

Terms and Conditions for the Astellas Patient Assistance Program

Eligibility Criteria

- IZERVAY® (avacincaptad pegol intravitreal solution) must be prescribed by an appropriately licensed eye care professional (ECP) consistent with the product's on-label indication for use, and the ECP must certify that based on his/her independent medical judgment, IZERVAY is a medically appropriate treatment option for this patient
- Patient must be either uninsured, insured without coverage for IZERVAY after completing any available appeals process, or insured under Medicare Part B with coverage for IZERVAY but unable to afford applicable cost-sharing (as determined by the program administrator)
- Patient must reside in the 50 United States, District of Columbia, or the Commonwealth of Puerto Rico and be 18 years old or older
- Patient must have gross annual household income of \$150,000 or less

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- IZERVAY My WaySM will review all submitted documentation, including the Astellas Patient Assistance Program eligibility form and all substantiating information, prior to approving a patient for eligibility under the Astellas Patient Assistance Program
- Both the patient and prescriber must attest to the accuracy of the information provided and are required to notify IZERVAY My Way of any changes to the patient's financial situation, insurance status, or US residency
- Uninsured patients, commercially insured patients, and federal healthcare program beneficiaries who qualify for the Astellas Patient Assistance Program are enrolled for the entire calendar year. However, Astellas reserves the right to reassess eligibility for uninsured patients and patients with commercial insurance during the enrollment period
- The Astellas Patient Assistance Program is not insurance
- Provision of free product under this program is not contingent upon future purchase or prescribing of IZERVAY
- No patient, pharmacy, payer, or other third party may be billed for the free product provided through the Astellas Patient Assistance Program. Patients and providers agree not to submit any claims for reimbursement for all or any part of the free product provided through the Astellas Patient Assistance Program. If the ECP or pharmacy receives any payments for products provided under this program, they agree to return such payments to the applicable payer or patient

- Patient, pharmacist, and prescriber agree to not sell, purchase, trade, or offer to sell, purchase, or trade any free product received through the Astellas Patient Assistance Program
- Patient cannot apply the value of the free product received through the Astellas Patient Assistance Program toward any insurance benefit out-of-pocket spending calculations
- Astellas retains the right to make the final decision regarding any Astellas Patient Assistance Program product request. All product requests are subject to review at Astellas' sole discretion, and all decisions by Astellas are final
- Astellas reserves the right to modify or revoke this program at any time without notice
- Additional terms and conditions apply