EXHIBIT 1

FILED UNDER SEAL

Leave to File Granted - 4/8/2024
EXHIBIT 2

FILED UNDER SEAL
Leave to File Granted - 4/8/2024
EXHIBIT 3

FILED UNDER SEAL

Leave to File Granted - 4/8/2024
EXHIBIT 4

FILED UNDER SEAL
Leave to File Granted - 4/8/2024
EXHIBIT 5

FILED UNDER SEAL
Leave to File Granted - 4/8/2024
EXHIBIT 6

FILED UNDER SEAL

Leave to File Granted - 4/8/2024
EXHIBIT 7

FILED UNDER SEAL
Leave to File Granted - 4/8/2024
EXHIBIT 8

FILED UNDER SEAL
Leave to File Granted - 4/8/2024
EXHIBIT 9

FILED UNDER SEAL

Leave to File Granted - 4/8/2024
EXHIBIT 10

FILED UNDER SEAL
Leave to File Granted - 4/8/2024
EXHIBIT 11

FILED UNDER SEAL

Leave to File Granted - 4/8/2024
EXHIBIT 12

FILED UNDER SEAL
Leave to File Granted - 4/8/2024
EXHIBIT 13

FILED UNDER SEAL
Leave to File Granted - 4/8/2024
EXHIBIT 14

FILED UNDER SEAL
Leave to File Granted - 4/8/2024
EXHIBIT 15

FILED UNDER SEAL
Leave to File Granted - 4/8/2024
EXHIBIT 16

FILED UNDER SEAL

Leave to File Granted - 4/8/2024
EXHIBIT 17

FILED UNDER SEAL

Leave to File Granted - 4/8/2024
EXHIBIT 18

FILED UNDER SEAL
Leave to File Granted - 4/8/2024
EXHIBIT 19

FILED UNDER SEAL
Leave to File Granted - 4/8/2024
EXHIBIT 20

FILED UNDER SEAL

Leave to File Granted - 4/8/2024
EXHIBIT 21

FILED UNDER SEAL
Leave to File Granted - 4/8/2024
EXHIBIT 22

FILED UNDER SEAL
Leave to File Granted - 4/8/2024
EXHIBIT 23

FILED UNDER SEAL
Leave to File Granted - 4/8/2024
EXHIBIT 24

FILED UNDER SEAL

Leave to File Granted - 4/8/2024
EXHIBIT 25
Bob:

Thanks again for your prompt response. We will keep our eye on McKesson for September. To see if there is any trending developing where they are placing larger orders to cover bigger customers.

Regards,

Jason W. Oppmann
Accounting Manager
Regeneron Pharmaceuticals, Inc.

On Sep 12, 2013, at 6:31 PM, "Robert Davis" wrote:

Jason,

Please see below.

Thank you,

Bob

Robert C. Davis  U.S. I Executive Director & Head of Trade, Reimbursement & Managed Markets
REGENERON Pharmaceuticals, Inc.  |  777 Old Saw Mill Road | Tarrytown, NY 10591
Tel: | Fax: | Email:
1-855-EYLEA-4U [1]

From: Jason Oppmann
Sent: Thursday, September 12, 2013 5:53 PM
To: Robert Davis
Cc: William Rumble
Subject: EYLEA Related Questions

Bob:

We were recently in a month-end financial review with Doug McCorkle and a few questions came up that we wanted to get your input on:

1. Compared to July, McKesson Specialty Care was down about $5.1M in August, was there any specific reason for that considering there was an extra week of sales for August (five weeks in Aug. versus four weeks in July)? On a combined basis with Specialty Care and McKesson Plasma the decline is not as drastic but on an individual basis we were just looking for more input. Not really sure but they buy for several sites and may have filled more orders for the VA and several other big customers in July vs. August. Let's look at in September again.
2. Related to Credit Card Fees, why are we not charged by Walgreens for credit card fees but for Avella we are? Ok although both are Specialty Pharmacies whereas they dispense drug on behalf of insurance companies. Therefore no credit cards accepted. Avella is also an approved distributor so we pay the pass thru CC fees for doctor purchases.

Were those just separately negotiated agreements?

Thanks in advance and please let me know if the above questions are unclear or if you would like me to expand on them.

Jason W. Oppmann | Accounting | Accounting Manager
Regeneron Pharmaceuticals Inc. | 777 Old Saw Mill River Rd, Tarrytown, NY 10591

Phone Number [Redacted] | Fax [Redacted]
EXHIBIT 26
Joe,

Thanks for posing this question to Besse. The short answer is “No – you do not lose your rebate for payment by credit card.” As a distributor, we represent many manufacturers with some allowing for credit card payment while others do not (see specialty list below for reference). We consider all of our pricing to be a cash price and when the manufacturer does not provide for payment by credit card in our agreement, then we are forced to pass along a cash discount lost fee to customers. Based on the list below, we are happy to accept payment by credit card either at time of sale or as invoices come due, whichever you prefer.

- EYLEA (Regeneron) can be paid by credit card.
- Jetrea (Thrombogenics) can be paid by credit card.
- Visudyne & Macugen (Valeant) can be paid by credit card.
- Lucentis & Avastin (Genentech) can NOT be paid by credit without forfeiting the cash discount (which adds ~2.4% to the cost). However, you may purchase these items from Genentech Direct without a cash discount lost fee.

The only constraint currently associated with the Rebate Agreement, is that to be eligible for the rebate, your account must not average more than 7 days past due. Our goal is to give you adequate warning if this is ever an issue so you do not lose the rebate.

Please let me know if you have further questions and feel free to call me at the number below.

Sincerely,

Sandy Brewer
Vice President, Sales and Service
Besse Medical
an AmerisourceBergen Specialty Group company

Joe,

I am forwarding your inquiry to our VP, Sales who is responsible for the Rebate Agreement.

Thank you!

Bob Miller
Account Representative
Besse Medical
an AmerisourceBergen Specialty Group company
From: Burkhardt, Joseph [mailto: ]
Sent: Sunday, July 28, 2013 11:08 PM
To: Miller, Bob
Cc: O'Flynn, Barbara; Owens, James; Fein, Carolyn; Goodman, Alicia; Essig, Michele; Duemmel, John
Subject: Credit Card Payments

Bob:

One of our doctor's is question a rumor they heard that if we pay Besse by credit card that we will lose our Besse rebate for drugs purchased. Would you please follow up and let me know so I can advise our doctors?

Thank you,
Joe

Joe Burkhardt
Chief Financial Officer
Mid Atlantic RETINA
Retinovitreous Assoc. LTD
Associated Retinal Surgeons, P.A.
4060 Butler Pike, Suite 200
Plymouth Meeting, PA 19462

Follow Mid Atlantic Retina on:

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EXHIBIT 27
Date: Monday, November 21 2011 07:02 PM
Subject: RE: Credit Card Question
From: Brett Williams (CLT)<Brett.W.***@regeneron.com>
To: Robert Davis <Robert.Davis@regeneron.com>; Robert Kruskowski
CC: Cathy Casey <***@regeneron.com>; image001.png

From: Robert Davis [mailto:Robert.Davis@regeneron.com] Sent: Monday, November 21, 2011 1:07 PM
To: Robert Kruskowski; Brett Williams (CLT)
Cc: Cathy Casey
Subject: RE: Credit Card Question

We are covering the credit card processing fees.

Bob

From: Robert Kruskowski
Sent: Monday, November 21, 2011 1:26 PM
To: Brett Williams (CLT)
Cc: Cathy Casey; Robert Davis
Subject: RE: Credit Card Question

No Reuse does not pass along these fees to customers.

Sent from my iPhone
On Nov 21, 2011, at 1:17 PM, "Brett Williams (CLT)" <Brett.W.***@regeneron.com> wrote:

(are there any outstanding issues?)

From: Michael Wood (CLT)
Sent: Saturday, November 19, 2011 1:29 PM
To: Brett Williams (CLT)
Cc: 650-590-5000
Subject: Credit Card Question

Hi Brett,

One of the sites wanted to know if there is an additional charge to providers if they use their credit cards with the A distribution company? The site stated that she called Reuse to ask them but they told them to call us to get the answer. She said that with
Lumicris they had a 5% charge to get it through Besis since they didn't get the drug from Lumicris directly. So she wanted to know if Regeneron is doing the same thing.

Marnie Reid
Regulatory Operations
Regeneron Pharmaceuticals
2 Regeneron Plaza
Tarrytown, NY 10591

Please do not print this email unless it is absolutely necessary. Spread environmental awareness.
EXHIBIT 28
Good feedback and pretty consistent, although the AMEX stuff around small ticket is new. We will pay pass thru fees so the 3 distributors will not charge extra to offices.

Bob

Robert C. Davis
Senior Director
Trade, Reimbursement and Managed Markets
Regeneron Pharmaceuticals, Inc.
777 Old Saw Mill River Road
Tarrytown, NY 10591
Tarrytown Office: [Redacted]
Cell Phone: [Redacted]
Remote Office: [Redacted]
Remote Fax: [Redacted]
Email: robert.davis@regeneron.com
www.Regeneron.com
Please consider the environment before printing this e-mail

From: Cynthia Sherman
Sent: Wednesday, July 27, 2011 11:57 AM
To: Robert Davis
Cc: Joseph LaMantia
Subject: FW: Provider Profiling update
Importance: High

Please see Joe’s updates...

From: Joseph LaMantia
Sent: Wednesday, July 27, 2011 10:33 AM
To: Cynthia Sherman
Subject: Provider Profiling update
Importance: High

Hi Cynthia,

I had 2 days this week in the field meeting with accounts and wanted to share a few very important pieces of information, before I updated the profiling tool.

1. **Sampling vs. a short term Patient assistance program.**
   a. A few of the offices voiced their opinion on how important a sample program is to them. There were several reasons they liked the program. The first was that they ordered samples in advance, and always had a few in their office to give to the appropriate patients. The program was very easy, they filled out a form when they placed their standard weekly drug order. The accounts said that if they had to change this process, for example make a phone call or place an order for a specific patient, they would most likely take a sample of Lucentis off the shelf and use that as it was an easy process for their very busy office.

