



THE GENENTECH OPHTHALMOLOGY CO-PAY PROGRAM

GET HELP WITH OUT-OF-POCKET COSTS FOR YOUR GENENTECH OPHTHALMOLOGY TREATMENT

Eligible commercially insured patients pay*:

\$0

As little as \$0 per VABYSMO® (faricimab-svoa), SUSVIMO® (ranibizumab injection) and LUCENTIS® (ranibizumab injection) drug co-pay until the \$15,000 annual limit is reached

\$0

As little as \$0 per Genentech Ophthalmology administration co-pay until the \$1,000 annual limit is reached

*The final amount owed by patients may be as little as \$0, but may vary based on health insurance plan policies regarding manufacturer co-pay assistance programs.

Genentech
A Member of the Roche Group

GET HELP PAYING FOR YOUR OUT-OF-POCKET COSTS

We believe every person should get the Genentech treatment their doctor prescribed and we offer programs to help make this happen.



If you have commercial health insurance and meet other eligibility criteria, the **Genentech Ophthalmology Co-pay Program*** may be able to help you pay for your treatment



If you have public or commercial health insurance, you may be able to get help from an **independent co-pay assistance foundation†**

- We can refer you to an independent co-pay assistance foundation that may be able to help you pay for your Genentech treatment



If you don't have health insurance coverage or have financial concerns and meet eligibility criteria, you may be able to get free treatment from the **Genentech Patient Foundation‡**

- The Genentech Patient Foundation gives free Genentech treatment to people who need it

To find out which assistance option may be right for you:

- Visit **Genentech-Access.com/Ophthalmology/patients**
- Call **(877) GENENTECH/(877) 436-3683**



THE GENENTECH OPHTHALMOLOGY CO-PAY PROGRAM

With the Genentech Ophthalmology Co-pay Program, eligible commercially insured patients pay§:

\$0

As little as \$0 per **drug co-pay**, until the \$15,000 annual limit is reached, for VABYSMO® (faricimab-svoa), SUSVIMO® (ranibizumab injection) and LUCENTIS® (ranibizumab injection)

\$0

As little as \$0 per **drug administration co-pay**, until the \$1,000 annual limit is reached:

- Surgical procedure and refill co-pay for SUSVIMO
- Injection co-pay for VABYSMO and LUCENTIS

There are no income limits for this program.

How to enroll

You can apply to the Genentech Ophthalmology Co-pay Program in 1 of 2 ways:

Visit **EyeOnCopoly.com**

Call **(855) 218-5307**

9 a.m.–8 p.m. ET, Monday through Friday (except major holidays)



Once you are enrolled, claims must be submitted within 365 days from the date of service. The Genentech Ophthalmology Co-pay Program will honor claims with a date of service that precedes enrollment by 180 days.

*Eligibility criteria and benefit limits apply. Not valid for patients whose prescriptions are reimbursed under any federal or state government programs to pay for their medicine and/or administration of their Genentech medicine. Patients must be taking the Genentech medicine for an FDA-approved indication. Please visit the Co-pay Program website for the full list of Terms and Conditions.

†Independent co-pay assistance foundations have their own rules for eligibility. Genentech has no involvement or influence in independent foundation decision-making or eligibility criteria and does not know if a foundation will be able to help you. We can only refer you to a foundation that supports your disease state. Genentech does not endorse or show preference for any particular foundation. The foundations we refer you to may not be the only ones that might be able to help you.

§If you have health insurance, you should try to get other types of financial assistance, if available. You also need to meet income requirements. If you do not have insurance, or if your insurance does not cover your Genentech medicine, you must meet a different set of income requirements. Genentech reserves the right to modify or discontinue the program at any time and to verify the accuracy of information submitted.

§The final amount owed by patients may be as little as \$0, but may vary based on health insurance plan policies regarding manufacturer co-pay assistance programs.

