



# Financial Support for EYLEA HD and EYLEA

If you need assistance paying  
for EYLEA HD and/or EYLEA,  
EYLEA4U® may be able to help

**EYLEA4U**<sup>®</sup>  
EYLEA HD<sup>®</sup> (aflibercept) | EYLEA<sup>®</sup> (aflibercept)  
Injection 8 mg | Injection 2 mg

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## About This Brochure

This brochure has important information about how **EYLEA4U<sup>®</sup>** may be able to help eligible patients with the costs for **EYLEA HD and/or EYLEA**. Take time to read it, then ask your EYLEA4U Support Specialist to help you with the next steps.

### For more information:



Call **1-855-EYLEA4U (1-855-395-3248)**,  
Option 4, Monday–Friday, 9 AM–8 PM Eastern Time



Visit [www.EYLEAHD.com](http://www.EYLEAHD.com) or [www.EYLEA.com](http://www.EYLEA.com)

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# EYLEA4U® Provides Patient Support

for EYLEA HD and EYLEA in Many Ways



➤ If you need help with the cost of EYLEA HD and/or EYLEA, the **EYLEA4U program may be able to help!**

## How EYLEA4U may be able to help



**Are you insured with a commercial plan (not funded through the government)?**

EYLEA4U may be able to help you with some out-of-pocket costs for EYLEA HD and/or EYLEA and injection administration if you qualify.



**Is coverage for EYLEA HD and/or EYLEA not provided by your insurance? Or are you underinsured or uninsured?**

EYLEA4U may be able to provide you with EYLEA HD and/or EYLEA at no cost if you qualify.

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EYLEA4U®

# Commercial Copay Card Program



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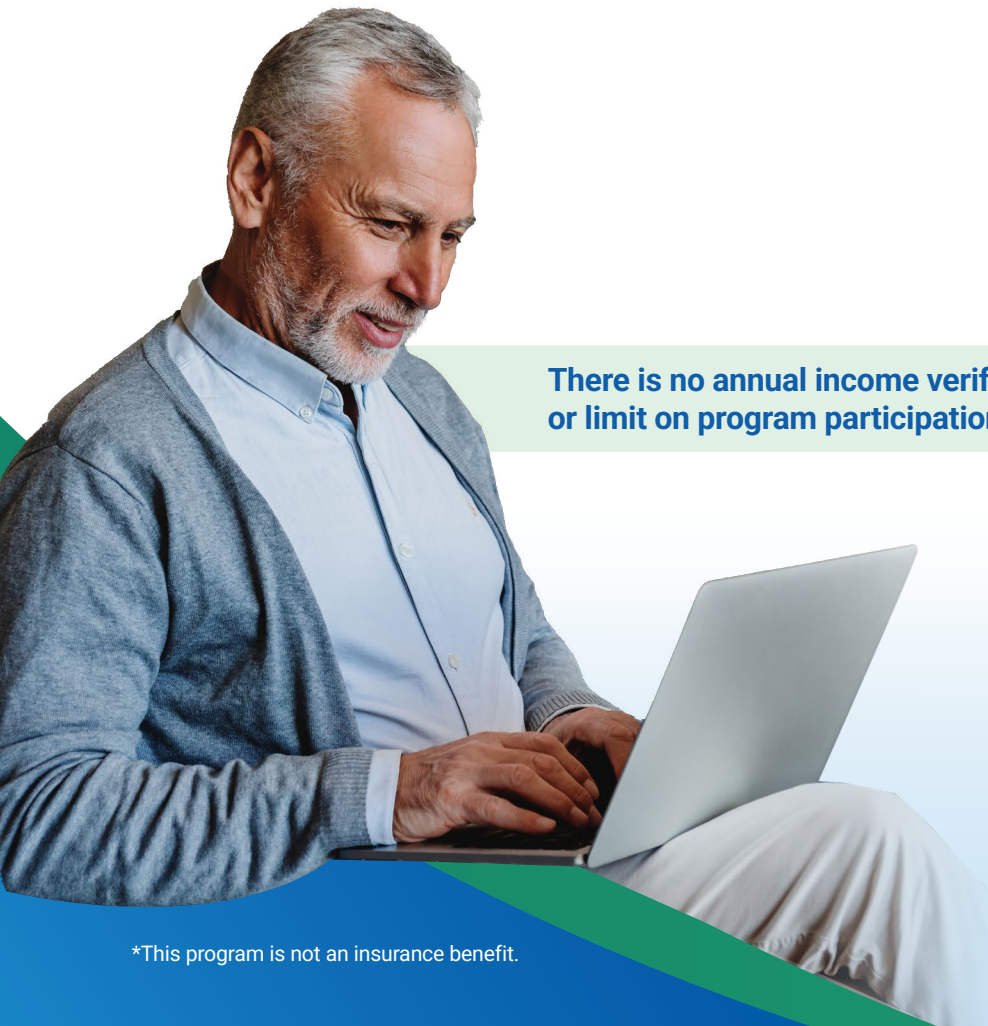
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**For patients with commercial insurance**

(not funded through a government health care program)

EYLEA4U may be able to **help with some of the out-of-pocket** costs for EYLEA HD and/or EYLEA.



**There is no annual income verification or limit on program participation.\***

\*This program is not an insurance benefit.

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# EYLEA4U<sup>®</sup>

## Commercial Copay Card Program



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### How the program works

#### Eligible patients may pay:

As little as a **\$0 copay** for each EYLEA HD and/or EYLEA treatment. You pay any additional out-of-pocket costs that exceed the annual assistance limit.