2. **Credit card payments and terms.**
   a. An account advised that Lucentis was categorized by Genentech as a “small ticket item” for American express for several years, and this year the classification was changes to a “large
ticket item”. With the change to a “large ticket item” the account does not receive as many points or rebates from the American Express card. I am not sure if this was an American express change or Genentech change, or if Regeneron will have any influence on how our product is classified, however the account preferred “small ticket” items as they benefited from this.

b. Lucentis direct does not charge the providers any more for paying with a credit card, however the distributors(Besse) do charge more for a credit card payment. This also was a big deal for several accounts. The added benefit to pay with a credit card without an additional fee was to add an extra 30 days the credit card company gives in addition to the payment terms with lucentis direct.

c. Accounts have advised that when macugen & lucentis launched they gave 120 day terms in anticipation of claims delays, and the accounts expect the same from Regeneron.

3. Price of our product
   a. Many practices would like to see the product a lot lower than Lucentis. I made it clear that I had no idea what pricing would be, however I would report their comments.

Please reach out to me if you would like to discuss.

Joe LaMantia
Regional Business Manager
Regeneron Pharmaceuticals
Office
Mobile
EXHIBIT 29
I updated the RPAP slide to match our discussions from last week...can you please edit slide 31? Thanks!

I also noticed the wastage and breakage slides are not in here...was that intentional?

Cynthia Sherman  
Senior Director, Reimbursement  
Regeneron Pharmaceuticals, Inc.  
777 Old Saw Mill River Road  
Tarrytown, NY 10591
EYLEA™
(aflibercept injection)

Product Acquisition, EYLEA 4U and Marketing Resources

REGENERON

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REGENERON_CID_00117892
Unless approved by Regeneron, product comparisons are not permitted. Medical Specialists may not make judgments, offer interpretations or compare results with respect to competitive products.

Medical Specialists may provide limited information regarding the coding and reimbursement levels for Regeneron products for on-label uses only. Information regarding the profitability to the provider of the use of Regeneron products or competitor products may not be provided or discussed.

Medical Specialists may only use materials that have been approved and provided by Regeneron.
Agenda

How to acquire EYLEA

EYLEA 4U Program Overview

Reimbursement Marketing and Resources
How to Acquire EYLEA
2 Different options for product acquisition

**Buy and Bill**
- Physician’s office purchases product from one of our distributors and receives specified reimbursement from commercial payer and or Medicare.
- Buy and Bill allows physician’s to maintain a stock EYLEA, which allows them to treat patients immediately.
- Important to research the patient’s insurance benefits before administering the product.

*Majority of customers currently Buy & Bill*

**Specialty Pharmacy (SP)**
- Dispense specialty products;
  - specialty products are products (generally) used chronically, are not oral, are high cost, and require special handling.
- SPs coordinate billing with the patient and payer, as well as provide services to patients:
  - Clinical support (disease and compliance management) and reimbursement support.
- The required use of SPPs varies by region and payer.
EYLEA Supply Chain Model

Regeneron

3PL (ICS)

Besse Medical (Distributor)

CuraScript (Distributor)

McKesson (Distributor)

10 Contracted SPs

PAP & Drug Replacement & Kaiser

Hospitals

Retina Specialist Offices

Non contracted SP

VA/DoD/IHS PHS

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Distributors overview

- Orders shipped out Monday - Thursday
- Orders placed by 3:00 PM Eastern Time will be received the next business day
  - Orders received after 3pm, Monday – Thursday will be processed the next business day for delivery the following business day
- Credit cards are accepted by all 3 distributors
- All 3 distributors extend 120 day dating to customers
Specialty Pharmacies (SP)

- 10 contracted SP’s in our network
- Customers can buy and bill from these SPs or obtain product through assignment of benefits (aob) model
  - Accredo
  - Curascript
  - BioScrip
  - US Bioservices
  - Diplomat
  - Caremark
  - Atena
  - Wallgreens (Medmark/Optioncare)
  - Optium Health (UHC)
  - Apothecary Shop – Compounding pharmacy
Specialty Pharmacy – AOB Overview

- Many commercial payers contract with or own specialty pharmacies (SPs)
- Commercial insurers, and the specific plans these insurers offer can vary in terms of their recommendations/requirements to use SP and/or Buy & Bill
- The various options commercial insurers can offer include:
  - “Mandatory” SP for specific products – physicians are strongly encouraged or required to use SP
  - Voluntary – physician can use SP of choice or Buy & Bill
  - Voluntary but limited – SP is an option but choice of SP is limited
- *It’s important to understand payer specific requirements
How does a Specialty Pharmacy work?

MD identifies EYLEA patient and Faxes SP order form to SP

Specialty Pharmacy
Buys EYLEA direct from ICS or through wholesaler
- Verifies patient coverage
- Ships EYLEA to MDs office
- Bills patient a co-pay for EYLEA
- Bills commercial insurance for EYLEA

Members (patients)
- Pay co-pay for EYLEA to SP
- Go to MD for treatment
- Pay co-pay to MD for administration

Commercial Insurance
- Communicates patient’s contracted benefit
- Settles payments with SP for EYLEA
- Pays doctor for administration
Key Takeaways:

- EYLEA is contracted with three distributors
- Credit cards are accepted by all 3 distributors and not for Lucentis orders
- 120 day dating extended to customers
- Next day delivery for orders received prior to 3pm ET
Distributor Messaging

Step 1
- Physician/HCP is interested in utilizing/ordering EYLEA™.
- Response: “Dr., I appreciate your interest, can you please put me in contact with someone who is responsible for ordering/purchasing of your specialty pharmaceuticals.”

Step 2
- Discussion with Purchasing agent:
  - Probing Questions:
    - “What drugs are you currently purchasing for Wet Age-Related Macular Degeneration?”
    - “From whom are you purchasing your specialty pharmaceuticals?”
    - “Are you purchasing through a distributor or direct? Could you share with me who you are using?”
    - “How frequently do you place orders?”

Step 3 Option A
- Office identifies one of the authorized Regeneron Specialty Distributors and/or Specialty Pharmacies as their supply source...
- Response: “EYLEA is available through your current supplier. Please feel free to contact them to place your order. They will be able to provide you additional information on pricing, shipping and payment terms.”
- Provide office with “Ordering Information Flash Card.”

Step 3 Option B
- Office is using a supplier that is not currently a source of EYLEA for Regeneron...
- Response: “Thank you for clarifying, unfortunately, is not one of the suppliers of EYLEA. However, EYLEA is available through a number of different channels. If you are interested in stocking Eylea, Regeneron has contracted with 3 Specialty Distributors to best support your needs. You will find comprehensive instructions for setting up a new account with each of the distributors on the back of the ‘Ordering Information Card.’ If you should have any additional questions please contact EYLEA 4U...”
Reimbursement launch objectives
Reimbursement Objectives

- Help ensure customers have a positive experience with EYLEA
- Set office expectations for billing & reimbursement for EYLEA
- Utilize reimbursement resources to educate offices on process for successfully using a miscellaneous code to buy & bill
  - Minimize reimbursement obstacles with EYLEA 4U and Regional Business Managers
EYLEA 4U

Comprehensive support program designed to meet your customers and their patients information, access, and reimbursement needs

EYLEA™
(aflibercept injection)

1-855-EYLEA-4U
Reimbursement Specialists are available Monday – Friday 9AM – 8PM Eastern Time
Specifically EYLEA 4U can help with

- **Healthcare Provider and Patient Information Support**
  - Medical Information
  - Adverse Event and Product Complaint Support

- **Patient-specific Coverage and Reimbursement Support**:  
  - Benefits Investigations
  - Prior Authorization (PA) Assistance
  - Claims Assistance
  - Appeals Assistance

- **Patient Assistance**:  
  - Uninsured Patients
  - Underinsured government and commercial patients
Healthcare Provider and Patient Information Support

- Medical Information (Option 1)
  - Medical Information Specialists are available to address questions from healthcare providers and their patients on disease education or EYLEA treatment

- Adverse Event and Product Complaint Support (Option 3)
  - Trained healthcare professional are available to properly address all reports and provide appropriate assistance when needed
Reimbursement and Patient Assistance

Overview of program
- 13 Reimbursement Specialists
- Completely dedicated to EYLEA™
- Regionalized based on RBM territory alignment
- Support from Reimbursement Specialists includes:
  - Prior Authorization (PA) Assistance
  - Appeals Support for Denied Claims and PAs
  - Benefits Investigation
  - Claims Assistance (determination of claim status)
  - Patient Assistance (uninsured)
  - Alternative Funding Research
  - Retroactive Patient Assistance (PAP and product replacement)
  - Referrals to Copay Assistance Foundations
Reimbursement Services

Benefits Investigations
- Reimbursement Specialists will aim to provide the BI within one day
- Based on insurers, the BI may take 2 days
- Verify coverage, benefits (medical and pharmacy), and cost share information for EYLEA under the patient's health plan

Conducting a Benefits Investigation with a payer confirms:
- Coverage and benefit information for medical and/or pharmacy benefits, such as co-payment, deductible, out of pocket maximums, etc.
- Prior authorization (PA) requirements
- Plan limitations or restrictions, including specialty pharmacy requirements

The results form provides the following information
- Coverage (if the product is covered for this patient)
- If an SP is required or optional
- Which SP providers are available with the appropriate forms attached
- Any payer-specific coding or billing details
- The co-pay amount and the amount of the deductible met for the patient
Prior Authorization (PA) Assistance

- Research payer requirements and assist in obtaining prior authorization for EYLEA
- Updates on timelines provided to the account within 2 business days
  - PA’s may require additional time, depending on the payer
  - The hotline will gather all additional documentation needs and provide to the office
  - The hotline will follow the PA through the payer system
Claims and Appeals Assistance

- Address questions on claims preparation prior to submission
- Review the status of your EYLEA claim with your patient’s insurance company to verify claim progress and help address any issues that could result in delays in processing
- Develop strategies for resolving denied or underpaid claims and work with your office to help navigate the appeals process
EYLEA 4U<sup>SM</sup> Statement of Medical Necessity

Enrollment Form

Please complete and submit the application by fax to

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REGENERON_CID_0011792
Patient Assistance through EYLEA 4U®

There are several options available to help patients with the cost of EYLEA:

- **Uninsured Patients** may be eligible to receive EYLEA at no cost under the EYLEA 4U Patient Assistance Program.

- **Underinsured Patients not Covered by a Government Plan** may qualify for assistance with their out-of-pocket treatment costs through the EYLEA 4U Commercial Copay Program (TBD).

- **Underinsured Patients with Medicare Insurance** may be referred to independent, non-profit organizations that help patients with their out-of-pocket treatment costs.
Objective:
- The overall objective of the EYLEA 4U® Patient Assistance Program (PAP) is to support access to EYLEA™ for uninsured patients. The PAP is designed to assist patients with no insurance coverage for EYLEA.

