

Terms and Conditions for the IZERVAY Commercial Copay Program

- Only commercially insured patients aged 18 years and older who have been prescribed treatment with IZERVAY® (avacincaptad pegol intravitreal solution) whose insurance policy provides coverage for IZERVAY 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 state or federal healthcare program, including but not limited to Medicare or Medicaid, Medigap, VA, DOD, or TRICARE.** 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.
- 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 patient’s program enrollment period expires or the program terminates. 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. The Offer is not health insurance. There are no membership fees. The Offer is valid only in the US where allowed by law. There is no future purchase requirement associated with the Offer.
- Patients acknowledge and agree that the Offer will be administered by a third-party program administrator on behalf of Astellas. Copay claim, EOB and CMS-1500 form must be submitted to the third-party program administrator within 180 days of the date of the applicable EOB. 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 Astellas 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 per calendar year. If the patient’s total out-of-pocket bill exceeds the cap established by Astellas, 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 Terms and Conditions for the IZERVAY Commercial Copay Program.
- Astellas reserves the right to revoke, rescind, or amend this Offer without notice for any reason.
- 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 ET Monday – Friday.