

# My Patient Solutions<sup>®</sup> for Health Care Practices

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# USER GUIDE



# About My Patient Solutions<sup>®</sup> for Health Care Practices

My Patient Solutions is an online tool to help you enroll patients in Genentech Access Solutions and the Genentech Patient Foundation and manage your service requests.

## With My Patient Solutions, you can:



Message your Genentech Access Solutions or Genentech Patient Foundation Specialist



Follow up on prior authorizations (PAs) or appeals and download the PA form (if available)



View Benefits Investigation (BI) Reports



View co-pay assistance referral information and outcomes\*



See which service requests require action



Enroll and re-enroll patients in Genentech Access Solutions or the Genentech Patient Foundation

- Send your patients a link to the paperless Patient Consent Form



View Genentech Patient Foundation eligibility and coordinate shipments



Request benefits reverification/recertification<sup>†</sup>



Export a report of your customized and/or filtered patient lists

## Additional features for practices that prescribe OCREVUS<sup>®</sup> (ocrelizumab)



Manage infusion dates



View treatment coordination milestones

## If you have questions about My Patient Solutions:



Contact your Genentech representative



Call Genentech Access Solutions at  
**(866) 4ACCESS**/(866) 422-2377



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(OCREVUS only)

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\*You may also view enrollment dates for patients enrolled in certain programs.

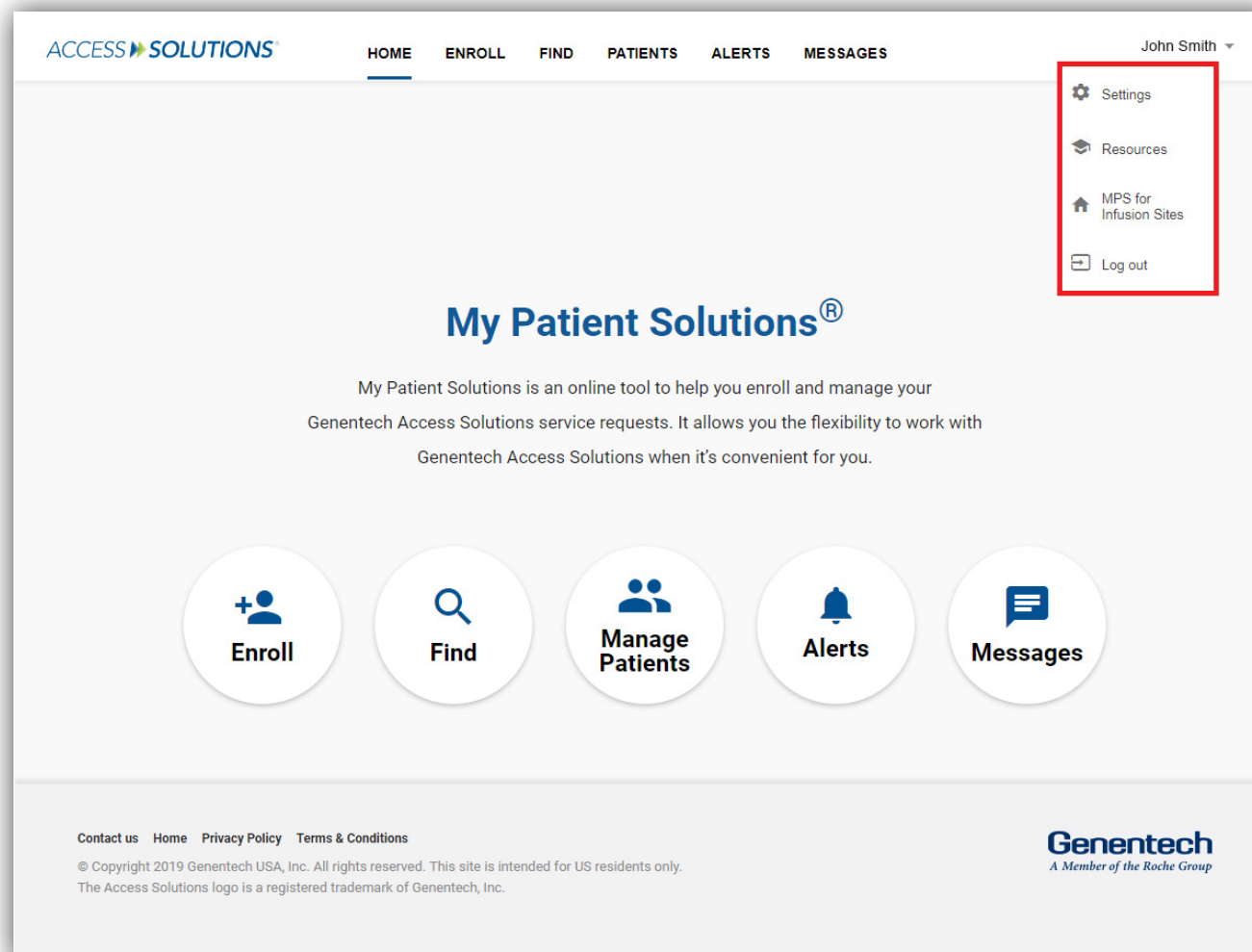
<sup>†</sup>This feature is available for certain brands only.



# Update User and Practice Settings

Once you have activated your account and logged in, you can add or deactivate users, practice locations and/or prescribers if you have been designated as a practice administrator. Consider designating at least 2 users as administrators.

## Manage your settings



- Select your username at the top right corner to open the dropdown menu
- Select SETTINGS

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# Update User and Practice Settings (cont)

## Manage your settings (cont)

ACCESS SOLUTIONS

HOME ENROLL FIND PATIENTS ALERTS MESSAGES <sup>1</sup>

John Smith

### Settings

**MY SETTINGS** PRACTICE SETTINGS PAPERLESS SETTINGS

First Name	Last Name	Email	Role in Practice
Traci	Yeager	traciyegeruat@gmail.com	Medical Doctor
Phone Number	Fax Number	Administrator	
(456) 789-8765	(555) 444-2222	Enabled	

[EDIT PROFILE](#)

#### NOTIFICATION PREFERENCES

Select notification preferences below to indicate what alerts would you like to receive via email.

☒ My Messages

☒ All Practice Messages

☒ BI Completion

#### LOCATION PREFERENCES

Select location preferences below to filter your practice view by location. This will limit the patients that appear on your patient list. You will still be able to locate all of your practice's patients through the search feature.

↑ Street Address	↑ City	↑ State	↑ ZIP Code
<input checked="" type="checkbox"/> 9888 GENESEE AVE	LA JOLLA	CA	92037

[SELECT ALL](#) [DESELECT ALL](#)

- Go to MY SETTINGS to manage your:
  - Location preferences
  - Email preferences for the messaging feature (individual and practice)
  - Email preferences confirming the completion of benefits investigations (BIs)