Program Goals:
- The primary goals of the EYLEA 4U PAP will be to:
  - Ensure appropriate access based on patient eligibility criteria.
  - Facilitate the scheduling of orders to distribute drug free of charge to patients enrolled in the program.
  - Identify and educate patients and providers on potential alternate sources of coverage.
  - Provide access to patients during prior authorization and claim denial appeal support.

Assistance:
- Customer Service Support
- PAP enrollment form processing
- Alternate coverage research
- Coordination of PAP order requests with Besse Medical
Assistance Provided

- Assistance is in the form of drug provided free of charge for the PAP patient
  - The first order will be automatically sent to Besse Medical for shipment upon program approval
  - Regular follow up will be made with the treating provider for documentation confirming another shipment is needed and that the patient’s financial and insurance status has not changed
    - Orders will be sent from the program to Besse Medical once documentation from the treating provider has been received
    - Patients will be discontinued from the program if changes have occurred that make the patient ineligible under the program criteria
Temporary Patient Assistance Program (TPAP) - Pending Alternate Coverage

Current Program Design:

- Patients will be approved for temporary assistance if the program criteria is met and a potential alternate source of coverage is identified.
  - Program representatives will educate and assist in the application process of the alternate source of coverage, and complete regularly scheduled follow up to check if coverage has been accessed.
  - Patients will be discontinued from PAP if the alternate source of coverage has been accessed and coverage for EYLEA™ has been confirmed.
- Eligibility period is three months, a renewal application will be sent 30 days prior to eligibility end date.
Temporary Patient Assistance Program (TPAP) - Claim Denial

Current Program Design:

- Program representatives will assist sites in appealing a denied claim for EYLEA™, during which patients will be placed on temporary patient assistance to prevent delays in therapy
  - Patients will be discontinued from temporary PAP if the claim denial is overturned and coverage for EYLEA has been confirmed
  - Patients will be discontinued from temporary PAP and transitioned to unrestricted PAP if the claim denial is not overturned and the program criteria is met
- Program representatives will assist sites with information on filing an appeal should the initial claim be denied for EYLEA
  - Patients will be discontinued from temporary PAP if the appeal is approved and coverage for EYLEA has been confirmed
  - Patients will be discontinued from temporary PAP and transitioned to unrestricted PAP if the appeal is not approved and the program criteria is met
- Eligibility period is three months, a renewal application will be sent 30 days prior to eligibility end date
Temporary Patient Assistance Program (TPAP)- Prior Authorization Assistance

Current Program Design:
- Verification of benefits and prior authorization requirements will be completed for all enrollments listing an active insurance plan.
- Patients will be approved for temporary assistance if the plan indicates the prior authorization processing time will be greater than three business days.
  - Patients will be discontinued from temporary PAP if the prior authorization has been approved and coverage for EYLEA™ has been confirmed.
  - Patients will remain on temporary PAP during the appeal process if the prior authorization is denied.
  - Patients will be discontinued from temporary PAP and transitioned to unrestricted PAP if the prior authorization denial is not overturned and the program criteria is met.
- Eligibility period is three months, a renewal application will be sent 30 days prior to eligibility end date.
Retroactive Patient Assistance Program (R-PAP)

Current Program Design:

- To qualify for R-PAP, patients must have received EYLEA but subsequently found a lack of coverage for EYLEA under their health plan.
- Patients must meet all other PAP criteria.
- R-PAP is not available when reimbursement for EYLEA is included in a DRG, APC, case rate, per-diem rate or other bundled payment.
Retroactive Patient Assistance Program (R-PAP)

**Current Program Design:**
- For an insured patient to qualify for R-PAP, the provider must submit a completed SMN form, prior to administration of EYLEA (can be same day as administration)
- A patient may qualify if the following criteria are met:
  - An initial claim or prior authorization is denied and is due to a pre-existing condition or patient has exceeded an annual/lifetime benefit cap
  - Documentation of the remaining balance on patient’s annual/lifetime benefit when the cost of treatment will exceed that benefit cap
  - The original claim or prior authorization is denied
    - If an appeal has not been initiated, EYLEA 4U<sup>SM</sup> may assist providers in the appeal process
- The SMN must be submitted to EYLEA 4U prior to administration of EYLEA
  - Patient and provider signatures will be included
  - Patient will be pre-qualified for the PAP
- Income documentation will be required in the event the claim and the appeal are denied
- For fully qualified R-PAP patients, providers will receive a shipment of product to replace the provider-owned stock used for that patient.
Underinsured Government Patient Assistance

- Government Copay Foundation Program
- Terms of Agreement reviewed by legal
  - Ready to send to PANF and CDF upon approval
- Copay foundation analysis was conducted and the following recommendations were made:*
  - Provide funding to 2 national foundations (PANF & CDF)
  - Quarterly payments made to foundations

*Refer to copay analysis for additional information on PANF and CDF
Commercial Co-Pay Program Overview – Scope of Program

Objective:
- Support privately-insured patients with EYLEA™ by assisting with their out-of-pocket medication cost.

Program Goals:
- Ensure appropriate access based on patient eligibility criteria
- Distribute Copay Cards along with Welcome Letters explaining how to use the program
- Adjudicate medical and pharmacy claims to facilitate assistance with out of pocket costs
- Coordination of copay reimbursement for eligible expenses

Key Services:
- Coordination with EYLEA 4U™ Reimbursement Services Program
- Customer Service Support
- Phone-Based Eligibility Determination
- Copay Card Activation
- Claims Adjudication and Payment Processing
  - The copay card is not a "debit" card
  - Pharmacy transactions are electronic and can be run through the primary insurance - get a real time response and be subsequently filed through the copay program electronically and paid.
  - Physician office claims - there will be a delay in reimbursement. The claim will have to be submitted to the primary payor, wait to receive the determination from the primary payor, and then submit to the copay program where it will be reviewed and a manual check will be issued to the patient based upon the program criteria.
- Regeneron Copay Bank Account Set Up
- Payment Thresholds and Check Administration
Overview – Scope of Program

Objective:
- Support privately-insured patients with EYLEA™ by assisting with their out-of-pocket medication cost.

Program Goals:
- Ensure appropriate access based on patient eligibility criteria
- Distribute Copay Cards along with Welcome Letters explaining how to use the program
- Adjudicate medical and pharmacy claims to facilitate assistance with out of pocket costs
- Coordination of copay reimbursement for eligible expenses

Key Services:
- Coordination with EYLEA 4U™ Reimbursement Services Program
- Customer Service Support
- Phone-Based Eligibility Determination
- Copay Card Activation
- Claims Adjudication and Payment Processing
  - The copay card is not a "debit" card
  - Pharmacy transactions are electronic and can be run through the primary insurance - get a real time response and be subsequently filed through the copay program electronically and paid.
  - Physician office claims - there will be a delay in reimbursement. The claim will have to be submitted to the primary payor, wait to receive the determination from the primary payor, and then submit to the copay program where it will be reviewed and a manual check will be issued to the patient based upon the program criteria.
- Regeneron Copay Bank Account Set Up
- Payment Thresholds and Check Administration
Am I eligible? How do I enroll?

Current Eligibility Criteria:
- Patient must have private/commercial insurance
- Must reside in the United States, Puerto Rico, Guam, US Virgin Islands, American Samoa, the Northern Mariana Islands
  - Excluding the state of Massachusetts.
- Patient cannot be covered by any state or federally funded programs
- Must be taking EYLEA for an approved FDA indication
- Household income must be less than $100,000 (household size is irrelevant)

How do I enroll?
- Please call 1-855-Copay77 (1-855-266-7297)
- Copay Specialists will ask the eligibility questions above and validate eligibility
- The Patient will be required to provide a copy of the latest Federal Tax Return (FTR), a current W2 or a copy of the last two pay stubs to validate household income
  - Information will be sent via fax to [redacted]
- Once the income is verified the Copay Specialists will complete the patient’s enrollment in the EYLEA 4U Copay Program
Messaging and Additional Reimbursement Resources
Key Messages

Reimbursement Message:
- As with all new product launches, there can be reimbursement bumps along the way. We have comprehensive support programs and resources to help ensure that you and your patients have a positive experience with EYLEA.

Coverage:
- During launch, the majority of Medicare and commercial payers are anticipated to cover EYLEA, however, coverage guidelines can vary by the payer and patients plan. We recommend contacting EYLEA 4U to conduct a Benefits Investigations to verify coverage benefits and cost sharing information for your patients. EYLEA 4U can be contacted at 1-855-EYLEA-4U

Coding:
- At launch, EYLEA will be coded with a miscellaneous code (J3490, J3590 or C9399 for Medicare HOPD) for a period of time while our request for a unique code is being reviewed. When billing for EYLEA, make sure to include additional information (drug name, dosage, NDC, how administered, route of administration) on the claim form, in order for the payer to successfully process a miscellaneous code.

Economics Message:
- The majority of Medicare contractors are expected to reimburse EYLEA at its Wholesale Acquisition Cost (WAC) + 6% for a period of time until Average Sales Price (ASP) data are available. The current WAC for EYLEA is $XXXX. Reimbursement rates through private payers will vary—some will likely follow Medicare and others will have their own methodology. Contact EYLEA 4U, at 1-855-EYLEA-4U, if you have questions regarding reimbursement.
Key messages

 Acquisition Message:
- EYLEA is available through a number of different sources. If you are interested in purchasing EYLEA we have contracted with 3 different specialty distributors, Besse, McKesson Specialty and Curascript, to best support your needs. Additionally, if allowed by the payer, EYLEA through our broad network of specialty pharmacy providers. To understand your patients specific specialty pharmacy requirements contact EYLEA 4U at 1-855-EYLEA-4U.

 EYLEA 4U Message:
- EYELA 4U is our comprehensive support program designed to meet your patients and practice information, access, and reimbursement needs.