LEARN IF YOU ARE ELIGIBLE FOR THE GENENTECH OPHTHALMOLOGY CO-PAY PROGRAM

You may be eligible for help with **DRUG** costs if you:



- ☐ Have been prescribed a Genentech Ophthalmology treatment for an FDA-approved indication
- ☐ Are 18 years of age or older, or have a caregiver or legally authorized person to manage the patient’s co-pay assistance
- ☐ Have commercial (private or non-governmental) insurance.* This includes plans available through state and federal health insurance exchanges
- ☐ Reside and receive treatment in the U.S. or U.S. Territories
- ☐ Are **not** receiving assistance through the Genentech Patient Foundation or any other charitable organization for the same expenses covered by the program
- ☐ Are **not** a government beneficiary and/or participant in a federal or state-funded health insurance program (e.g., Medicare, Medicare Advantage, Medigap, Medicaid, VA, DoD, TRICARE)

*Commercial insurance is an insurance plan a patient gets from a private health insurance company. This can be insurance from their job, from a plan they bought themselves or from a Health Insurance Marketplace. Medicare and Medicaid are not considered commercial insurance.

You may be eligible for help with **ADMINISTRATION** costs if you:

- ☐ Have been prescribed a Genentech Ophthalmology treatment for an FDA-approved indication
- ☐ Are 18 years of age or older, or have a caregiver or legally authorized person to manage the patient’s co-pay assistance
- ☐ Have commercial (private or non-governmental) insurance.* This includes plans available through state and federal health insurance exchanges
- ☐ Reside and receive treatment in the U.S. or U.S. Territories
- ☐ Are **not** receiving assistance through any charitable organization for the same expenses covered by the program[†]
- ☐ Are **not** a government beneficiary and/or participant in a federal or state-funded health insurance program (e.g., Medicare, Medicare Advantage, Medigap, Medicaid, VA, DoD, TRICARE)
- ☐ Do **not** live or get treatments in a restricted state (Massachusetts or Rhode Island)

You can apply to the Genentech Ophthalmology Co-pay Program in 1 of 2 ways:

-  Visit **EyeOnCopay.com**
-  Call **(855) 218-5307**
9 a.m.–8 p.m. ET, Monday through Friday (except major holidays)



[†]Patients may be eligible to use the Genentech Ophthalmology Co-pay Program for their administration costs if they are receiving their treatment from the Genentech Patient Foundation.

HOW THE PROGRAM WORKS

The Genentech Ophthalmology Co-pay Program can be used for your out-of-pocket costs for VABYSMO® (faricimab-svoa), SUSVIMO® (ranibizumab injection) and LUCENTIS® (ranibizumab injection) drug and/or administrations. This program helps with the costs of VABYSMO, SUSVIMO or LUCENTIS only. It does not help with the cost of other medicines you take at the same time as the Genentech ophthalmology treatment or with facility fees.

For both drug and administration assistance, you may use the program at:

- ✓ Your doctor's office
- ✓ A hospital outpatient department (HOPD)
- ✓ An ambulatory surgical center (ASC) (SUSVIMO only)
- ✓ For drug assistance only, you may also use the program with a specialty pharmacy

Please note:

If you switch from one Genentech Ophthalmology drug to another, you must apply for the new treatment.



After you've enrolled, you'll get a welcome letter with your account information:

- Group number
- Rx BIN
- Member ID
- PCN

! Be sure to save this letter for future reference. You may need this information throughout your treatment.

You can also see a copy of this letter by signing up for an account at **EyeOnCopay.com**.



Step 1 Using the program

If you're getting your treatment from your doctor's office, HOPD or ASC:

- Some doctor's offices, HOPDs or ASCs may not be able to process payments using the Genentech Ophthalmology Co-pay Program. In this case, you will have to pay for your treatment up front and send a request for the program to pay you back
- See page 9 for more information

If you're getting your treatment from a specialty pharmacy:

- Let the specialty pharmacy know you're using the Genentech Ophthalmology Co-pay Program
- Give them the account information from your welcome letter
- They will use the program to process your payment and will send your treatment to your treatment location

Step 2 Receiving treatment

Receive your Genentech Ophthalmology treatment at your doctor's office, HOPD or ASC.