#### The program covers\*:

**\$20k**  
assistance

**Up to \$20,000 in assistance per rolling year** eligibility toward product-specific copay, coinsurance, and deductibles for EYLEA HD and/or EYLEA treatments.

**\$1k**  
assistance

**Up to \$1,000 in assistance per rolling year** eligibility toward administration-specific copay, coinsurance, and deductibles for EYLEA HD and/or EYLEA treatments.

**Program benefits do not reset if you change from one treatment to the other.**

\*Not an insurance or debit card program. This program is not valid for prescriptions covered by or submitted for reimbursement under Medicaid, Medicare, Veterans Affairs, Department of Defense, TRICARE, or similar federal or state programs. This program does not cover or provide support for supplies associated with EYLEA HD and/or EYLEA. This program is not valid where prohibited by law, taxed, or restricted. Patients who are residents of Massachusetts or Rhode Island are not eligible for administration assistance. EYLEA4U reserves the right to rescind, revoke, terminate, or amend this offer, eligibility, and terms of use at any time without notice. Additional program conditions apply.

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# EYLEA4U® Commercial Copay Card Program

## Eligibility Requirements



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You must have **commercial or private insurance** that covers EYLEA HD and/or EYLEA



You must be receiving EYLEA HD and/or EYLEA for an **FDA-approved indication**



You must be a **resident of the United States or its territories or possessions**

### How the program works

- You will receive an EYLEA4U Commercial Copay Card Program welcome letter explaining the program
- You will be approved for the EYLEA4U Commercial Copay Card Program upon re-enrollment if:
  - You still meet eligibility requirements after a rolling 12-month period
  - There has been at least one commercial copay reimbursement claim against your current eligibility year for the program



**Questions regarding the EYLEA4U Commercial Copay Card Program enrollment process?**

**Call 1-855-EYLEA4U** (1-855-395-3248), Option 4, Monday–Friday, 9 AM–8 PM Eastern Time.  
An EYLEA4U Support Specialist will help you with the eligibility and enrollment process.

FDA = US Food and Drug Administration.

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# EYLEA4U® Commercial Copay Card Program

## Reimbursement Process



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### How to Request Reimbursement for EYLEA HD and/or EYLEA

Product benefit

Administration benefit

#### REQUIRED DOCUMENTATION\*

- Patient name, DOB, and DOS
- Diagnosis code for injection
- **EYLEA HD (J-code J0177)/ EYLEA (J-code J0178)** – amount billed, amount allowed, amount paid, patient responsibility
- **67028 (administration)** – amount billed, amount allowed, amount paid, patient responsibility
- Patient address for payment

SUBMIT

EYLEA4U via fax  
1-888-335-3264

\*Typically found on an EOB, CMS-1450 or CMS-1500 claim form, receipt of payment, or statement from physician.

Final approval of copay claim payments will be based on eligibility status and diagnosis of an FDA-approved indication at the DOS. Please note, not all products within this program have the same FDA-approved indications. Please refer to [www.EYLEAHD.com](http://www.EYLEAHD.com) or [www.EYLEA.com](http://www.EYLEA.com) for a full listing.

### How the EYLEA4U Commercial Copay Card Program could help with the costs for EYLEA HD and/or EYLEA

- For example, if a patient had a total out-of-pocket cost of \$2,000 for EYLEA HD, \$1,500 for the EYLEA HD product (25% coinsurance and \$1,000 deductible) and \$500 for the administration of EYLEA HD:
- The patient would be responsible for \$0
  - The EYLEA4U Commercial Copay Card Program would cover the balance of \$2,000<sup>†</sup>
    - \$1,500 toward the product-specific out-of-pocket cost
    - \$500 toward the administration-specific out-of-pocket cost

<sup>†</sup>Subject to program assistance limits. Any cost above the program benefit caps would be your responsibility.

CMS = Centers for Medicare & Medicaid Services; DOB = date of birth;  
DOS = date of service; EOB = explanation of benefits.

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# Patient Assistance Program



For patients who are underinsured, uninsured, or do not have coverage for EYLEA HD or EYLEA

The Patient Assistance Program (PAP) may be able to provide eligible patients with EYLEA HD or EYLEA at no cost.

## To qualify, you must:

- **Be underinsured, uninsured, or not covered** for EYLEA HD or EYLEA
- **Be a resident** of the United States or its territories or possessions
- **Be enrolled** in EYLEA4U®
- **Show financial need based on** annual household income\*

**Eligible patients** will be enrolled for up to 12 months; eligible Medicare FFS and Medicare Advantage patients will be enrolled until the end of the calendar year. Patients must reapply annually.

\*You may need to provide financial documentation to support this information.  
FFS = fee-for-service



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Your EYLEA4U® Support Specialist can help with the program details

Once EYLEA4U receives your application, your Support Specialist



**Verifies** that you meet the program requirements



**Sends** confirmation letters about your enrollment to you and your doctor's office upon approval



**Makes sure** that your EYLEA HD or EYLEA gets shipped to your doctor's office

Contact EYLEA4U to start the application process today.

If you are enrolled in the PAP and have insurance that does not cover EYLEA HD or EYLEA and your provider wants to change to the other product, a new EYLEA4U Enrollment Form for PAP will need to be submitted.

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## We're Here 4 U!

Insurance coverage can sometimes be hard to understand. Your EYLEA4U<sup>®</sup> Support Specialist knows the important details and is available to help.

Get in touch with an EYLEA4U Support Specialist today

### For more information:

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777 Old Saw Mill River Road, Tarrytown, NY 10591  
05/2025 US.EHD.25.05.0002