 Patient Assistance:
- We have several patient support options available to help your patients who are uninsured, have been denied coverage or need help managing their out of pocket co-pay expenses. To confirm your patient's eligibility, call 1-855-EYLEA-4U, option 4, and speak with one of our Reimbursement Specialists.
Promotional Reimbursement Resources Available at Launch

- EYLEA Billing and Reimbursement Support Resource Kit:
  - EYLEA 4U Reimbursement and Patient Assistance Program Overview
  - EYLEA 4U Statement of Medical Necessity Enrollment Form
  - How to Order EYLEA Instructions
  - EYLEA Billing and Coding information sheet (MD & HOPD)
  - EYLEA Sample CMS 1500/1450 forms
  - Sample Letter of Medical Necessity
  - Sample Letter of Appeal

- EYLEA.com reimbursement website

- Regeneron company brochure
Billing and Reimbursement Support Resource Kit

- Long-lasting piece that lives in the office and creates multiple access opportunities

- Provides information and forms to help on how to buy and bill for EYLEA as well as information on our comprehensive reimbursement support services
Reimbursement Resources

- EYLEA 4U® Reimbursement and Patient Assistance Program Overview:
  - Provides an overview of EYLEA 4U and how an office can get started using the program

- Statement of Medical Necessity Enrollment Form
  - EYLEA 4U Reimbursement and Patient Assistance Enrollment Form

- How to Order EYLEA Information
  - Information on how to order EYLEA from one of our 3 contracted specialty distributors
Reimbursement Resources

- Physician and Hospital Outpatient Department Billing, coding and sample claim forms:
  - Should be used to introduce accounts to the billing & coding information for EYLEA including details on Misc Code
  - Example claim forms

- Sample Letter of Medical Necessity and Appeal
  - Sample letters may be useful to help support offices with patient claims, prior authorizations or denied claims
EYLEA.com – Health Care Professional

- Online reimbursement resources center
  - EYLEA 4U information
  - Billing and coding information
  - How to order EYLEA
  - Helpful forms and documents
Regeneron Company Brochure

Introduces Regeneron to our customers by providing high level information about our who we are, our history and where we are going
EXHIBIT 30
Date: Thursday, February 23, 2012 06:11 PM
Subject: RE: CuraScript & Dr. Ross
From: Robert Davis
To: Bryan Tyo - Commercial

ok

Bob

Robert C. Davis | Senior Director - Trade, Reimbursement & Managed Markets
REGENERON Pharmaceuticals, Inc. | 777 Old Saw Mill Road | Tarrytown, NY 10591
Tel: Fax: Email:

---Original Message---
From: Bryan Tyo - Commercial
Sent: Thursday, February 23, 2012 1:11 PM
To: Robert Davis
Subject: RE: CuraScript & Dr. Ross

Great thanks for clarification!

BT

---Original Message---
From: Robert Davis
Sent: Thursday, February 23, 2012 1:04 PM
To: Bryan Tyo - Commercial
Subject: RE: CuraScript & Dr. Ross

They are supposed to be adjusting them.

Bob

Robert C. Davis | Senior Director - Trade, Reimbursement & Managed Markets
REGENERON Pharmaceuticals, Inc. | 777 Old Saw Mill Road | Tarrytown, NY 10591
Tel: Fax: Email:

---Original Message---
From: Bryan Tyo - Commercial
Sent: Thursday, February 23, 2012 12:58 PM
To: Robert Davis
Subject: RE: CuraScript & Dr. Ross

Thanks Bob!
Do we know if other accounts that use CuraScript were hit with credit card fees?
Thanks again!
BT

---Original Message---
From: Robert Davis

REGENERON_CID_00013445
Sent: Thursday, February 23, 2012 12:07 PM
To: Bryan Tyo - Commercial
Cc: David Robinson
Subject: FW: CuraScript & Dr. Ross

FYI, see below.

Bob,

Robert C. Davis  | Senior Director - Trade, Reimbursement & Managed Markets
REGENERON Pharmaceuticals, Inc. | 777 Old Saw Mill Road | Tarrytown, NY 10591
Tel: 1111111  Fax: 2222222  Email:

---Original Message---
From: Martinez, Jose (ORL) [mailto:]
Sent: Thursday, February 23, 2012 12:03 PM
To: Robert Davis; McQuagge, Daryle J. (LMF)
Subject: RE: CuraScript & Dr. Ross

Bob,

We had a system wide glitch last week that effected multiple products across the board. They have identified the problem and are fixing the issue.

Thanks,

Joe Martinez

---Original Message---
From: Robert Davis
Sent: Thursday, February 23, 2012 11:02 AM
To: Martinez, Jose (ORL); McQuagge, Daryle J. (LMF)
Subject: Re: CuraScript & Dr. Ross

Joe,

Was this an error then?

Bob

Robert Davis
REGENERON Pharmaceuticals, Inc.

---Original Message---
From: Martinez, Jose (ORL)
Sent: Thursday, February 23, 2012 10:39 AM
To: Robert Davis; McQuagge, Daryle J. (LMF)
Subject: RE: CuraScript & Dr. Ross

Bob,

The Billing Supervisor has resolved this issue. They adjusted the invoice for the 2/15/12 order date. If Dr. Ross has any additional questions he can call her directly at [redacted] (Betsy Brown Collections Manager).
Thanks,

Joe Martinez

---Original Message---
From: Robert Davis [mailto]
Sent: Wednesday, February 22, 2012 4:52 PM
To: Martinez, Jose (ORL); McQuagge, Daryle J. (LMF)
Subject: RE: Curascript & Dr. Ross

Reminder:
As you know, we cover your credit card - pass thru costs.

Bob

Robert C. Davis | Senior Director - Trade, Reimbursement & Managed Markets REGENERON Pharmaceuticals, Inc. | 777 Old Saw Mill Road | Tarrytown, NY 10591

---Original Message---
From: Martinez, Jose (ORL)
Sent: Wednesday, February 22, 2012 4:44 PM
To: McQuagge, Daryle J. (LMF); Robert Davis
Subject: RE: Curascript & Dr. Ross

Bob,
I am checking with the Billing Supervisor now on this issue now. Hopefully she will have an answer for you soon.

Thanks,

Joe Martinez

---Original Message---
From: McQuagge, Daryle J. (LMF)
Sent: Wednesday, February 22, 2012 3:37 PM
To: Robert Davis; Martinez, Jose (ORL)
Subject: RE: Curascript & Dr. Ross

Joe,
Can you provide an update for Robert?

Thanks

Daryle McQuagge

---Original Message---
From: Robert Davis [mailto]
Sent: Wednesday, February 22, 2012 3:18 PM
To: Rodgers, Bobby J. (LMF); McQuagge, Daryle J. (LMF); Martinez, Jose (ORL)
Subject: FW: Curascript & Dr. Ross
ANY UPDATE ON THIS ACCOUNT? MY VP is asking me again.

Bobb

Robert C. Davis | Senior Director - Trade, Reimbursement & Managed Markets | REGENERON Pharmaceuticals, Inc.
212 Old Saw Mill Road | Tarrytown, NY 10591
Tel: | Fax: | Email:

---Original Message---
From: Robert Davis
Sent: Tuesday, February 21, 2012 3:54 PM
To: "Rodgers, Bobby J. (LMF)"; Martinez, Jose (ORL)
Subject: RE: CuraScript & Dr. Ross

Bobb,

Here is practice information to investigate

Robert Ross, MD
practice name

Bobb.

---Original Message---
From: Robert Davis
Sent: Monday, February 20, 2012 3:17 PM
To: Rodgers, Bobby J. (LMF); Martinez, Jose (ORL)
Subject: RE: CuraScript & Dr. Ross

Will do, can you please provide any additional information on Dr. Ross (address etc.)?

---Original Message---
From: Robert Davis
Sent: Monday, February 20, 2012 2:30 PM
To: Rodgers, Bobby J. (LMF); Martinez, Jose (ORL)
Subject: Fw: CuraScript & Dr. Ross

Bobb.
As you know, we cover your cc pass thru costs, see below. Please let me know that this is will be corrected asap.

Thanks,

Bob

Robert Davis
Regeneron Pharmaceuticals, Inc.

--- Original Message ---
From: Bryan Tyo - Commercial
To: Robert Davis
Cc: David Robinson
Subject: Curascript & Dr. Ross

Bob,
Curascript told Dr. Ross that 1890 was cash only price. They added 2.5% for use of credit card use. How about thoughts?

BT

Sent from my iPod

This e-mail and any attachment hereto, is intended only for use by the addressee(s) named above and may contain legally privileged and/or confidential information. If you are not the intended recipient of this e-mail, any dissemination, distribution or copying of this e-mail, or any attachment hereto, is strictly prohibited. If you receive this e-mail in error, please immediately notify me by return electronic mail and permanently delete this e-mail and any attachment hereto, any copy of this e-mail and of any such attachment, and any printout thereof. Finally, please note that only authorized representatives of Regeneron Pharmaceuticals, Inc. have the power and authority to enter into business dealings with any third party.
EXHIBIT 31
Date: Wednesday, August 29 2012 12:21 AM
Subject: Re: ACTION REQUESTED - Retin a Assoc of Florida
From: Julianne Nunnelly
To: Rubie, Luke <redacted>; Parker, Emily <redacted>
CC: Robert Davis <redacted>

Thank you please keep all updated

Thank you
Julianne Nunnelly, MBA
Regeneron Pharmaceuticals
SE Regional Director


Good Evening-

I am the McKesson Specialty Health rep that handles the Florida area and Retina Assoc of Florida. I was forwarded your concerns regarding the credit card payment vs check. I am not sure who is giving Mike the information about the 3% fee, but that is incorrect. They can pay with credit card at 180 day terms at no charge. I will reach out to Mike tomorrow and try to get to the bottom of this issue for you. I apologize for any confusion and I will look into it.

Thanks,

Luke Rubie
Business Development Executive

McKesson Specialty Health
Multi-Specialty
123 Mission Street
San Francisco, CA 94105
www.mckessonspecialtyhealth.com

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Luke: Please see below. There is no case in SFDC regarding the conversation around the credit card conversation. Please find out who the customer spoke with if at all possible so that we can address this directly with the Customer Care team or the individual responsible. Thanks.

Best regards,

Cherlynne Rogers
Director of Sales, McKesson Multi-Specialty

McKesson Specialty Health
From: Parker, Emily  
Sent: Tuesday, August 28, 2012 3:54 PM  
To: Rogers, Cherlynne; Doherty, Jeff; Dickey, Devon; Hillsten, Loan  
Subject: Fw: ACTION REQUESTED - Retina Assoc of Florida  
Importance: High  

Cherlynne,  
Do you have a team member that can investigate this?  

Thanks,  
Emily  

From: Robert Davis  
Sent: Tuesday, August 28, 2012 06:04 PM  
To: Parker, Emily  
Subject: FW: ACTION REQUESTED - Retina Assoc of Florida  

Emily,  
Can you investigate this case and get back to me as soon as possible. I don't want McKesson lose an account to another distributor.  