HOW THE PROGRAM WORKS (cont)

Step 3 Receiving your explanation of benefits (EOB)

After you receive your treatment, your health insurance will send an EOB statement that says how much it will pay for your treatment. Your doctor will ask you to pay your out-of-pocket payment upfront for the drug and/or administration service. The program requires an EOB to pay your treatment costs.

It must contain:

- 1. Name of health insurance company
- 2. Facility name
- 3. Patient name
- 4. Date of service
- 5. Name of drug or J-code
- 6. Amount billed
- 7. Amount allowed
- 8. Amount paid to provider
- 9. Patient responsibility

Sample EOB

Remittance Advice

Payer

Payer Name

Superior HealthPlan of Missouri, Inc. d/b/a Medicaid and CHIP

PO Box 3000

Farmington, MO 64643

Business Unit Name

Valley Retina Institute, P.A.

1309 E. Rider

McAllen, TX 78501

Location

Valley Retina Institute, PA (McA)

Payment Details

0906884137

Remittance Date

01/23/2024

Provider Level Adjustment

Reason Code

Payer Claim Control #/ICN#

Amount

Claim Information

Patient Name

[REDACTED]

[REDACTED]

[REDACTED]

Service Line Information

Provider	Proc. Date	Code	Units	Billed	Allowed	Paid	Adj	Reason Code	PT Resp	Reason Code	Remark
1871599100	12/18/2023	J2777	1	5	1	1	386.39	CO - 45	9		
1871599100	12/18/2023	J2777	1	5	1	1	61.80	CO - 45			
1871599100	12/18/2023	J2777	60	6,144.00	2,260.20	2,260.20	3,883.80	CO - 45			

Codes Definition

CO-45

Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Usage: This adjustment amount cannot equal the total service or claim charge amount; and must not duplicate provider adjustment amounts (payments and contractual reductions) that have resulted from prior payer(s) adjudication. (Use only with Group Codes PR or CO depending upon liability)

- This paid claim is not a guarantee of reimbursement. Genentech does not make any representation or guarantee concerning reimbursement or coverage for any service or item.
- This paid claim applies specifically to a Medicaid insurer. It does not guarantee coverage or payment by other payers. Please check with the patient's plan for specific coverage and coding requirements.
- Provider and drug reimbursement rates may vary regionally. The reimbursement rates shown here should not be extrapolated to other regions, practices or surgery centers. Please refer to the payer fee schedules and/or payer-provider contract to determine your reimbursement rates.

! If the EOB is missing anything from the list above, additional documentation may be required to process the claim.

Step 4 Requesting to be paid back

After you've paid for your treatment, you can request to be paid back

The Genentech Ophthalmology Co-pay Program requires 3 documents to review:

- 1. Explanation of benefits (EOB)
- 2. Your paid receipt for the patient responsibility of your EOB
- 3. A check request form



The check request form can be found under the Forms section on EyeOnCopay.com.

You can send all necessary documents in 1 of 3 ways:

- Fax to (855) 320-0457
- Upload them after you sign in at EyeOnCopay.com
- Mail to:
The Genentech Ophthalmology Co-pay Program
P.O. Box 2106
Morristown, NJ 07962

Please note:

- The final amount owed by patients may be as little as \$0, but may vary based on health insurance plan policies regarding manufacturer co-pay assistance programs
- EOBs must be submitted within 365 days from the date of service for consideration

TERMS AND CONDITIONS

The Product and Administration Co-pay Programs (“Programs”) are valid ONLY for patients with commercial (private or non-governmental) insurance who have a valid prescription for a Food and Drug Administration (FDA)-approved indication of a Genentech medicine. The Product and Administration Co-pay Programs are not available to patients whose prescriptions are reimbursed under any federal, state, or government-funded insurance programs (included but not limited to Medicare, Medicare Advantage, Medigap, Medicaid, TRICARE, Department of Defense, or Veterans Affairs Programs) or where prohibited by law or by the patient’s health insurance provider. If at any time a patient begins receiving prescription drug coverage under any such federal, state or government-funded healthcare programs, the patient will no longer be eligible for the Programs. The Programs are not valid if the costs are eligible to be reimbursed in their entirety by private insurance plans or other programs.

