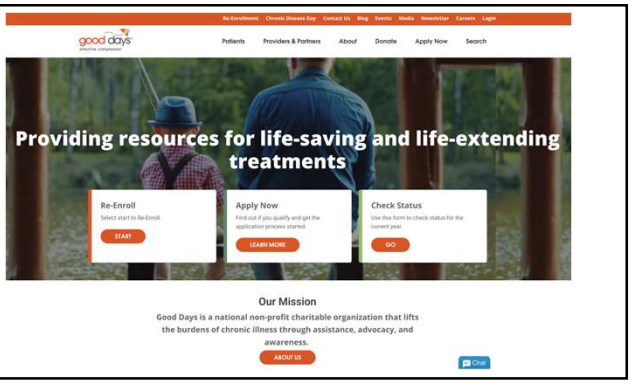
1

Anatomy of Payment for Injectable

- Medicare fee for service and Medicare Advantage Patients
  - No CoPay assistance allowed or legal directly from pharmaceutical companies with these federally funded programs
- CoPay Assistance – Good Days
  - Must be through a charitable organization
  - Covers CoPay for medication
  - Payment goes towards patient annual Out of Pocket for their insurance
- Good Days is one of few charitable organizations in this role
  - PANF - currently inactive
  - Healthwell - currently

2



3

There's no way CDF is out of money in January Check with RCM.

Things have changed, but patients will be fine. I need to figure out other options for the patients who really need it.

I can't believe they just abandoned our patients like that. What are they thinking?!

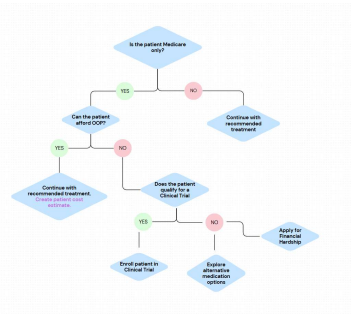
If I can only get funding for the patients that really need it, I can use Avastin for the rest.

None of my patients will ever get funded. They're all going to be blind.

4

Respond to the Challenge

- Identify the patients at risk
  - Report via CPT code vs Good Days
- Implemented operational changes
  - Internal flags
  - Clear workflow of next steps
- Patient notification and counseling
  - Integrate counseling into patient interactions
  - Provide written material for understanding
- Update drug ordering processes
- Enhanced staff communication and training protocols



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Background

- The facts of the matter: We've been lucky. For 20 some odd years, we've had Medicare paying 80% of the cost of high cost drugs AND a cheap, nearly as efficacious, alternative
- Trump DOJ filed suit in 2020 accusing Regeneron of providing kickbacks in the form of payments to GoodDays


THE WALL STREET JOURNAL.

BUSINESS | HEALTH

Justice Department Sues Regeneron Over Payments to Copay-Assistance Charity

Lawsuit alleges drugmaker's payments to charity illegally boosted sales of eye drug Eylea

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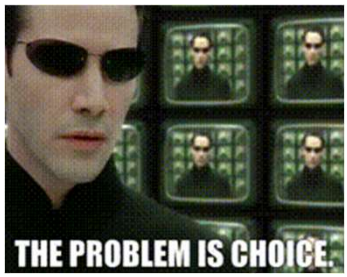
Options

Option 1: Move everyone over to Avastin
- Harder to stock Avastin with current shortages

Option 2: Make them pay their Copay if they want the branded drug
- Low likelihood of continued payment
- $9,350 max out of pocket maximum
  - Even with Eylea HD (currently the most expensive drug 20% of ~2500 is $500 x 12 or 24 if bilateral is $6000 or $12000. Unlikely to reach out of pocket max with drug costs alone

Option 3: Move patients to Medicare and a supplement
- Expensive
  - Patients likely chose Medicare Advantage to save money on premiums in the first place



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Options cont.

Option 4: Use Samples
- Not sustainable long term
- **This will be a long term problem**

Option 5: Use Patient Assistance Programs for patients without a secondary of any sort
- Very few patients fall into this category

Option 6: Use a specialty pharmacy
- Logistically difficult

Option 7: Use a lower priced medication that isn't Avastin
- When you find this magical medication, please let me know
- Biosimilars are all more expensive than their reference counterparts
- Lucentis is an option but is still $100 copayment

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Don't

- Just inject
  - Know the insurance coverage for each patient
- Rely on retroactive coverage
  - GoodDays is likely not coming back
- Rely on patients to pay
  - Some practices are hundreds of thousands of dollars in the hole in AR

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