Thank you,  
Bob  

From: Julianne Nunnelly  
Sent: Tuesday, August 28, 2012 5:46 PM  
To: Robert Davis  
Cc: David Robinson  
Subject: ACTION REQUESTED - Retina Assoc of Florida  

Bob  

I received a call from Abby today referring me to Mike Leding the CFO with Retina Assoc of Florida. This account is the largest in the Tampa Territory and the second largest account in the SE Region  

He stated he is having issues with McKesson. McKesson said if they used AmEx there is an additional 3% charge added to the purchase of Eylea to cover the credit card fees. McKesson wants them to pay with check. I asked him if there were any issues with their credit rating and he said no that they had stellar credit and had no problems using Lucentis Direct where they use their AmEx without 3% fee. He also shared he has a 1.250million dollar limit on the company AmEx.  

I explained to him that we use all three distributors with a 180 day billing from time of purchase. Also, I confirmed that the credit card would not be charge until 180 days unless they selected to pay earlier.  

Sales History:  

Confidential and FOIA Exempt
They have ordered the following: LTD - 76 with 53 of those ordered this Q3. The first bill is coming due. Two of the doctors have attended the ASRS and want to start increasing there usage but said that they cannot do so with the terms that McKesson is offering. From the numbers I have they purchased Lucentis WAC sales for 12 month was $10,077,600

Below is the address and phone numbers for the main office.

Dr. Mark Hammer - on board of Directors for ASRS
Dr. Ivan Suner
Dr. Marc Peden
CFO – Mike Leding - ** - if you need any additional information please call CFO. I shared with him your name and said we would get back to him Thursday or Friday.

Retina Associates of Florida Offices: 4 locations

   602 South MacDill Avenue, Tampa, FL 33609

2. Retina Associates of Florida, P.A.
   4444 E. Fletcher Avenue, Suite D, Tampa, FL 33613

   814 Griffin Road, Lakeland, FL 33805-2440

   105 Southern Oaks Drive, Plant City, FL 33563

Thank you,
Julie

Julianne Nunnelly
Regeneron Pharmaceuticals
SE Regional Sales Director
Cell -
Office -
Efax -

This e-mail and any attachment hereto, is intended only for use by the addressee(s) named above and may contain legally privileged and/or confidential information. If you are not the intended recipient of this e-mail, any dissemination, distribution or copying of this email, or any attachment hereto, is strictly prohibited. If you receive this email in error please immediately notify me by return electronic mail and permanently delete this email and any attachment hereto, any copy of this e-mail and of any such attachment, and any printout thereof. Finally, please note that only authorized representatives of
Regeneron Pharmaceuticals, Inc. have the power and authority to enter into business dealings with any third party.
EXHIBIT 32
I just wanted to talk about what we’ve accomplished together over the past year with EYLEA and I have to say that I’m thrilled to be participating in one of the most successful Bio launches EVER. In preparation for this meeting, I thought it important to reflect back on the year, and think about what made that success happen. So I jotted down some thoughts about the key critical success factors. I want to share those with you, because I think they are the keys to understanding what is needed to take EYLEA to the next level.
Trade, Reimbursement and Market Access Charter

“Provide Unencumbered Access to Regeneron products as well as setting a new “Gold Standard” in provider and patient support in the industry. This includes high-touch, white-glove reimbursement services and programs for all providers, patients, and caregivers, as well as respectful, collaborative relationships with government and commercial payers and trade programs that ensure access and service to all patients who need Regeneron products.”
Critical Factors for a Successful Launch

- Developed Solid product distribution network
  - Closed Network of top 3 SDs and 11 SPPs
  - Programs to meet customer acquisition needs

- Rapid industry-wide recognition of EYLEA market approval and pricing (within 4 weeks)
  - Immediate establishment of government pricing (Medicare NOC, PHS, FSS)

- Pro-Active HCPCS strategy and execution
  - C-code April 1, 2011
  - Q-code July 1, 2011
  - J-Code January 1, 2013 (anticipated)

Solid distribution network of key specialty distributors/pharmacies
  - Choice of top 3 SDs and 11 SPPs that delivered product within one business day of FDA approval
  - Gives doctors choices while providing 100% accurate live daily data
  - Understanding customer acquisition needs, and giving them 180 days dating and a rewarding credit card program

Rapid industry-wide recognition of EYLEA approval and pricing
  - Immediate establishment of government pricing, including PHS, FSS and Medicare NOC pricing within 4 weeks
  - Allowed for appropriate reimbursement and product acquisition through government agencies

Aggressive HCPCS strategy and execution
  - C-code April 1, 2011
  - Q-code July 1, 2011 (q-codes rarely given)
  - Anticipated J-code January 1, 2013
  - All of which helped to facilitate a more rapid and automated claims submission and appropriate reimbursement turn around times.
Critical Factors for a Successful Launch

- Seasoned and Experienced RBM and NAM teams that can effectively execute payer strategy and deliver high-touch customer support
  - Widely established coverage across all payer segments within first 4 months
  - Quick Q-code pull-through with payers and providers
  - Solid customer relationships with practices
- Comprehensive reimbursement and patient support programs
  - Currently serving over:
    - 40,000 patients
    - 1250 practices
  - Continuous enhancements and quality improvements
    - Commercial copay & high-touch case management program
    - Provider portal (over 450 practices currently using)
    - Detailed reporting at regional level
    - Consistent turnaround time of 0.9 business days

Seasoned Reimbursement and National Account Management teams that can effectively execute payer strategy
- Exceptional performance in obtaining broad coverage for EYLEA
  - 100% of MACs
  - 98% of Medicaid agencies
  - Majority of commercial plans (47 known published coverage policies for EYLEA in 10 months as compared to 52 for Lucentis and it's been on the market for 6 years!!)
  - VA Favorable Criteria for Use and added to the National Formulary and Kaiser National Formulary Coverage both well ahead of Industry Norm

- Quick Q-code pull-through (within 4 weeks of Q-code effective date):
  - Majority of payers are accepting Q2046
    - 100% of Medicare Administrative Contractors
    - >50% of Medicaid agencies
    - >50% of top 50 commercial payers
- We built a comprehensive reimbursement and patient support program. I know, I know, we had a little stumble coming out of the gate, but we quickly staffed up to remedy that situation. We are now serving over 40,000 patients and over 1200 practices with a consistent turnaround time of less than one business day. Since our
initial launch of the program, we have worked hard to enhance the program offerings and to improve the quality of the services provided. As a result, we now have a program that rivals that of our competitor, who is known to be a market leader in support services. We may actually have outpaced Genentech somewhat as we were first to market with a commercial copay program and a high-touch patient copay case management program. WE also quickly installed a provider portal that allows our customers direct insight into their EYLA 4U activity and are currently working to provide more detailed program reporting at the regional level to better serve our sales partners and our customers. That's pretty darn good for a new commercial organization—going up against an industry giant.
So what have all those accomplishments meant to Regeneron, to EYLEA and to you? I think it means we have a high-performing commercial team that can make good things happen (pause) and that can pave a solid path for future success. I’m happy to say that this performance has given us tremendous opportunities and additional resources to build on our success going forward. For example, we just recently built out an internal National Account team fully dedicated to EYLEA. This team of six, which is headed up by Ed Kirk, will be key to helping Regeneron establish and its own payer relationships that will help to ensure appropriate access, not just for EYLEA, but for our pipeline products as well.
EXHIBIT 33
Date: Tuesday, January 29 2013 06:26 PM
Subject: Re: AMEX
From: Robert Davis
To: Murray Goldberg <reddacted>; Robert Terifay <reddacted>; Douglas McCorkle
CC: 
Murray,
I just spoke with the AMEX rep and we are all set.

Thank you,

Bob Davis
Executive Director & Head, Trade, Reimbursement and Managed Markets
Office: Regeneron Pharmaceuticals, Inc.
Sent from iPhone

On Jan 28, 2013, at 10:17 PM, "Murray Goldberg" <reddacted> wrote:

The email is below my email. The AMEX rep was not allowed to tell me the doctor's name, though he thought we might be able to figure it out — a doctor in Ohio buying $400k per month. Please give the info to the AMEX rep.

From: Robert Davis <reddacted>
Date: Monday, January 28, 2013 4:21 PM
To: Murray Goldberg <reddacted>, Robert Terifay <reddacted>, Douglas McCorkle <douglas>
Subject: RE: AMEX

Hi Murray,

Please send email to me and I will handle. The doctor can use his corporate AMEX to pay for his EYLEA thru Besse, McKesson, Curascript or Avella (Apothecary Shop).

Thank you,

Bob

Robert C. Davis  U.S. Executive Director - Trade, Reimbursement & Managed Markets
Regeneron Pharmaceuticals, Inc.  777 Old Saw Mill Road  Tarrytown, NY 10591
Tel:  Fax:  Email: 

From: Murray Goldberg
Sent: Monday, January 28, 2013 4:06 PM
To: Robert Davis; Robert Terifay; Douglas McCorkle
Subject: FW: AMEX

I told him we do not sell EYLEA directly to doctors, but he should send me an email with the details and I would forward to the right people. Please figure out who should handle and keep me informed.

From: William C Regan <redacted>
Date: Monday, January 28, 2013 4:00 PM
To: Murray Goldberg <redacted>
Subject: AMEX

Murray,

Thank you for your time. We have a mutual Doctor as a customer. I received a call from the Corporate Card side of our business saying this Doctor in Ohio spends roughly 400K per month with you on your new drug Eylea. He would like to be able to use his Corporate Card to pay those invoices with you. Regeneron was set up last year to accept AMEX and there was never any business put through. I can set you up with an AMEX merchant number to enable you to receive payments from Doctors via AMEX. I thank you for your help and direction on this matter.

American Express made the following annotations on Mon Jan 28 2013 14:00:25
******************************************************************************
"This message and any attachments are solely for the intended recipient and may contain confidential or privileged information. If you are not the intended recipient, any disclosure, copying, use, or distribution of the information included in this message and any attachments is prohibited. If you have received this communication in error, please notify us by reply e-mail and immediately and permanently delete this message and any attachments. Thank you."
******************************************************************************
EXHIBIT 34

FILED UNDER SEAL

Leave to File Granted - 4/8/2024
EXHIBIT 35
James,

Thanks for the recap. My first thoughts related to anything Genentech are always a bit clouded by suspicion, based on past experience. That being said, seems like they engaged in some interesting discussion. The first thing to keep in mind is that I need to be very, very careful not to turn Regeneron against us, as they clearly believe that they are fighting Genentech “with us”, so I need to approach this carefully. Let me think thru this with a clear and objective mind before responding in detail – call me later today and we can talk a bit more about this.