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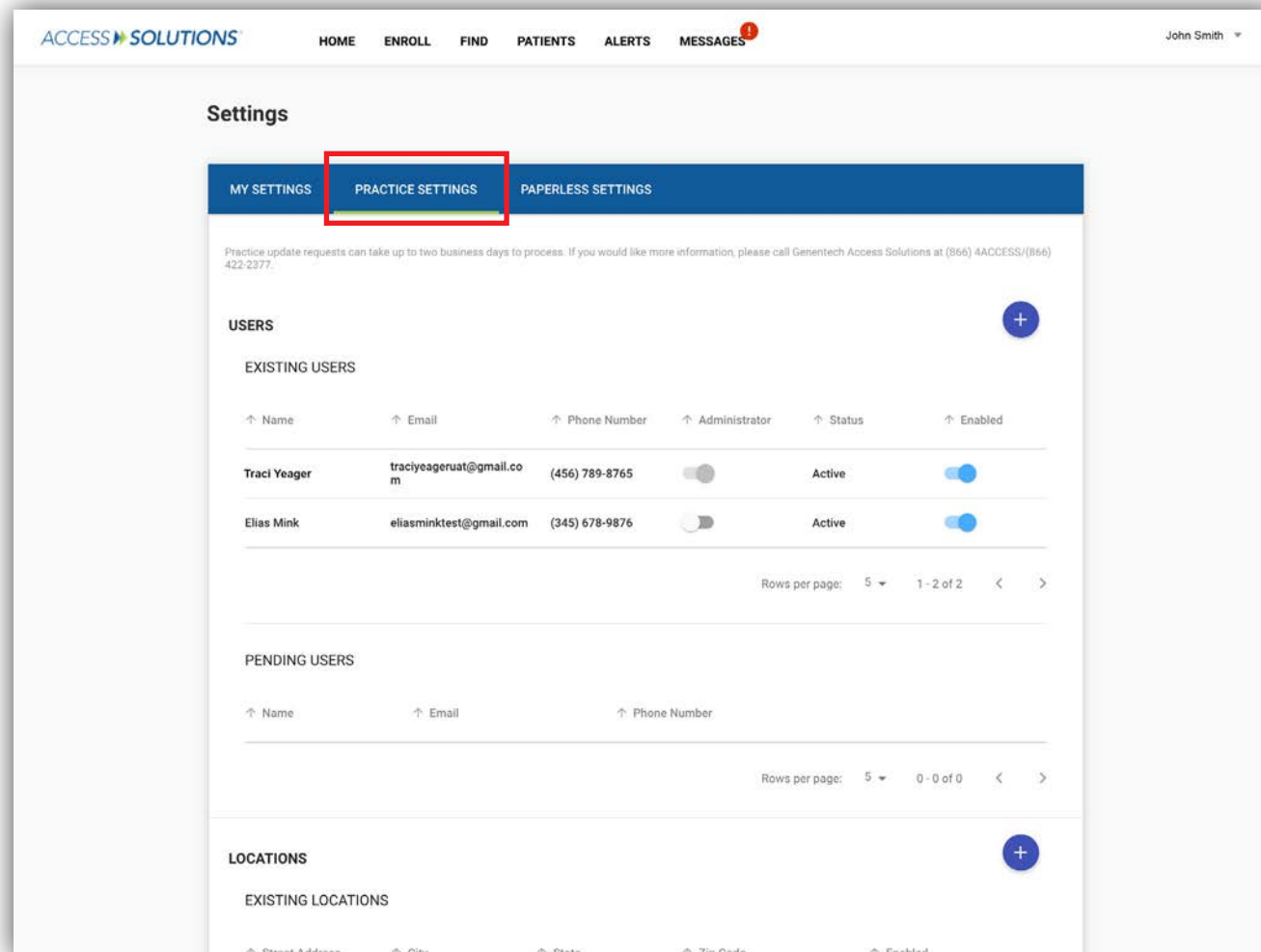
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# Update User and Practice Settings (cont)

View, add or deactivate users, practice locations and/or prescribers (administrators only)



- Go to the PRACTICE SETTINGS tab:
  - Here you can view or add users, practice locations and/or prescribers as well as invite prescribers to sign up for eSignature
  - You can also deactivate existing users, practice locations and/or prescribers to protect patient health information

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# Update User and Practice Settings (cont)

## Manage proxies

ACCESS SOLUTIONS

HOME ENROLL FIND PATIENTS ALERTS MESSAGES John Smith

Settings

MY SETTINGS PRACTICE SETTINGS **ESIGN PROXIES** PAPERLESS SETTINGS

MY ESIGN PROXIES

PRACTICE FOUR

↑ Name	↑ Email	↑ Phone Number	↑ Enabled
John Doe	johndoe@email.com	(653) 456-3536	<input checked="" type="checkbox"/>
Peter Clark	peterclark@email.com	3435463543	<input type="checkbox"/>

- Go to ESIGN PROXIES to view, enable or disable proxies:
  - You must enroll in eSignature before you can designate proxies
  - See [Set Up eSignature](#) for more information

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# Update User and Practice Settings (cont)

## Paperless settings

ACCESS SOLUTIONS

HOME ENROLL FIND PATIENTS ALERTS MESSAGES <sup>1</sup>

John Smith

### Settings

MY SETTINGS PRACTICE SETTINGS **PAPERLESS SETTINGS**

My Patient Solutions® allows you the flexibility to work with Genentech Access Solutions online whenever you need. For any paperless setting that is enabled, your practice will no longer receive faxes.

#### PAPERLESS OPTIONS

Communication Type	Paperless Enabled
<b>Annual Benefits Reverification</b> Selecting this option will stop Annual batch faxes from being sent to your practice. Includes Actemra Annual RSVP.	<input checked="" type="checkbox"/>
<b>Ongoing Recertification/Reverification</b> Selecting this option will stop Rolling batch faxes from being sent to your practice. Includes Esbriet Recertification Reminder, Rituxan RA RSVP, Xolair Recertification Reminder.	<input checked="" type="checkbox"/>
<b>Benefits Investigation</b> Selecting this option will stop Benefit Investigation completion reports from being sent to your practice.	<input checked="" type="checkbox"/>
<b>All Other Faxes</b> Selecting this option will stop faxes from Access Solutions other than Batch and Benefits Investigations from being sent to your practice. This includes but is not limited to Requests for Missing Information, Enrollment Acknowledgements, and Status Updates.	<input checked="" type="checkbox"/>

[SELECT ALL](#) [CLEAR ALL](#)

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- Go to PAPERLESS SETTINGS
- Select PAPERLESS ENABLED for each program for which you do **not** wish to receive faxes

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# Update User and Practice Settings (cont)



## Important points to remember about updating settings

- All practice locations added during practice registration are active by default
- Locations must be the physician's office address (it cannot be the pharmacy or billing address)
- When adding a new prescriber:
  - Please have the prescriber's NPI number and state license number available
  - Check the box to invite the prescriber to sign up for eSignature
- Any changes made by an administrator apply to all users
- To permanently remove users, practice locations and/or prescribers, you must contact Genentech Access Solutions at **(866) 4ACCESS/(866) 422-2377**
- The ESIGN PROXIES tab will only appear for users who are prescribers
- Hovering over a physician's name in SETTINGS will display that physician's proxies



