

# 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](https://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](mailto: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.<sup>†</sup>

\*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 [IZERVAYecp.com/CommercialCopayTermsAndConditions](https://IZERVAYecp.com/CommercialCopayTermsAndConditions).

<sup>†</sup>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](https://IZERVAYMyWay.com), **register your practice or login**, then select the **IZERVAY dashboard**.

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

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

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

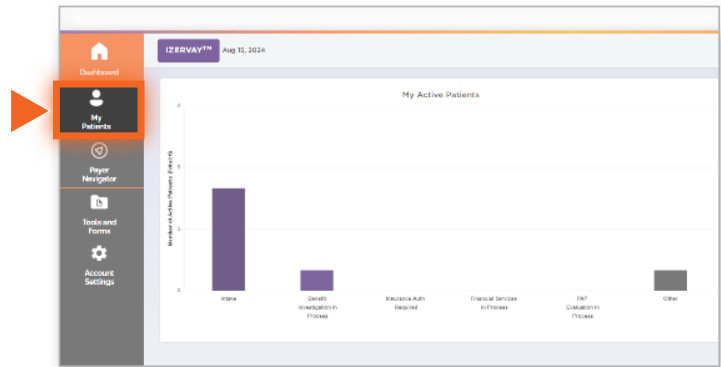


**IZERVAY My Way will reach out to your office and patient to confirm application status and/or enrollment.**

## 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](https://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.

Case ID	Name	Date of Birth	Prescriber	Prescriber NPI	Date Submitted	Enrollment Status	Action Needed
1000078435	Kit Kat	03/11/1994	DAVID RECHTERSTEIN	109962005	03/16/2024	Other	No
1000078436	Luna, Clara	12/06/1993	DAVID RECHTERSTEIN	109962005	03/16/2024	Other	No
1000078437	Luna, Clara	12/06/1993	DAVID RECHTERSTEIN	109962005	03/16/2024	Initial	No
1000078438	Dorika, Hong	05/14/1999	DAVID RECHTERSTEIN	109962005	03/16/2024	Initial	No
1000078439	Caroline, Xinyang	03/01/1990	DAVID RECHTERSTEIN	109962005	04/09/2024	Initial	No
1000078440	Rodriguez, David	04/22/1942	DAVID RECHTERSTEIN	109962005	04/26/2024	Initial	No

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.

Case ID	Date Submitted	Enrollment Status	Case Status	Benefits Reconciliation?	Action Needed
99W2997	03/16/2024	Closed	No	No	No

Status	Denial Reason	Enrollment Date	Expiration Date	Member ID	Group	BIN	PCN	Max Amount	Amount Used	Remaining Amount	Claims
ELIGIBLE											

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.

Case ID	Date Submitted	Enrollment Status	Case Status	Benefits Reconciliation?	Action Needed
99W2997	03/16/2024	Closed	No	No	No

Case ID	Case Submitter	Diagnosis Code	Diagnosis Code Description	Administration Setting	Therapy Status	Therapy Sub-Status
99W2997	1000078435	H02.313	H02.313 Intraocular age related macular degeneration, right eye, advanced atrophic, without subfoveal involvement	Physician Office	Submitted	Submitted to IDU and BIL

# 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](mailto:Support@IZERVAYMyWay.com)**

 Website: **[IZERVAYecp.com/PatientSupport](https://IZERVAYecp.com/PatientSupport)**