Mick

---

From: Frary, James
Sent: Tuesday, July 30, 2013 11:34 AM
To: Besse, Mick; Buchanan, Scot
Cc: Howell, Peyton - ABSC
Subject: RE: Genentech Meeting Follow Up Items

Mick – Kent & James were particularly interested in 3PL for Lucentis. They thought it would be a good pilot for oncology. The suggestion was to replicate their existing LucentisDirect model (with credit card for those who have, and existing Besse A/R model for those who don’t) and demonstrate incremental value for Genentech, then make the argument for “factoring” replacement of credit card. A few key questions for the first step to demonstrate incremental value are:

1. How can you improve on the existing customer experience (James Reilly referenced their website – why would Besse be better?)
2. Can we get a “better deal” on credit card fees than Genentech on its own by leveraging our volume?
3. Can we improve on their pick/pack/ship – would need to feel comfortable with our cGMP (I assured of this with ICS)?
4. LucentisDirect is very much tied into AccessSolutions – is there a way to tie in Lash with the CubixxMD for more automated clearing of patients? (Peyton had some thoughts on this)
5. They’re still frustrated by Avastin, but see Lucentis growing share. We explained how your technology can help gain visibility and also advantage products that run through our system

For next steps, suggestion was to schedule a small workshop between you/team (who?) and some of their team. For that meeting, can you work on a presentation / discussion document? Much of this I think you have – perhaps #4 above is new and should explore with Tracy.

What do you think? I’ll land in an hour and can talk then if easier.

Thanks,
James
James,

Sorry, was a busy week between Dothan and Cincy. I wanted to give you some feedback on Lucentis and also the "3PL" model for your dinner. Peter provided the profitability analysis earlier in the week. If we need to discuss that further, let us know. Here are some additional thoughts on Lucentis and 3PL (with maybe a different approach than factoring). Sorry a bit lengthy, so probably not best to read on an iPhone.....

Lucentis

Lucentis Direct program has been status quo. The Lucentis Direct program continues to be a very challenging program for Besse, as the direct discount exceeds our total combined distribution discount and fees and the customer has the ability to use a credit card, which would force us to incur an additional cost to match (1.8 to 2.5% bank fees), so obviously the Direct program is something we cannot compete with in a meaningful way. We play a necessary evil role for Genentech in that we offer a way for physician customers who do not want to or cannot use a credit card to purchase (we offer extended dating beyond our terms as a way to compete) and we also service non-physician accounts (hospital owned practices and facilities, SPP's) who cannot buy thru the Direct program. Clearly, these accounts are buying from us out of necessity, as they are foregoing a significant discount that also serves to drag down the ASAP.

Kent may bring up our CubixxMD program, as we are beginning to get traction in larger practices. Our customers are forced to affix RFID tags themselves to anything not purchased and shipped thru Besse (where we tag everything leaving the DC). This is giving us insight into market share of AMD products at the practice level, including Avastin use where practices are choosing to label syringes received from compounders. We have had some very preliminary, offline discussion with a large practice around approaching Genentech to see if we could honor the direct price thru a contract (IPN?, practice specific). The issue becomes the drag on ASAP as Genentech reports our fees and the discount if a contract price in place. Thus, figuring out a way to do business differently on Lucentis related to different approaches around oncology is of some interest. One thought I have just started to kick around (in my own head only till this point) is around a "sales agency" model approach (see section below about 3PL approach) that occurs to a larger extent in the veterinary market. I will incorporate this thought into the topic below the Lucentis section as an example. Theoretically, we could ship thru our own "3PL" approach in Brooks (cGMP line on title/Besse side or out of 3PL facility) or possibly force Genentech to tag our orders in their warehouse. We could earn a commission thru Cubixx, IPN, or maybe all forwarded orders (again see below). We have heard that Genentech made some change to their pick tickets (added bar code) thru Lucentis Direct that facilitates customer data entry into the PODIS system, which is an inventory management system that I have discussed before (Javier Avalos just joined the company).

Genentech does have some concern/interest in inventory management systems, so CubixxMD may present us an opportunity of some type.

There has been some type of change to the Lucentis sampling program. Up until the end of June, practices would be required to access samples thru the Direct website (we believe it was the only way to do so) or thru the Direct customer service number. There is information on their website of a change as of July 1st - apparently, the Direct customer service team is no longer managing the sampling program and practices have to contact their sales representative. The sampling program had forced all accounts to go thru Lucentis Direct, so all practices (including our customers) were by default exposed to and we think had to set up an account with Lucentis Direct. We have no knowledge of what triggered the change, but I will try to find out more on Monday. It has been a challenge for us that our accounts were forced to work.

On a side note, there has been some reference to Kent (possibly) or someone attempting to contact Regeneron legal
or other contacts to question how Regeneron reports their distribution fees in their Eylea ASAP. It seems somewhat hard to believe, if true.

Recap of the Lucentis Direct program from the website www.lucentisdirect.com as an FYI

**Lucentis Direct Program Description**

Ordering with LUCENTIS Direct is fast and reliable. You can order by phone at [redacted] or with an online ordering account.

We ship insulated packages to you via UPS or FedEx, and any order placed before 7 PM ET is eligible for free next-day priority overnight shipping.

LUCENTIS is being offered at a 2.4% discount on the wholesale acquisition cost (WAC). After the discount, LUCENTIS purchased through LUCENTIS Direct will be $1,903 per vial (0.5 mg) or $1,142 per vial (0.3 mg).

There are 2 convenient payment options: electronic funds transfer or credit card (American Express®, MasterCard®, Visa®).

LUCENTIS Direct credit card purchases will be charged 60 days after the invoice date.

**3PL model**

There are two topics here I believe. I had some additional thoughts below that are really meant for internal discussion.

1. Movement of health systems and other ABDC sales from mainline to specialty and/or 3PL as a way to impact ASP.
   This is a topic that I will not touch on here, as it is outside my domain and really a more strategic discussion at ABDC/ABC.

2. Movement of OS products to "3PL" model - Basically, the nuts and bolts of distribution, order management, and invoicing follow an (internal) drop ship methodology. OS could take the order (phone, Nucleus, etc) and route the order thru ICS. The tricky part here is that we would prefer to invoice and collect "on behalf of" Genentech, thus taking ownership of the receivable from Genentech in some type of instantaneous factoring approach. Obviously, we would want to have some say, as the factoring entity, in who we are willing to take an order from. Honestly, this is where the topic still lies - Mitch was involved at this point in discussing with ABC finance as to the impact, experience, and thoughts around how to accomplish this financing piece. I suspect that plan process and other issues have obviously commanded his attention, but I will follow up with him in the morning. I had an additional thought below.

Since the financing topic is best flushed out by finance and eventually legal folks, I have begun to look at alternative or complementary approaches. This may be a bit farfetched, but wanted to get your and Scot’s thoughts on something that could be complementary or different approach. In veterinary distribution market (as well medical equipment sales and plenty of non-medical markets), there has been a sales agency approach sometimes used by manufacturers to pay the distributor a "commission" as an "independent sales agent". This could still be tied into a 3PL program and possibly a factoring program or as an alternative to a factoring program. If we don't want to can't go down a factoring path, this might provide an alternative way to get paid for the value we bring. I have referenced MWI's comments in SEC filing as to how the sales agency approach operates (See below). This is pretty common with veterinary vaccines as a way to involved the distributor in what would otherwise have gone direct. While they often do not invoice on behalf of the manufacturer, they specifically reference that they do in some cases invoice and collect on behalf of the manufacturer (does not say if they take on any risk, but if not, it would look more like a traditional 3PL AR management process that OS could still take on). I have tried to find more details or examples of that specific activity, but simple, quick Google searches have not been successful yet. I believe that McKinsey could possibly bring some light to this, as I seem to remember them having some experience in this market from our adjacent distribution.
We sell products that we source from our vendors to our customers through either a "buy/sell" transaction or an agency relationship with our vendors. In a "buy/sell" transaction, we purchase or take inventory of products from our vendors. When a customer places an order with us, we pick, pack, ship and invoice the customer for the order. We record sales from "buy/sell" transactions, which account for the vast majority of our business, as revenues in conformity with generally accepted accounting principles in the United States.

In an agency relationship, we generally do not purchase and take inventory of products from our vendors. When we receive an order from our customer, we transmit the order to our vendor, who picks, packs and ships the order to our customer. In some cases, our vendor invoices and collects payment from our customer, while in other cases we invoice and collect payment from our customer on behalf of our vendor. We receive a commission payment for soliciting the order from our customer and for providing other customer service activities. The aggregate revenues we receive in agency transactions constitute the "commissions" line item on our consolidated statements of income and are recorded in conformity with accounting principles generally accepted in the United States. Our vendors determine the method we use to sell our products. Historically, vendors have occasionally switched between the "buy/sell" and agency models for particular products in response to market conditions related to that particular product. A switch between models can impact our revenues and our operating income. We cannot know in advance when a vendor will switch between the "buy/sell" and agency models or what impact, if any, such a change may have. A switch can occur even with vendors with whom we have written agreements, because most of our agreements with vendors have relatively short terms and are terminable with or without cause on short notice, normally 30 to 90 days. The impact of any individual change from a "buy/sell" to an agency model depends on the costs and expenses associated with a particular product, and can have either a positive or a negative effect on our profitability.

For an example of such an agreement, please go to http://www.sec.gov/Archives/edgar/data/1323974/000110465910026399/a10-9428_1ex10d8.htm. It is an example independent sales agency agreement between MWI and Merial (the manufacturer). While ASP impact is not an issue in this market, the general concept of commissions thru a sales agency model seems plausible in our market with fees kept out of ASP, if we are not taking title to product and Genentech controls pricing, terms, etc.. Sections 6 and 7 spell out roles of the Independent Sales Agent (MWI) and the Company - in many ways, these could be applied to our relationship with a manufacturer. Keeping Genentech product ordering within our Nucleus cabinet process and as part of the customer’s ordering relationship with us (reporting, JIT ordering, etc) is important for the manufacturer is consider and reinforces our role. The same thing could be said for CubixxMD (and/or Besse/IPN in general) activity in Lucentis as I mentioned above. We would probably need to keep the invoicing and collections process in house, but that creates some unique workaround requirements if we were to segregate that risk and offload on Genentech. We would need to bake this out a bit more, but just thought it might be a little different approach.