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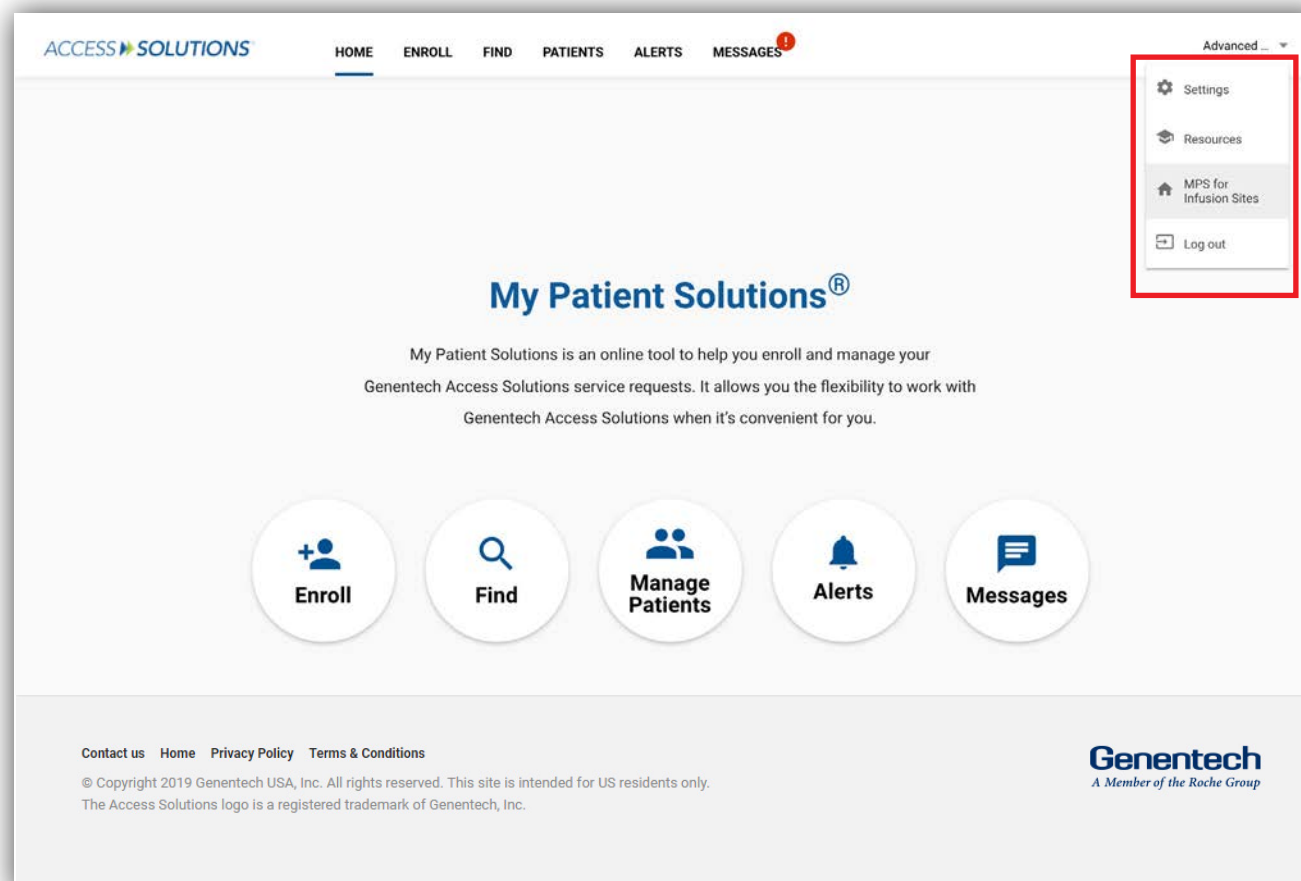


For OCREVUS® (ocrelizumab) only

## Link to My Patient Solutions® for Infusion Sites

If you prescribe and infuse OCREVUS, you can register for both My Patient Solutions for Health Care Practices and My Patient Solutions for Infusion Sites and navigate between them. You will not need to enter your login information again.

### Navigate to My Patient Solutions for Infusion Sites



- Select your name in the top right corner from the landing page
- Select MPS FOR INFUSION SITES from the dropdown menu

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# Set Up eSignature

eSignature allows for a completely paperless enrollment process. Prescribers who have enabled eSignature can designate appropriate members of their office staff to sign the Prescriber Service Form on their behalf. My Patient Solutions® for Health Care Practices eSignature enrollment is only valid for this system. Administrators can invite current or pending prescribers to set up eSignature.

## Invite a prescriber to use eSignature

PRESCRIBERS						
EXISTING PRESCRIBERS						
↑ Name	↑ NPI #	↑ Prescriber License #	↑ Prescriber Type	↑ Email	↑ eSignature	↑ Enabled
Aagaard, Eva	8888888888	45656	Medical Doctor	evaagaard@mailinator.com	INVITE	<input checked="" type="checkbox"/>
ABBOTT, LISA	7777777777	8888888888	Medical Doctor	lisa.abbott@mailinator.com	Enabled	<input checked="" type="checkbox"/>
ABERNATHY, DEBORAH	1234567890	54321	Medical Doctor	deborah@mailinator.com	Enabled	<input checked="" type="checkbox"/>
ABOUDA, AMBROSEA	8484949858	45645	Medical Doctor	ambrosea@mailinator.com	Invited	<input type="checkbox"/>
AFROZE, ANEES	7787765654	787788690	Physician's Assistant	afroze@mailinator.com	Invited	<input checked="" type="checkbox"/>
PENDING PRESCRIBERS						
↑ Name	↑ NPI #	↑ Prescriber License #	↑ Prescriber Type	↑ Email	eSignature	
Carrizales, Gerardo	9876543009	765ww	Medical Doctor	jarek.test@gmail.com	INVITE	
EDMUNDS, MARK	9595695696	73458945	Medical Doctor	markedmunds@mailinator.com	Invited	
Fischer, Ronald	1234567890	12345	Medical Doctor	test@test.com	Invited	
Friday, Friday	1341234123	12341234234	Medical Doctor	som@som.com	INVITE	
Gupta, Akhi	1143	A123456789	Medical Doctor	jarek.test@gmail.com	Invited	

- Scroll down to the PRESCRIBERS section within PRACTICE SETTINGS
- Select INVITE next to his or her name
  - Prescribers must be My Patient Solutions users to sign up for eSignature

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## Set Up eSignature (cont)

### Invite a prescriber to use eSignature (cont)

**PRESCRIBERS**

EXISTING PRESCRIBERS

Name	NPI #	Prescriber License #	Prescriber Type	Email	eSignature	Enabled
Mink, Elias	8978675645	CA	Medical Doctor	eliasminktest@gmail.com	Enabled	<input checked="" type="checkbox"/>
Yeager, Traci						<input type="checkbox"/>

PENDING

Name

Rows per page: 5 0 - 0 of 0

[Policy](#) [Terms & Conditions](#)

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**Invite Prescriber**

Prescriber Email is required, if you would like to invite the Prescriber to use eSign.

First Name	Last Name	NPI #	Prescriber License #
Traci	Yeager	5678765432	VA
Prescriber Type	Email Address		
Medical Doctor			

[CANCEL](#) [SUBMIT](#)

