



# Eisai Patient Support Annual Reverification Overview

Below are key dates and other important information for healthcare providers regarding the Eisai Patient Support (EPS) annual reverification process.

Reverification is an opportunity to:

- Check patient benefits for LEQEMBI® coverage in the new calendar year
- Select other program offerings for which the patient may be eligible
- Reverify eligibility for the Patient Assistance Program (PAP) after the **December 31, 2024** expiration date

## Key Dates for PAP Eligibility Reverification

### November 1, 2024

- EPS will begin accepting enrollment forms for 2025 reverification. Fax will be sent confirming documentation is received
- PAP patients' HCPs and infusion sites of care will be notified of enrollment expiration

### December 1, 2024

- If EPS does not receive a new enrollment form, an Access & Reimbursement Manager may reach out to you. Additionally, a letter will be sent to your enrolled patients notifying them of their PAP enrollment expiration date

### January 2, 2025

- If a new enrollment form is submitted, reverification takes place
- EPS will reach out with benefit verification results and next steps

**Please refer to the back page to see which program offerings require you and the patient to complete and submit a new enrollment form**

Please see accompanying full [Prescribing Information](#) for LEQEMBI, including **Boxed WARNING**.



## Patient Enrollment Information

Which support offering does your patient require?

Benefits  
Reverification

A verbal request is permitted to reverify coverage for patients previously enrolled in EPS that have a valid HIPAA consent on file. No new enrollment form required; however, insurance information must be submitted to EPS

Patient Assistance  
Program (PAP)

Complete and submit a new enrollment form to reverify patient eligibility and re-enroll\*

Copay Assistance  
Program

Patients previously enrolled will automatically re-enroll; no action required. To check eligibility based on insurance changes, complete and submit a new enrollment form\*

\*Eligibility criteria apply.

Submit a new [enrollment form](#) to Eisai Patient Support by fax at 1-833-770-7017 once completed. Your patient may submit their portion of the enrollment form digitally by visiting [LEQEMBIConsent.com](https://LEQEMBIConsent.com)

Please see accompanying full [Prescribing Information](#) for LEQEMBI, including **Boxed WARNING**.