Top line product revenues thru a sales agency model could not be booked, so it would have the same impact on ABC revs as factoring (unless there is a way to somehow claim the billions in revs thru factoring or another method). Theoretically, we could only book commission revenue, in addition to 3PL like fees for product movement and possibly invoicing and collection activities, but not have to take on risk for receivables. Keep in mind that Genentech eliminates AR risk thru their Lucentis Direct model by only allowing credit card or payment up front, so if we acted merely as a sales agent, the risk would be theirs and might govern method of payment, etc..

I hope some of this is helpful. Let me know your thoughts and if you need any additional information ahead of your dinner.

Thanks.

Mick
From: Frary, James  
Sent: Wednesday, July 24, 2013 2:02 PM  
To: Buchanan, Scot; Besse, Mick  
Subject: FW: Genentech Meeting Follow Up Items

Scott / Mick – Genentech dinner on 7/29. Any updates / issues I need to hit? A few top of mind:

1. Gene reactions to AMGN move (topic of the evening)  
   a. Our views  
   b. OSC "3PL" concept (SCOT/MICK?)

2. Patient services (SCOT?)  
   a. US opportunity  
   b. International – who was involved in the China meeting? Can I get briefed on that? What do we need?

3. Lucentis (MICK?)

4. ION  
   a. Community counts  
   b. Admin fee discussion probably covered above  
   c. Xeloda

Thanks,  
James  

[Email signature]

From: Weber, Celia  
Sent: Wednesday, May 15, 2013 8:25 AM  
To: Howell, Peyton - ABSC; Frary, James; Kody, Michael - ABSC; Buchanan, Scot; Grogg, Amy - XCENDA  
Cc: Collis, Steve - ABSC; Besse, Mick  
Subject: Genentech Meeting Follow Up Items

Attached is the follow up item tracking document from our executive exchange meeting with Genentech. It has been reviewed and confirmed by representatives from both Genentech and ABC.

Amy - per our discussion, while you were not at the meeting, there were some opportunities that arose that impact your team. I put your name in as the person responsible but understand that you will likely assign to someone else.

The key issue for senior level internal discussion and follow up is Genentech's desired exploration of other distribution models for product currently stocked and distributed by ABDC.

I will follow up periodically with you to get updates on each opportunity.

Thanks,  
Celia  

[Email signature]
EXHIBIT 36

FILED UNDER SEAL

Leave to File Granted - 4/8/2024
EXHIBIT 37
Date: Tuesday, November 3, 2015 08:12 PM
Subject: Re: <External> Besse shipping
From: Robert Davis
To: Timothy Rios
Cc: Rona Gaines, Catherine Stanley
Attachments: image001.png

Tim, 

Some good and some bad here. Let check on Guam shipping charges. As for credit card fees there is a misunderstanding there. We pay credit card fees thru Besse but Lumenis thru Besse does not.

Thank you.

Bob

Bob Davis
U.S. Executive Director
& Head of Trade, National Accounts and Contracting
Office: 2121
Regeneron Healthcare Solutions

On Nov 3, 2015, at 3:05 PM, Timothy Rios wrote:

Hi guys,

Lunch on Friday with Dr. Parks went very well. However, happy days for Dr. Parks didn’t last too long because his Mets lost the World Series and he just found out that he would have to pay $250 per shipment of Eylea to Guam, according to a proactive call from April at Besse. He will be excited if/when we can sample to Guam. I told him we were optimistic we could get that accomplished very soon. Protocol for Eylea to Guam had been 40 units per visit. He said ideally he’d have 10 units of samples on hand per visit as well. With the positive developments the commercial units may increase.

Also this morning I had a concern about Besse from Dr. Timothy You with Orange County Retina. He told me that credit card payments to Besse incur a 3% charge. He is more familiar with ordering Lucentis and they do not charge 3% so this is an issue for him. I hadn’t heard of this, so if there are good talking points for me, please advise.

Cathy is currently flying to Tarrytown so you may see her this week.
Thank you for all you're doing.

Tim Rios
Medical Specialist
Los Angeles + Las Vegas
REGENERON Healthcare Solutions

Begin forwarded message:

From: Ana Huerta
Date: November 3, 2015 at 6:59:42 AM PST
To: Timothy Rios
Cc: Ursula Medina
Subject: <External> Besse shipping

Good morning,
April from Besse called me yesterday to inform me that they will be able to ship to Guam (which we already knew) but we are going to have to pay for the shipping. She stated that the shipping would be $250 per box of 24 Glulax. Dr. Parks wanted me to let you know and see if Regeneron would either lower their wholesale price to Besse or to quote the cost for us. Let me know if you can do anything.

Ana

<image001.png>
EXHIBIT 38

FILED UNDER SEAL

Leave to File Granted - 4/8/2024
EXHIBIT 39
Bob called to see if anyone reached out—this guy claims he did not hear back—told him I would pass that along.

---

Rob Besse
AmerisourceBergen
Vice President, Operations
Besse Medical

9075 Center Pointe Drive, Ste. 140
West Chester, OH 45069

www.besse.com

---

Got a call from Bob Davis—I am not familiar with our customers but this guy called the CEO at Regeneron to complain that we were not giving him a discount and were coding his credit cards wrong. Bob asked we look into it and I need to pass this on. His direct line is

Rob Besse
AmerisourceBergen
Vice President, Operations
Besse Medical

9075 Center Pointe Drive, Ste. 140
West Chester, OH 45069

www.besse.com
EXHIBIT 40

FILED UNDER SEAL
Leave to File Granted - 4/8/2024
EXHIBIT 41

FILED UNDER SEAL

Leave to File Granted - 4/8/2024
EXHIBIT 42

FILED UNDER SEAL

Leave to File Granted - 4/8/2024
EXHIBIT 43

FILED UNDER SEAL

Leave to File Granted - 4/8/2024
EXHIBIT 44

FILED UNDER SEAL
Leave to File Granted - 4/8/2024
EXHIBIT 45

FILED UNDER SEAL
Leave to File Granted - 4/8/2024
EXHIBIT 46
Hi Rob,

See below

Thank you,

Bob

Robert C. Davis | U.S. & Global - Executive Director & Head of Trade, National Accounts & Contracting
REGENERON Healthcare Solutions
777 Old Saw Mill River Road | Tarrytown, NY 10591
Tel: Fax: -
Email: 1-855-EYLEA-4U

From: Robert Krukowski
Sent: Friday, July 17, 2015 2:51 PM
To: Robert Davis
Subject: DRAFT FAQ
Importance: High

Bob attached is my draft FAQ for the GPO stuff. Before I sent it to Terifay for review I would like your help, specifically can you look at the Matrix stuff and see if you can add a statement where I call it out in red. Also, are there any other GPOs worth adding in? The one from McKesson? Do you have any information on it as I heard PODIUS is looking to partner with them.

Pricing and Group Purchasing Organizations (GPOs) - Frequently Asked Questions & Answers

Group Purchasing Organizations (GPOs) Overview
A group purchasing organization (GPO) is an entity designed to help their members (HCPs) realize savings and efficiencies by aggregating purchasing volume and using that leverage to negotiate discounts with manufacturers, distributors and other vendors. GPOs can vary greatly in size, type of ownership and the services they offer their members. Some are physician owned while others can be owned by different entities such as a hospital, pharmacy benefit manager (PBM), or a specialty distributor.

GPOs are essentially cooperatives of buyers and offer volume or performance discounts to healthcare providers. They negotiate price, but do not purchase product or manage formularies and in addition, some GPOs offer value-added services to enrich member and manufacturer business. Contracts and level of services that GPOs provide vary based on their customer types and business models of that specific GPO.
Typically they are financed through administrative fees paid by manufacturers/vendors which are based on the purchase price that the healthcare provider pays for a product bought through a contract. GPOs can also charge a fee to their members for their services as well as different fees to manufacturers to access the large amount of data (e.g., prescribing behavior, patient outcomes, product volumes, etc.) the GPO aggregates.

In the Retina marketplace several types GPOs have started to emerge with US Retina clearly leading the way in terms of size, scope and fully operational

- **U.S. Retina, LLC**
  - Florida-based physician owned GPO consisting of >400 retinal specialists across 60+ retinal and multi-specialty practices
  - Represents ~$1 billion in annual purchasing power in medical spend
  - Their vision is to lead the Retinal-Vitreous industry toward higher quality and cost-effective healthcare, creating outcomes that exceed the expectations of our members, partners, and patients.
  - Organization is established and operational

- **RetGPO**
  - Physician owned GPO consisting of 80+ physicians across 7 practices
  - Organization is in the early implementation stage and not currently established or operational at this time

- **Matrix GPO, LLC**
  - A wholly owned, indirect subsidiary of the industry leading pharmacy benefit manager (PBM) Express Scripts and utilizes CuraScriptSD as its exclusive provider of Specialty Distribution Services
  - A provider focused, multi-disciplinary GPO, the membership of Matrix spans the continuum of disease state specialties
  - Add Ophthalmology Specific Information ..... Currently any Retina Practice that joins US Retina may access special pricing from ESI GPO, Matrix and purchase thru sister division Curascript Distribution
  - This a market basket program meaning that a practice must make product purchase volume commitments and buy a basket of drugs and supplies from Curascript to qualify for EYLEA special pricing.

- Any other distributor GPOs worth adding at this time? I would just say at this point - McKesson GPO is OnMark and Podis are having discussions currently

Regeneron Pharmaceuticals Inc. has had multiple discussions over the last several months with all of the above organizations and at this time we do not currently have a working relationship with any of these GPOs. We have recently confirmed that U.S. Retina and Matrix GPO have entered into a contractual working relationship. We don't know the exact details of their agreement; however we do know that U.S. Retina practices may be able to purchase EYLEA® (aflibercept) at a discount if certain requirements are met.

It's important to note: This agreement is between U.S. Retina and Matrix GPO only. We do not have and will not have detailed information on the requirements, percentages, rates, terms, etc. Regeneron Pharmaceuticals, Inc. does not currently offer or endorse any discounts or rebates in connection with EYLEA. Previously, we have advised both U.S. Retina and Curascript that Regeneron is not involved in any way with any such rebate or discount, and that they should make this clear in their discussions with third parties.

**Frequently Asked Questions and Answers**

1. **Why is Regeneron providing a 2% discount on EYLEA through Curascript (SD) Specialty Distribution for U.S. Retina members.**
   a. Regeneron does not currently offer or endorse any discounts or rebates in connection with EYLEA, and we are not involved in any way with any discount or rebate that third parties may be offering for EYLEA.