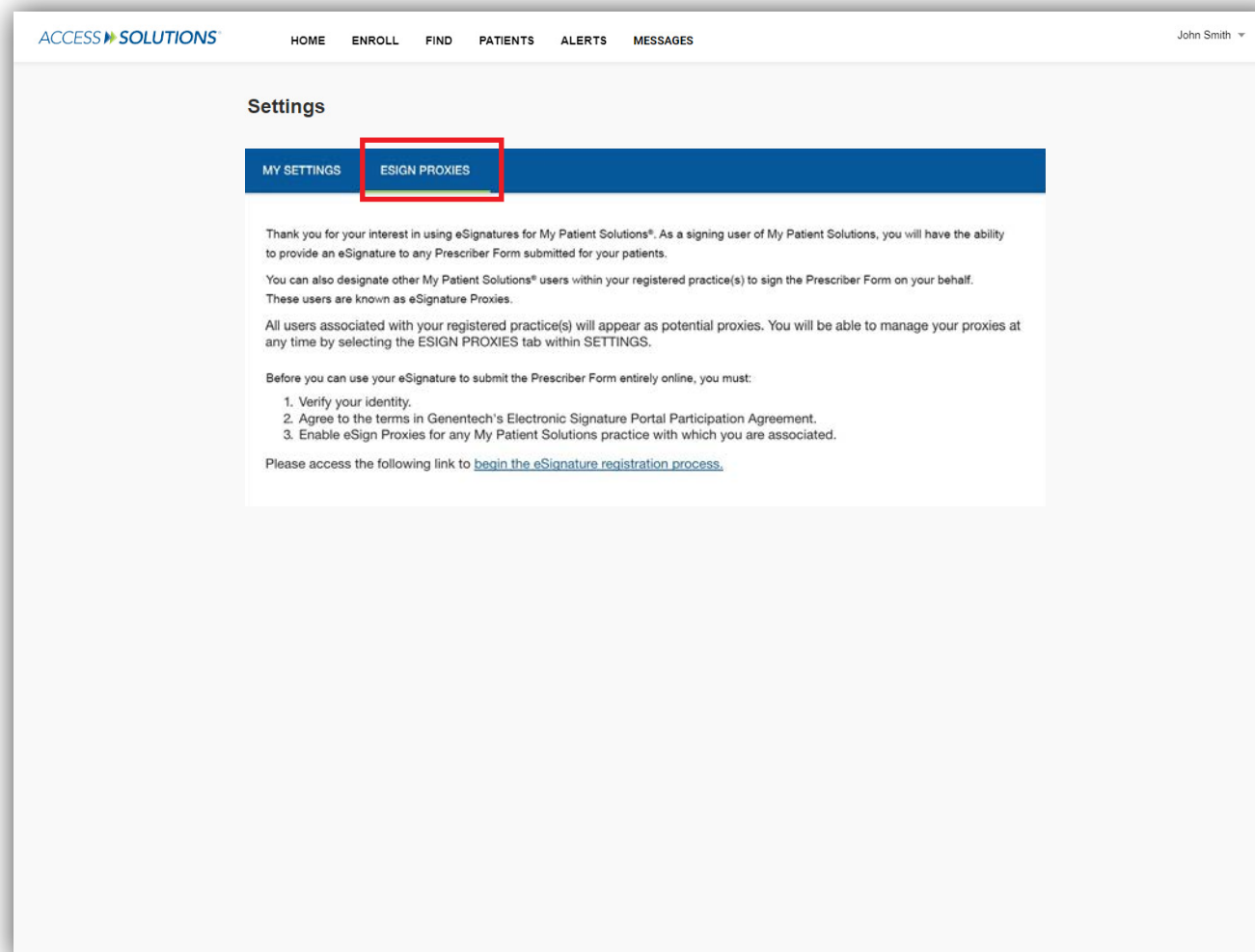
- Fill in the prescriber's email address in the pop-up window
  - This email address must match the email connected to the prescriber's My Patient Solutions® account
- Prescribers receive the same email all users receive when activating an account
  - Follow the link in the activation email and activate your account





# Set Up eSignature (cont)

## Sign up for eSignature (prescribers only)



The first time you log in after activating your account, you will be automatically redirected to the ESIGN PROXIES tab within SETTINGS.

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## Set Up eSignature (cont)

### Sign up for eSignature (prescribers only) (cont)

The screenshot shows a web application interface with a top navigation bar containing links: ME, ENROLL, FIND, PATIENTS, ALERTS, and MESSAGES. A modal window titled "KBA Verification" is open, with a close button (X) in the top right corner. Inside the modal, it says "Please follow the instructions below." and displays the Genentech logo (A Member of the Roche Group) and "POWERED BY Adobe Sign". Below this is a section titled "eSign Agreement" with a "2" in a blue box. The agreement text includes a "4. Waiver, Release and Limitation of Liability" and a "5. Insurance and Indemnification" clause. A yellow "Start" button is visible on the left side of the agreement text. At the bottom of the modal, there is a "Language" dropdown set to "English: US" and a footer with copyright information: "© 2019 Adobe Systems Incorporated. All rights reserved. Terms Privacy Cookies Consumer Disclosure Trust".

Agree to the terms and conditions in the ELECTRONIC SIGNATURE PORTAL PARTICIPATION AGREEMENT to continue.

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## Set Up eSignature (cont)

### Sign up for eSignature (prescribers only) (cont)

**KBA Verification**

Please follow the instructions below.

**Genentech** A Member of the Roche Group | POWERED BY Adobe Sign

Options ▾ eSign Agreement 2

hand, on the subject matter of this Agreement and supersedes all oral and written prior representations, agreements and understandings relating to the subject matter. This Agreement may not be amended, modified, supplemented or rescinded unless agreed to by You, Genentech, and Adobe, including as provided herein.

I hereby agree to and will abide by the terms and conditions of this Participation Agreement.

Agree to:

Click here to sign

Date Signed:

Provider Participant Signature

Please Print Name:

Next

Language English: US

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- Verify your eSignature contains no typographical errors before continuing:
  - Confirm that the spelling of the name on each eSignature is an exact match to the name as it is spelled when the prescriber sets up this feature
  - Any deviations or misspellings will cause the eSignature to be invalid and the submission to remain incomplete

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## Set Up eSignature (cont)

### Manage your proxies (prescribers only)

ACCESS SOLUTIONS

HOME ENROLL FIND PATIENTS ALERTS MESSAGES John Smith

#### Settings

- MY SETTINGS
- PRACTICE SETTINGS
- ESIGN PROXIES**
- PAPERLESS SETTINGS

MY ESIGN PROXIES

PRACTICE FOUR

↑ Name	↑ Email	↑ Phone Number	↑ Enabled
John Doe	johndoe@email.com	(653) 456-3536	<input checked="" type="checkbox"/>
Peter Clark	peterclark@email.com	3435463543	<input type="checkbox"/>

Go to ESIGN PROXIES under SETTINGS to view and enable/disable proxies for all practice locations.

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## Set Up eSignature (cont)



### Important points to remember about eSignature

- Prescribers setting up a new eSignature must be both approved prescribers and My Patient Solutions® for Health Care Practices users
- Prescribers can manage proxies across multiple practices
- Administrators may invite pending prescribers. However, prescribers will not be able to sign up for eSignature until they have been confirmed as prescribers in the system and have activated their My Patient Solutions accounts
- After the eSignature has been set up, all subsequent visits to the ESIGN PROXIES screen will allow the prescriber to manage his or her proxies



