

Our patient support program is designed to meet your unique patient access needs for IZERVAYTM (avacincaptad pegol intravitreal solution)



Benefits investigations (BI)

Learn about your patient's coverage with our BI process



Affordability options[†]

Uncover your patient's eligibility for the commercial copay program or other resources as appropriate



Prior authorization support*

Uncover important plan details and requirements



Patient assistance program[†]

Determine your patient's eligibility for our patient assistance program if they are uninsured or underinsured



Appeals/denials*

Understand the appeals/denials submission process



Product replacement[†]

Get replacement product if terms and conditions are met

*The healthcare provider remains responsible for populating all clinical documentation.

[†]Subject to eligibility requirements. Void where prohibited by law. See complete terms and conditions available at IZERVAYecp.com/PatientSupport, or reach out to your Access Coordinator.

SPEED

<1.5 days[‡] average benefit investigation **turnaround time**¹

SATISFACTION

77%[§] of surveyed customers are **highly satisfied** with IZERVAY My Way¹

SERVICE

85%^{||} of surveyed customers are **highly satisfied** with their Case Managers' knowledge of program offerings¹

[‡]Based on benefits investigations conducted by IZERVAY My Way through June 10, 2024.

[§]Based on ATU study that surveyed 44 practice managers.

^{||}Based on ATU study that surveyed 41 practice managers.

Reference: 1. Astellas. IZERVAY. Data on file.

Get the services you need and full terms and conditions at IZERVAYecp.com/PatientSupport or by calling 1-888-C5MYWAY (1-888-256-9929).

If you're interested in creating an account with the IZERVAY My WaySM Portal, visit IZERVAYMyWayPortal.com

Affordability options

Commercial

Commercial copay program

Eligible commercial patients
**may pay as little as \$0 for
their treatment***

For complete terms and conditions,
please visit [IZERVAYecp.com/
CommercialCopayTermsAndConditions](https://IZERVAYecp.com/CommercialCopayTermsAndConditions)

Uninsured/underinsured

Patient assistance program

Financially eligible patients may be able
to receive IZERVAY at no cost

For complete terms and conditions,
please visit [IZERVAYecp.com/
PAPTermsAndConditions](https://IZERVAYecp.com/PAPTermsAndConditions)

*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 Astellas, the patient will be responsible for the additional balance.

Getting started is easy. Complete the [IZERVAY My WaySM enrollment form](#), and we'll take it from there. You may complete and submit in any of the following ways:

 Online: IZERVAYMyWayPortal.com

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

 Email: Support@IZERVAYMyWay.com

Once your patient is enrolled, a dedicated Access Coordinator will reach out to help get your patient started.

With just a call or click, you can get reliable 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**

