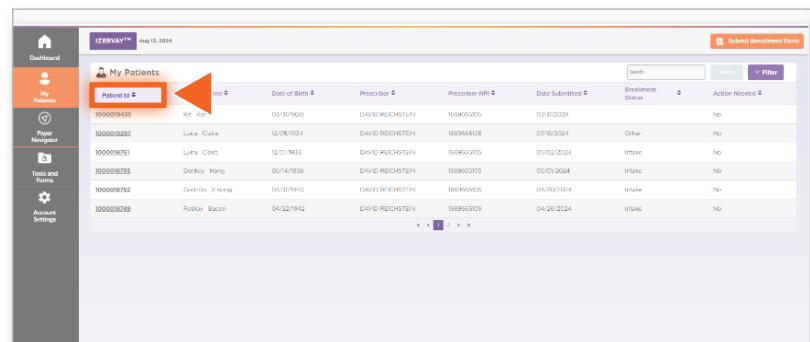
Next steps once your patient is enrolled through IZERVAY My Way

You can review relevant information for your patients and submit the Explanation of Benefits (EOB) and CMS-1500 form at IZERVAYMyWay.com.

After **selecting “IZERVAY”** on the dashboard, **select “My patients”** to pull up your patient’s information.

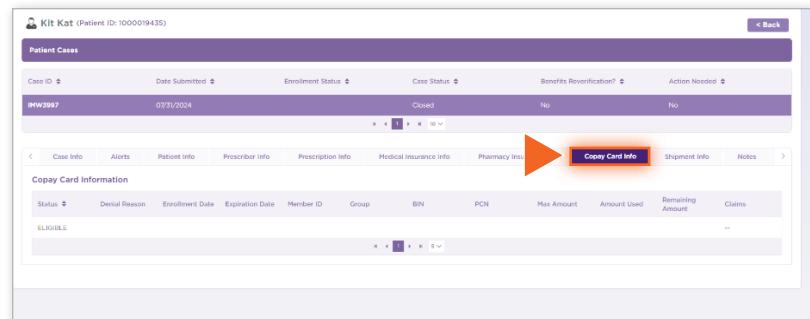


Next, **select “Patient ID”** to view their case ID with IZERVAY My Way.



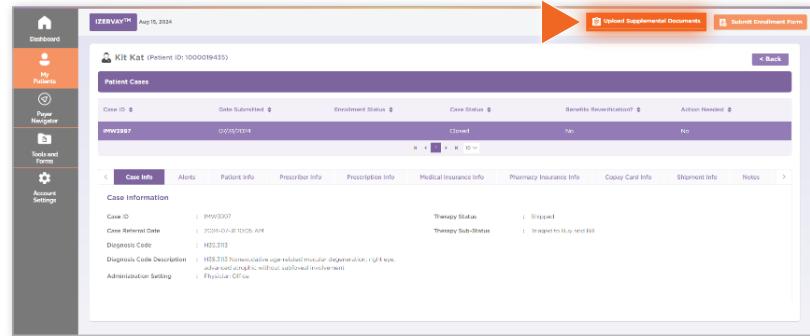
All information displayed herein is fictitious and for illustrative purposes only.

Select “Copay Card Info” to see the patient’s card information/member ID, Group, BIN, PCN, Max Amount, Amount Used, Remaining Amount, and Claims pertaining to the Copay Program.



To submit the patient’s EOB and CMS-1500 form, select **“Upload Supplemental Documents”**

Upload the EOB and CMS-1500 form along with any requested information. Please note that the EOB claim and CMS-1500 form must be in PDF format.



Commercial Copay Program claims processing

Our copay claims processing partner will contact you to facilitate how the Commercial Copay Program issues payment to you on behalf of the patient once the claim is approved:

Virtual debit card payments are made immediately following claim approval and sent via email. A unique debit card number will be issued specific to the relevant patient ID and emailed to the point of contact indicated on the enrollment with each approved claim.

Payment will default to check if you do not choose a payment type.

OR

EFT payment accounts will be funded within approximately 7 business days following claim approval. Funds will be disbursed to the registered practice banking account.

You will need to verify your billing and contact information to receive EFT payments.
Verification information will be sent to you via email.

OR

Your practice can also receive payment by check. Check payment occurs on the 15th and 30th of the month and can take up to 30 days to issue, depending on the time of month the claim was received.

If you would like to change your preferred payment method, please call 1-844-303-6567.

If your patient is ineligible for the IZERVAY Commercial Copay Program, there may be other options for support. Contact IZERVAY My Way to learn more.

With just a call or click, you can get assistance from a dedicated IZERVAY My Way Access Coordinator.



Phone: **1-888-C5MYWAY (1-888-256-9929)**
8 AM to 8 PM ET Monday - Friday



Fax: **1-833-C5MYWAY (1-833-256-9929)**



Email: Support@IZERVAYMyWay.com



Website: IZERVAYecp.com/PatientSupport