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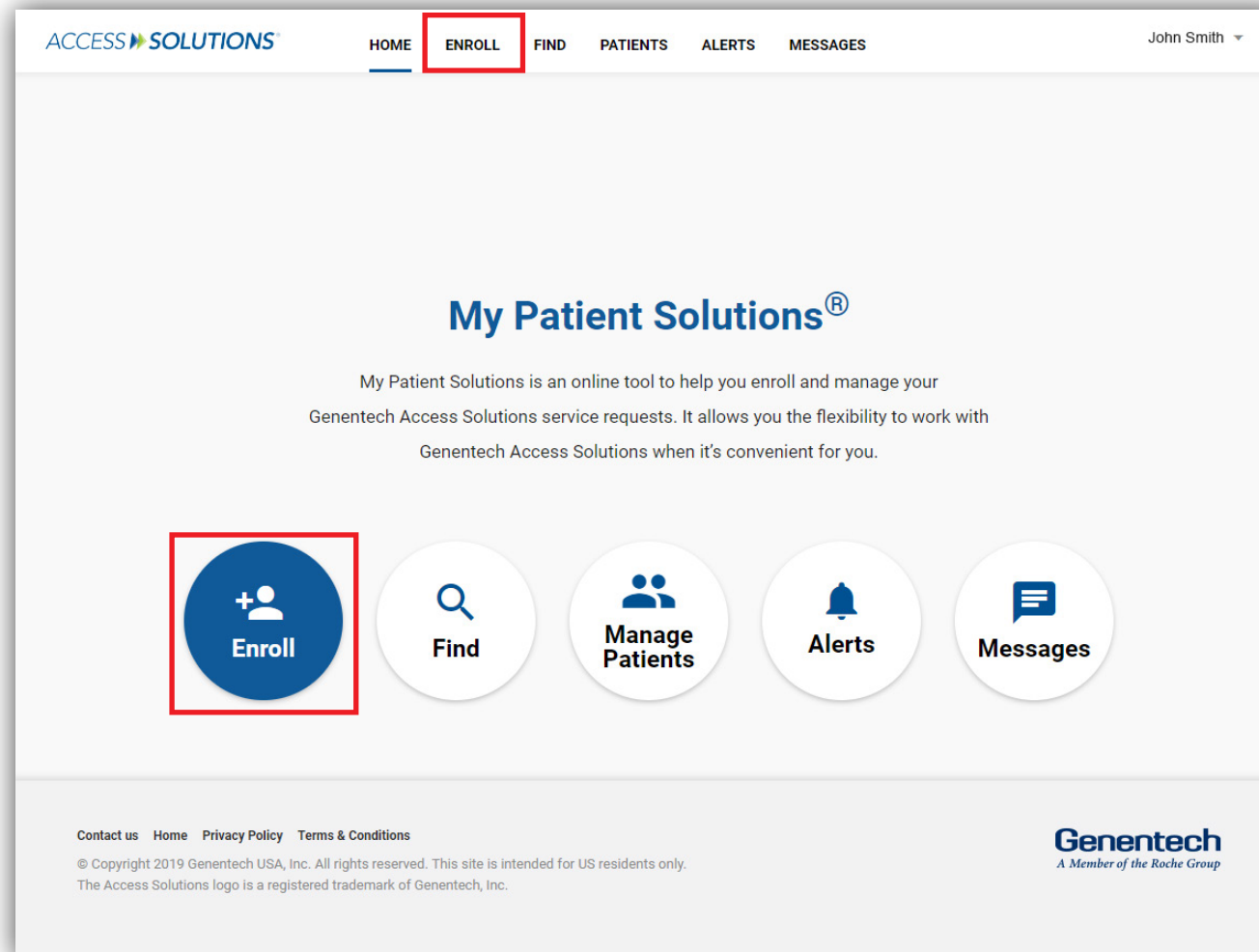




# Enroll Patients

My Patient Solutions® for Health Care Practices allows for a simple and completely paperless enrollment process. By completing the form fields in My Patient Solutions, you are completing an online version of the Prescriber Service Form or the Prescriber Foundation Form. The dynamic fields of these forms display only the information required for your specific service request.

## Begin enrollment process



Select ENROLL from the center of the screen or from the top navigation bar.

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## Enroll Patients (cont)

Enter patient information, insurance status and diagnosis code(s)

- Complete the patient, product and diagnosis code information
- Identify whether the patient is insured or uninsured
- Add up to 3 products and 3 diagnosis codes by selecting ADD PRODUCT and/or ADD DIAGNOSIS CODE
  - The DIAGNOSIS CODE field will autocomplete when you begin typing a code
- This information is universal to both forms

Note: Both the Prescriber Service Form and the Prescriber Foundation Form will be labeled “Prescriber Form” at the top of the page.



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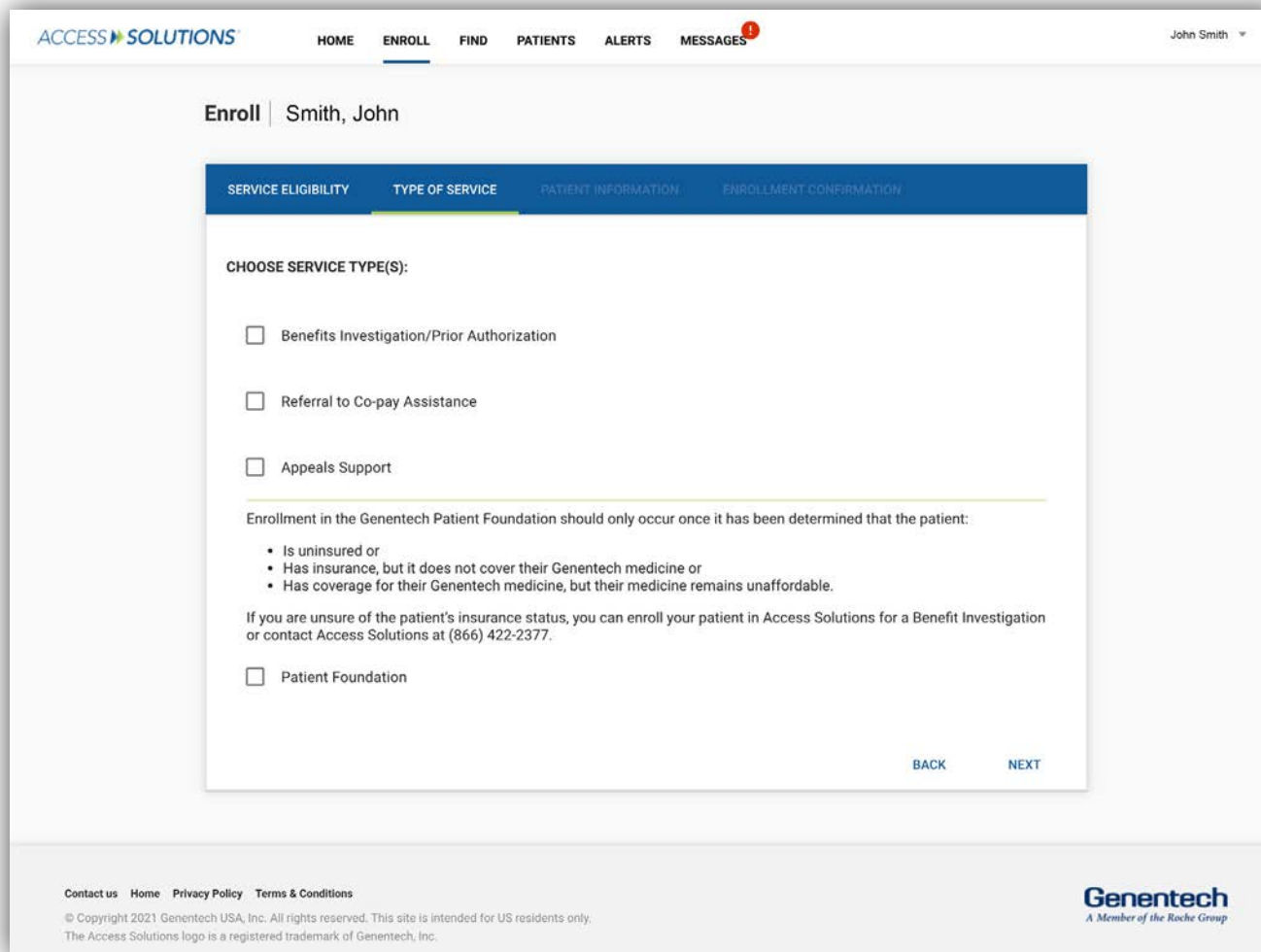
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## Enroll Patients (cont)

### Complete the Prescriber Service Form or Prescriber Foundation Form



- Choose the Service Type(s) you are requesting for your patient
- Depending on which service(s) you choose, you will be taken to complete either the Prescriber Service Form or the Prescriber Foundation Form:
  - If you request coverage and reimbursement support or financial assistance, you will be taken to the Prescriber Service Form
  - If your patient is uninsured and/or you are requesting assistance from the [Genentech Patient Foundation](#), you will be taken to the Prescriber Foundation Form



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## Enroll Patients (cont)

### Complete the Prescriber Service Form or Prescriber Foundation Form (cont)

The screenshot shows the ACCESS SOLUTIONS web application interface. A modal dialog box titled "Appeals Support Question" is displayed over the main content area. The dialog asks: "Have you received a denial claim or denied authorization/pre-determination for your patient?". There are two radio button options: "Yes" (selected) and "No". Below the options, there is explanatory text: "If your patient's insurer has denied coverage, you can appeal this decision. Genentech Access Solutions can provide guidance by helping you identify the appropriate documents and information needed for a successful appeal." and "In order to better assist your patient, please provide the information listed below. This information should be in the insurer's letter of denial or the patient's Explanation of Benefits (EOB) letter." A "PLEASE NOTE" section states: "All additional services and/or next steps will be delivered after the appeals service request is complete." At the bottom of the dialog, there are three input fields: "Denial Date" (with a placeholder "MM/DD/YYYY"), "Denial Reason" (with a dropdown arrow), and "Denial Reference #". There are "CANCEL" and "SUBMIT" buttons at the bottom right of the dialog. The background shows the main application menu with options like HOME, ENROLL, FIND, PATIENTS, ALERTS, and MESSAGES. The user's name "John Smith" is visible in the top right corner. The footer includes contact information, copyright notice, and the Genentech logo.