2. **Will the discount for EYLEA offered through Matrix GPO for U.S. Retina member affect the Average Selling Price (ASP) for EYLEA?**
   a. No. Regeneron does not currently offer or endorse any discounts or rebates in connection with EYLEA, and we are not involved in any way with any discount or rebate that third parties may be offering for EYLEA. Any discount or rebate that a third party is offering for EYLEA will not and does not affect our ASP.
3. Is Regeneron considering partnering with a GPO such as U.S. Retina in the near future?
   a. Currently, we are not partnering or working with any of the GPOs in the Retina market place.

4. Is Regeneron thinking about offering discounts or rebates for EYLEA?
   a. No. At this time, Regeneron does not currently offer or endorse any discounts or rebates in connection with EYLEA.
EXHIBIT 47
This sort of thing could help RBMs understand this.

Jon
Payment Allowance Limits for Medicare Part B Not Otherwise Classified (NOC) Drugs

Effective January 1, 2007 through March 31, 2007

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<tr>
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Effective April 1, 2007 through June 30, 2007

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ASP File

Effective January 1, 2008 through March 31, 2008

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ASP +6% over time

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### Payment Allowance Limits for Medicare Part B Not Otherwise Classified (NOC) Drugs

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**Effective April 1, 2012 through June 30, 2012**

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<th>Unit Price</th>
<th>Quantity</th>
<th>Total Bill</th>
</tr>
</thead>
<tbody>
<tr>
<td>J2778</td>
<td>Ranibizumab injection</td>
<td>0.1</td>
<td>398.840</td>
<td>5</td>
<td>1,994.20</td>
</tr>
</tbody>
</table>

**ASP +6% over time**
<table>
<thead>
<tr>
<th>Code</th>
<th>Drug Name</th>
<th>Dosage</th>
<th>Unit</th>
<th>Bill 2 units</th>
<th>Price</th>
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</thead>
<tbody>
<tr>
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<td>Aflibercept injection</td>
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<td></td>
<td></td>
<td>$1,961.00</td>
</tr>
<tr>
<td>J2778</td>
<td>Ranibizumab injection</td>
<td>0.1 mg</td>
<td></td>
<td></td>
<td>$1,991.55</td>
</tr>
<tr>
<td>Q2046</td>
<td>Aflibercept injection</td>
<td>1 MG</td>
<td></td>
<td></td>
<td>$1,961.00</td>
</tr>
</tbody>
</table>

*Effective January 1, 2013 through March 31, 2013*

<table>
<thead>
<tr>
<th>Code</th>
<th>Drug Name</th>
<th>Dosage</th>
<th>Unit</th>
<th>Bill 5 units</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
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<td>Ranibizumab injection</td>
<td>0.1 mg</td>
<td></td>
<td></td>
<td>$1,990.03</td>
</tr>
<tr>
<td>J0178</td>
<td>Aflibercept injection</td>
<td>1 MG</td>
<td></td>
<td></td>
<td>$1,961.00</td>
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</table>

*Effective April 1, 2013 through June 30, 2013*

<table>
<thead>
<tr>
<th>Code</th>
<th>Drug Name</th>
<th>Dosage</th>
<th>Unit</th>
<th>Bill 5 units</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>J2778</td>
<td>Ranibizumab injection</td>
<td>0.1 mg</td>
<td></td>
<td></td>
<td>$1,988.61</td>
</tr>
<tr>
<td>J0178</td>
<td>Aflibercept injection</td>
<td>1 MG</td>
<td></td>
<td></td>
<td>$1,961.00</td>
</tr>
</tbody>
</table>

ASP +6% over time
<table>
<thead>
<tr>
<th>Quarter</th>
<th>Lucentis</th>
<th>Eylea</th>
</tr>
</thead>
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<td>$2,067.00</td>
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<tr>
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</tr>
<tr>
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</tr>
<tr>
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<tr>
<td>Q1 2013</td>
<td>$1,990.03</td>
<td>$1,061.00</td>
</tr>
<tr>
<td>Q2 2013</td>
<td>$1,988.61</td>
<td>$1,061.00</td>
</tr>
</tbody>
</table>

RAW DATA
ASP +6% OVER TIME

- Lucentis
- Eylea

CHART MITCHELL_CID_00033631

Mforce_Person_00033631
Beginning on January 2, 2012, the discount for LUCENTIS through LUCENTIS Direct will be 2.4%. After the discount, LUCENTIS purchased through LUCENTIS Direct will be $1,903 per vial (0.6 mg) or $1,143 per vial (0.3 mg). Orders placed through LUCENTIS Direct on or after this date will have the updated discount applied at the time of order.

The program offers rebates based both on volume and on increases in use. For the volume part, the rebates range from 0.25 percent to 1.5 percent of the wholesale cost. One example provided in the document was that a practice using 600 vials a quarter would get a rebate of $8,775.

The rebate based on increased usage ranges from 1 percent to 1.5 percent. Growth in usage of only 0.01 percent qualifies for the 1 percent rebate, while growth of 10 percent or more qualifies for the top rebate. The example provided in the document was of a rebate of $9,852.50.

A practice meeting the minimum requirements for the largest rebates in both categories would receive more than $58,000 in the quarter, according to a calculation done by The New York Times.
I saw that.

Look at the tabs as well, they is the Lucentis direct price and the cut and paste from the NY times article a couple years ago.

You go to the head of the class. This is exactly what has been added into the RBM deck that we will roll out next week minus the colorful graphic and the names of the drugs.

This sort of thing could help RBMs understand this.
EXHIBIT 49

FILED UNDER SEAL
Leave to File Granted - 4/8/2024
EXHIBIT 50

FILED UNDER SEAL

Leave to File Granted - 4/8/2024
EXHIBIT 51

FILED UNDER SEAL

Leave to File Granted - 4/8/2024
EXHIBIT 52
From: Sunil Gupta [mailto:Sunil.Gupta@USRGPO.com]
Sent: Monday, February 02, 2015 1:39 PM
To: David Robinson
Subject: Re: Follow up

My apologies for the delayed response on the data side. Some interesting findings. In speaking to the stakeholders, we think we can structure the rebates back to practices based on moving the needle. We would use existing distributors that you are contracted with. We would negotiate a admin fee directly between Regeneron and USRGPO.

Best,
Sunil

From: "David W. Robinson" <David.Robinson@Regeneron.com>
Date: Saturday, January 17, 2015 at 5:27 AM
To: Sunil Gupta <Sunil.Gupta@USRGPO.com>
Subject: Re: Follow up

Apologies in being tardy getting back to you. I also understand that you guys have been speaking and are making progress. Let's try to catch up this week. I am back in NY this week.

DR

On Jan 16, 2015, at 6:41 PM, Sunil Gupta <Sunil.Gupta@USRGPO.com> wrote:

David,

Had a good discussion with Bob this week. I believe we are making progress. He mentioned that the two of us should connect. I will make myself available. Have a wonderful weekend.

Regards,

Sunil

Begin forwarded message:

From: Robert Davis <Robert.Davis@Regeneron.com>
Date: January 15, 2015 at 7:22:21 AM EST
To: Sunil Gupta <Sunil.Gupta@USRGPO.com>
Cc: Samantha Willis <Samantha.Willis@USRGPO.com>
Subject: Re: Follow up

Talk to you then.

ThankYou,

Bob Davis
Executive Director & Head of...
Ok will target the 4pm slot. Thanks
Sunil

Hi Sunil,

I am free between 4:00 and 5:00 pm CST, just let me know what is best for you and call me at:.

Thank you,

Bob

Bob the afternoon would be ideal. Should I call anytime then or would a particular time be better for you?

Thanks

Hi Sunil,

I am free tomorrow 9:00-9:40, 11:20-11:40 or 3:40-5:00 pm all central time zone.

Thank you,

Bob
Bob,
Please let me know if you can talk in the next day or so. We had decided to go in that direction as you know until you brought up the idea of having us stay agnostic to the distributor. Would like to talk this through with you.

Thanks

Sunil

On Jan 13, 2015, at 10:59 AM, Robert Davis wrote:

Good Morning Sunil,

I just wanted to follow up on your Distribution program, Cardinal is pressing me for a meeting. If US Retina is not going to be Exclusive with Cardinal I am not sure we need to meet with them. Just looking for your guidance.

Thank you,

Bob

Robert C. Davis  U.S. & Global - Executive Director & Head of Trade, National Accounts & Contracting
REGENERON Healthcare Solutions | 777 Old Saw Mill River Road | Tarrytown, NY 10591
Tel: Fax: Email: 1-855-EYLEA-4U

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Interesting data related to injections. Survey results broken out into 3 groups:

- 1-5 docs
- 1-9
- 10+

In the 1-5 doc group, Lucentis/Eylea/Avastin share (number of injections) is 25/33/42. Highest pct. users of Eylea and opportunity to move the needle on the avastin and the lucentis buckets.

In the 6-10 doc group, L/E/A is 46/13/41.
Lowest pct. users of Eylea, ability to move the needle here in all buckets.

In the 10+ doc group, L/E/A is 42/21/37.

Interesting that smallest practices are highest users of Eylea. Possible that Lucentis rebates at that level are not substantial enough to sway choice?

Good news is we can develop strategy surrounding mid and large practices to move the Eylea needle. Should be able to get results.

Other interesting info:

Number of total annual injections per doc by group:
1-5 docs – 2,780 (with a significant outlier; without his numbers the avg. is 2,195)
6-9 docs – 2,568
10+ docs – 1,702

Lucentis/Eylea Market Share by doc group:
1-5 docs – Lucentis 43, Eylea 57
6-9 docs – Lucentis 77, Eylea 23
10+ docs – Lucentis 67, Eylea 33

David, our sweet spot is the 6-9 doctor practices in the US and likely build on the 1-5 doc practices now that we have penetrated the mid sized practices. As you know the top 10% of the largest practices make up most of the lucentis use, the rest of them, as per our discussion we think we can migrate behavior on. There is an opportunity for you to test the market with our administrative strategies in 2015 to move a significant component of the lucentis bucket in our practices to Eylea with some rebate structure. I am headed to the quarterly meeting for USR this week. Please let me know ASAP your thoughts on this as I would like to structure a preferred relationship contract for GPO and admin services for Regeneron by USR. This would mean that for the clinical pathways for a particular disease state, your drug would be the preferred tier: Wet AMD, DME, and RVO.

Thanks.