Under the Programs, the patient may be required to pay a co-pay. The final amount owed by a patient may be as little as \$0 for the Genentech medicine or administration of the Genentech medicine (see Program specific details available at the Program Website). The total patient out-of-pocket cost is dependent on the patient’s health insurance plan. The Programs assist with the cost of the Genentech medicine and the administration of the Genentech medicine only. It does not assist with the cost of other administrations, medicines, procedures or office visit fees. After reaching the maximum Programs’ benefit amounts, the patient will be responsible for all remaining out-of-pocket expenses. The Programs’ benefit amounts cannot exceed the patient’s out-of-pocket expenses for the Genentech medicine or administration fees of the Genentech medicine. The maximum Programs’ benefits will reset every January 1st. The Programs are not health insurance or a benefit plan. The patient’s non-governmental insurance is the primary payer. The Programs do not obligate use of any specific medicine or provider. The Drug Co-pay Program is not available or valid for patients receiving free medicine from the Genentech Patient Foundation. The Administration Co-pay Program is valid for patients receiving free medicine from the Genentech Patient Foundation. The Product and Administration Programs are not valid for patients receiving assistance from any other charitable organization for the same expenses covered by the Programs. The Programs’ benefits cannot be combined with any other rebate, free trial or other offer for the Genentech medicine or administration of the Genentech medicine. No party may seek reimbursement for all or any part of the benefits received through these Programs.

The Programs may be accepted by participating pharmacies, physicians’ offices or hospitals. Once a patient is enrolled, the Programs will honor claims with a date of service that precedes the Programs’ enrollment by 180 days. Claims must be submitted within 365 days from the date of service unless otherwise indicated. Use of these Programs must be consistent with all relevant health insurance requirements. Participating patients, pharmacies, physicians’ offices and hospitals are responsible for reporting the receipt of all the Programs’ benefits as required by any insurer or by law. Programs’ benefits may not be sold, purchased, traded or offered for sale.

The patient or their guardian must be 18 years of age or older to receive assistance from the Programs. The Programs are only valid in the United States and U.S. Territories and are void where prohibited by law. The Drug Co-pay Program shall follow state restrictions in relation to AB-rated generic equivalents (e.g., MA, CA) where applicable. The Administration Co-pay Program is not valid for patients who reside or receive treatment in a restricted state (e.g. Massachusetts or Rhode Island). Eligible patients will be automatically re-enrolled in the Programs on an annual basis. Eligible patients will be removed from the Programs after 3 years of inactivity (e.g., no claims submitted in a 3-year timeframe). Patients who choose reimbursement via virtual debit card will have access to the patient’s funds as long as the patient’s virtual debit card is valid and the patient is active in the Programs. Once a patient’s virtual debit card has expired and they are no longer active in the program, the funds will be removed from the virtual debit card. Programs’ eligibility and automatic re-enrollment are contingent upon the patient’s ability to meet all the requirements set forth by the Programs. Healthcare providers may not advertise or otherwise use the Programs as a means of promoting their services or Genentech medicines to patients.

The value of the Programs is intended exclusively for the benefit of the patient. The funds made available through the Programs may only be used to reduce the out-of-pocket costs for the patient enrolled in the Programs. The Programs are not intended for the benefit of third parties, including without limitation third party payers, pharmacy benefit managers, or their agents. If Genentech determines that a third party has implemented programs that adjust patient cost-sharing obligations based on the availability of support under the Programs and/or excludes the assistance provided under the Programs from counting towards the patient’s deductible or out-of-pocket cost limitations, Genentech may impose a per fill cap on the cost-sharing assistance available under the Programs. Submission of true and accurate information is a requirement for eligibility and Genentech reserves the right to disqualify patients who do not comply with Genentech Program Terms and Conditions. Genentech reserves the right to rescind, revoke or amend the Program without notice at any time.

WE'RE READY TO HELP YOU

The Genentech Ophthalmology Co-pay Program is committed to helping you get the treatment you need

To learn more about how we can help or if you have questions about the Genentech Ophthalmology Co-pay Program

 Visit **EyeOnCopay.com**

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