If you select APPEALS SUPPORT:

- Confirm if you have received a denial claim or denial authorization/predetermination for your patient:
  - If you select YES, you will be asked for the denial date, reason and a denial reference number before continuing to the next screen
  - If you select NO, then SUBMIT, you will be taken to the final page of the form



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## Enroll Patients (cont)

### Complete the Prescriber Service Form or Prescriber Foundation Form (cont)

ACCESS SOLUTIONS

HOME ENROLL FIND PATIENTS ALERTS MESSAGES John Smith

Enroll | Smith, John

SERVICE ELIGIBILITY TYPE OF SERVICE PATIENT INFORMATION ENROLLMENT CONFIRMATION

Fill out the form fields below to complete the Prescriber Form.

PATIENT

Street APT/UNIT (Optional)

City State ZIP

Phone Type ☐ Do not contact patient

Preferred Language English Email (Optional)

ADD PHONE ADD ALTERNATIVE CONTACT

PATIENT CONSENT

Before Genentech Access Solutions can perform services, we must have your patient's permission to access their Personal Identifiable Information.

- Complete the final page of the form, which may include additional patient, insurance and provider information
- You can also upload a Patient Consent Form at this stage, as well as provide specific information for your service request(s)

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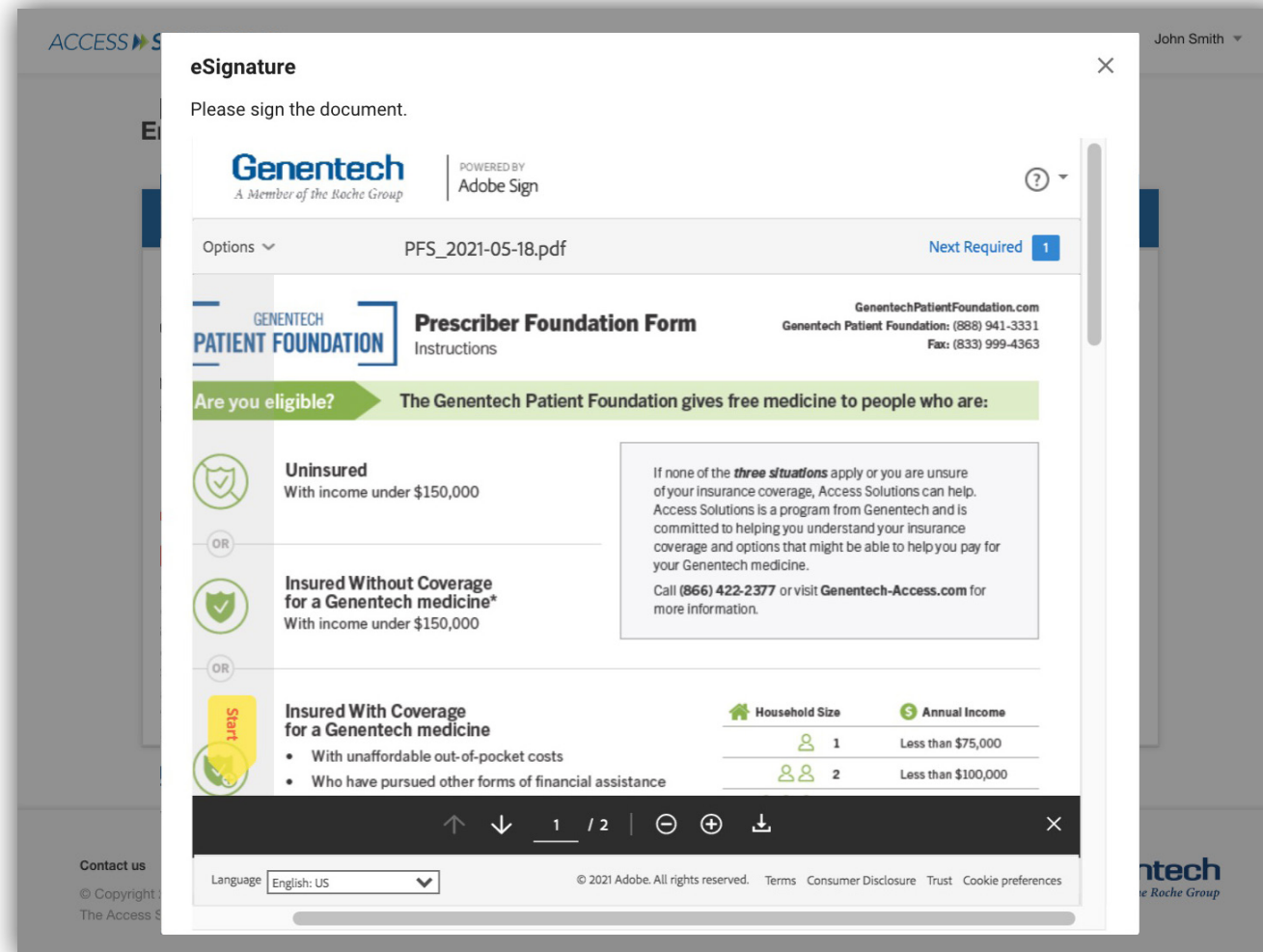
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## Enroll Patients (cont)

### Submit the form without using eSignature

ACCESS SOLUTIONS

HOME ENROLL FIND PATIENTS ALERTS MESSAGES John Smith

Enroll | Smith, John

SERVICE ELIGIBILITY TYPE OF SERVICE PATIENT INFORMATION **ENROLLMENT CONFIRMATION**

Your enrollment request has been submitted. The request will be processed within 1-2 business days. If you have questions please contact Genentech Access Solutions at (866) 4ACCESS/(866) 422-2377.

Name: **John Doe**  
Patient ID: **PAT-535399**

**! Patient Consent Required**

Genentech Access Solutions cannot begin working on behalf of your patient without a signed and dated Patient Consent. You can email a link to the patient to complete a paperless Patient Consent. You may also download the Patient Consent for the patient to sign and fax to Access Solutions.

[DOWNLOAD](#) [EMAIL TO PATIENT](#)

**! Prescriber Signature Required**

A prescriber's signature is required on the Prescriber Form for one or more of the services requested. If the prescriber has registered for eSignature, designated proxies can sign the form on their behalf. The form may also be downloaded for the prescriber to sign.

[DOWNLOAD & SIGN](#) [APPLY ESIGN](#)

PLEASE NOTE: An Appeals Support service will be delivered if deemed necessary by Genentech Access Solutions.

ID	Service Request Type
<a href="#">01693249</a>	Benefits Investigation/Prior Authorization
<a href="#">01693250</a>	Co-pay Assistance
<a href="#">01693251</a>	Starter Programs

- Depending on the services requested, the Prescriber Service Form may require a prescriber signature
- The Prescriber Foundation Form always requires a signature
- If you do not use eSignature, you can:
  - Download and print the form, then have the prescriber sign it
  - Either fax the form to Genentech Access Solutions/the Genentech Patient Foundation or upload it to My Patient Solutions® for Health Care Practices via the SERVICE REQUEST DETAILS screen
- From this screen you can also send the patient a link to the paperless Patient Consent Form to complete enrollment



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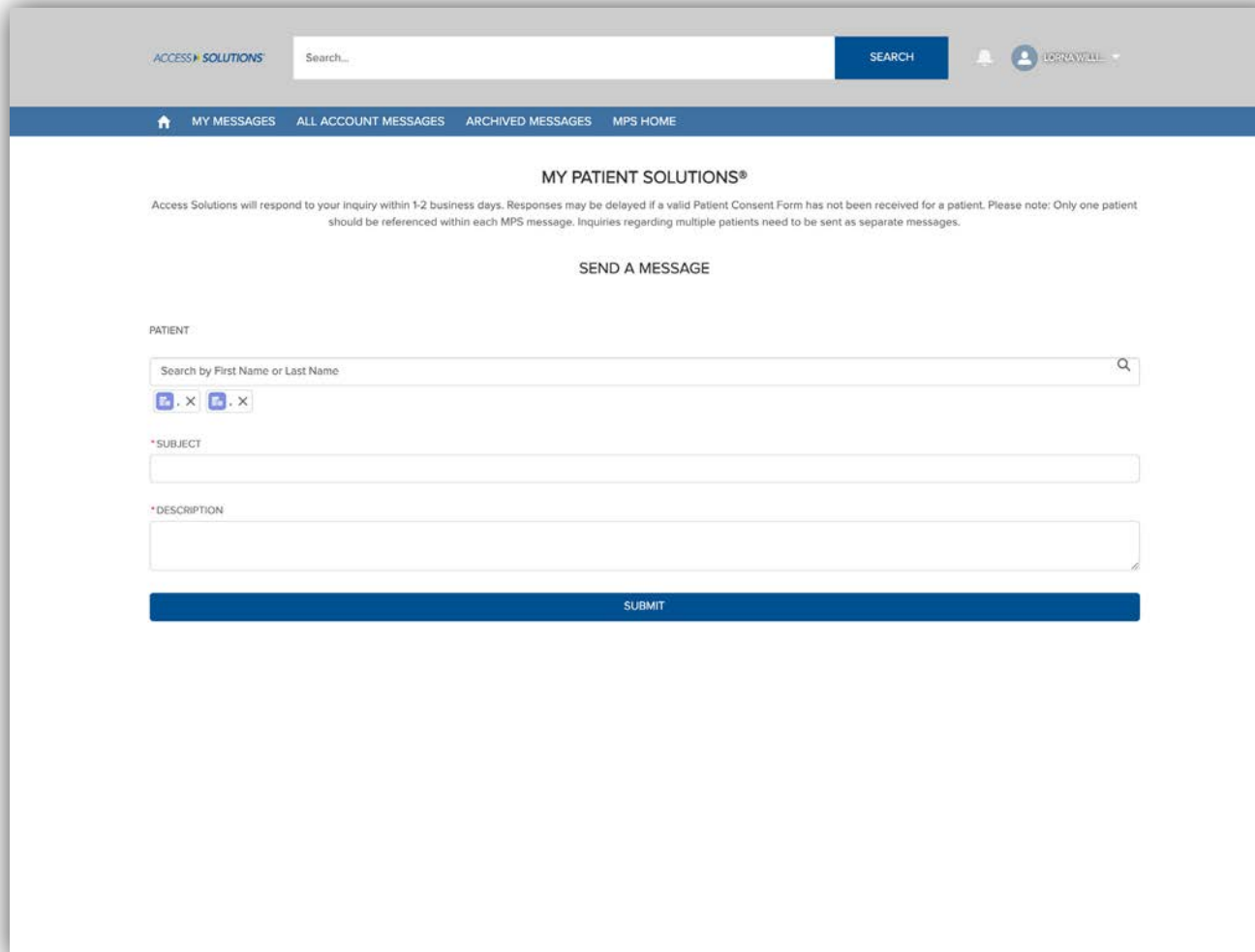
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# Enroll Patients (cont)

Correct information (if needed) using the messaging feature



- Use the messaging feature to correct information on the Prescriber Service Form, Prescriber Foundation Form or Patient Consent Form, if needed
- See [Message Your Genentech Access Solutions Specialist](#) for more information



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## Enroll Patients (cont)

### Upload the Patient Consent Form to My Patient Solutions® for Health Care Practices

**Enroll** | Smith, John

SERVICE ELIGIBILITY	TYPE OF SERVICE	PATIENT INFORMATION	ENROLLMENT CONFIRMATION
Fill out the form fields below to complete the Prescriber Form.			
<b>PATIENT</b>			
Street		APT/UNIT (Optional)	
City	State	ZIP	
Phone	Type	<input type="checkbox"/> Do not contact patient	
Preferred Language English	Email (Optional)		
<a href="#">ADD PHONE</a> <a href="#">ADD ALTERNATIVE CONTACT</a>			
<b>PATIENT CONSENT</b>			
Before Genentech Access Solutions can perform services, we must have your patient's permission to access their Personal Identifiable Information.			
Patient Consent Status Not on File		Patient Consent Expiration <b>UPLOAD</b>	

- Upload a scanned copy of the completed Patient Consent Form
  - This can be done from the PATIENT INFORMATION or ENROLLMENT CONFIRMATION screen



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## Enroll Patients (cont)

### Send a link to the paperless Patient Consent Form (cont)

Genentech Access Solutions paperless Patient Consent

**By completing this form you can:**

- Learn** about your health insurance coverage and other options to get your C...
- Enroll** into optional disease-specific education, patient support services and

We can start assisting you once this form is sent back to us by you or your health care p...  
You can choose not to sign this form. However, please note that we cannot assist you w...

**To obtain assistance, please follow these steps:**

1. **Read the Patient Authorization Information** describing Genentech patient supp...
2. If you wish to enroll in OCREVUS Access Solutions, please **fill in SECTION 1** and si... on page 4.
3. If you wish to enroll in additional educational and marketing programs, please **si...** on page 4.
4. If you wish to determine if you are eligible for Genentech Patient Foundation, ple... on page 4.

**Be sure to fill in all information, complete all required fields (\*) and sign and date the form or it could delay our ability to help you.**

**View message from [SQA] Genentech Access Solutions**

Your doctor has asked for support from Genentech Access Solutions for a medicine prescribed to you.

For us to help, we need to look at, use, and disclose your personally identifiable information (PII). Your doctor and health care plan may disclose your PII to us only with your consent.

You may submit your consent online through a secure website. It is called the Patient Consent.

If you have any questions, please call your doctor's office.  
You may also call Genentech Access Solutions at (866) 422-2377, 6am - 5pm PT, Monday through Friday.

Thank you,  
Genentech Access Solutions

© 2021 Adobe. All rights reserved. Terms Consumer Di...

- Patients select the link in the email and are taken directly to the paperless Patient Consent Form to complete enrollment:
  - Patients can also access the paperless Patient Consent Form directly at [Genentech-Access.com/PatientConsent](https://Genentech-Access.com/PatientConsent)
  - Certain brands have different forms. Any brand-specific Patient Consent Form can be found at Forms and Documents on [Genentech-Access.com](https://Genentech-Access.com)

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## Access the paperless Patient Consent Form

PATIENT CONSENT FORM		Genentech-Access.com Phone: (866) 422-2377 Fax: (866) 480-7762 6 a.m. – 5 p.m. (PT) M-F	
Genentech   ACCESS SOLUTIONS <sup>®</sup> <small>A Member of the Roche Group</small>		M-US-00002802(v1.0) 01/20	
Patient Information (to be completed by patient or their legally authorized person)			
REQUIRED	<b>*First name: *</b> _____ <b>*Last name: *</b> _____ Home phone: _____ Cell phone: _____ <input type="checkbox"/> OK to leave a detailed message? <input type="checkbox"/> OK to send a text message? Date of birth (MM/DD/YYYY) _____ Email: * _____ Preferred language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____ Alternate Contact (optional) Full name: _____ Relationship: Select... Phone: _____		
	1 Patient authorization via signature is required in order to obtain services from Genentech Access Solutions and the Genentech Patient Foundation. By signing this box, you agree to the terms in the 'About Your Consent' section.		
	* _____ Click here to sign <b>*Signature of Patient/Authorized Person</b> <b>*Date signed</b> (A parent or guardian must sign for patients under 18 years of age) (MM/DD/YYYY)		
	* _____ <b>Person signing</b> (if not patient) Select... Print first name Print last name Relationship to patient		
	Financial Eligibility Information: Complete for Genentech Patient Foundation only		
	2 By completing this section, I am agreeing to the terms and conditions of the Genentech Patient Foundation outlined on page 1. Household size (including you): _____ Annual household income: <input type="radio"/> Under \$75,000 <input type="radio"/> \$75,000 – \$100,000 <input type="radio"/> \$100,001 – \$125,000 <input type="radio"/> \$125,001 – \$150,000 <input type="radio"/> Over \$150,000		
	Sign and date here _____ Click here to sign <b>Signature of Patient/Authorized Person</b> <b>Date signed</b> (A parent or guardian must sign for patients under 18 years of age) (MM/DD/YYYY)		
	3 Patient consent to enroll in optional disease-specific education, support programs, market research and communication that may be considered marketing. I understand my PII may be needed for me to participate in these programs.		
	Sign and date here _____ Click here to sign		

- Patients complete the paperless Patient Consent Form
- Patients may use their finger (on mobile devices) or a mouse (on desktop devices) to sign the paperless Patient Consent Form



## Enroll Patients (cont)



### Important points to remember about patient enrollment

- My Patient Solutions® for Health Care Practices notifies you if any required fields on the Prescriber Service Form have not been completed; the paperless Patient Consent Form has similar functionality
- If the prescriber does not have an eSignature activated, you will be prompted to download the Prescriber Service Form and then upload a scanned copy of the signed form within the NEXT STEPS section of the service request
- If a signature is not required, the Prescriber Service Form submission is complete
- You can also submit the completed form:
  - Via Quick Enroll by selecting E-Submit in Forms and Documents at [Genentech-Access.com](https://www.genentech.com/genentech-access)
  - By downloading and faxing the form
- If your office does not have scanning capabilities, the signed paper Patient Consent Form can be sent to Genentech Access Solutions via fax or text message
- To ensure patients receive the form in their message inbox, please advise them to add **echosign@echosign.com** to their address book or safe list



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# Re-enroll Patients

Re-enrolling your patients is easy with My Patient Solutions® for Health Care Practices. There are 3 ways to re-enroll patients.

## Via the enrollment screen

The screenshot shows the 'Enroll' screen with a modal dialog box. The dialog box has a title 'IS THIS THE PATIENT YOU'RE LOOKING FOR?' and a message: 'The information you've entered matches an existing patient. Is this the patient you're looking for?'. Below the message, there are two input fields: 'Name' with the value 'Smith, John' and 'Date of Birth' with the value '08/04/1936'. At the bottom of the dialog, there are three buttons: 'CANCEL', 'NO, I'M ENROLLING A NEW PATIENT', and 'YES, THIS IS THE PATIENT' (which is highlighted with a red border). The background shows the 'Enroll' form with tabs for 'SERVICE ELIGIBILITY', 'TYPE OF SERVICE', 'PATIENT INFORMATION', and 'ENROLLMENT CONFIRMATION'. The 'PATIENT INFORMATION' tab is active. Below the dialog, there is a 'Product' dropdown menu and an 'ADD PRODUCT' button. At the bottom, there is a 'DIAGNOSIS CODE' section with a 'PRIMARY DIAGNOSIS' field and a 'Diagnosis Code' field.

- Begin typing in the patient's details
  - My Patient Solutions will alert you if the information matches an existing patient
- Select YES, THIS IS THE PATIENT to continue

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# Re-enroll Patients (cont)

Via the patient profile screen

The screenshot shows the ACCESS SOLUTIONS patient profile for John Smith. The top navigation bar includes links for HOME, ENROLL, FIND, PATIENTS, ALERTS, and MESSAGES. The patient's name is John Smith. The profile is divided into several sections: PATIENT INFORMATION, PATIENT CONSENT STATUS, SERVICE REQUESTS, MEDICAL, and INSURANCE. The 'RE-ENROLL' button is located in the top right corner of the patient profile area.

**PATIENT INFORMATION**

Patient ID	Date of Birth	Gender
PAT-2047	08/04/1936	Male
Address 123 Main St USA, AZ 93445		

**PATIENT CONSENT STATUS**

Patient Consent Status	Patient Consent Form Options
Valid	UPLOAD DOWNLOAD EMAIL TO PATIENT
Patient Consent Expiration	
01/21/2022	

**SERVICE REQUESTS**

ID	Type	Created By	Last Modified Date	Status	Next Steps
00017252	Benefits Investigation/Prior Authorization	Genentech Access Solutions	06/27/2017	Action Required	Action required
00017253	Co-pay Assistance	Genentech Access Solutions	03/23/2017	Submitted	Action required
00017254	Appeals Support	Genentech Access Solutions	03/23/2017	Action Required	Action required

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**MEDICAL**

**DIAGNOSIS CODES**

Primary Diagnosis	C50.51	Malignant neoplasm of lower-outer quadrant of breast, female
-------------------	--------	--

**INSURANCE**

Select RE-ENROLL at the top right corner of the patient profile.

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## Re-enroll Patients (cont)

### Directly from the patient list

ACCESS SOLUTIONS

HOME ENROLL FIND PATIENTS ALERTS MESSAGES 1 John Smith

Patients ENROLL NEW PATIENT

FIND PATIENT ALL PATIENTS BENEFITS REVERIFICATION/RECERT REMINDER

Filter Options FILTER OPTION Search Patients: 1 - 20 of 453 EXPORT CUSTOMIZE TABLE

Next Steps	Name	Enrollment Date	Prescriber	Patient Consent Status	Patient Consent Expiration	Payer(s)	Re-enroll	Actions
SR	JANE CARLSON	08/23/2019	DAVID MANN	-		Medicare FL		
Prescriber	JOHN BAKER	09/19/2019	ANNE DIAZ	+		FALLON HEALTH (CORPORATE)		
Location	SALLY SMITH	10/24/2019	DAVID MANN	+		Medicare CA AETNA BETTER HEALTH		
SR Status	MARY WRIGHT	10/17/2019	MIKE MALONE	-		ABARCA HEALTH		
Product	STEVE WORTH	10/24/2019	DAVID MANN	+		AETNA BETTER HEALTH		
Payer	KEVIN JONES	10/23/2019	DAVID MANN	✓	10/25/2021	UNITED AMERICAN INSURANCE COMPANY - (CORPORATE)		
	ELLEN STONE	10/23/2019	DAVID MANN	✓	10/22/2022	UNITED ADMINISTRATIVE SERVICES Medicare AK		
	JANET FREEMAN	10/21/2019	DAVID MANN	+		4YOURCHOICE		
	LINDA GREEN	10/22/2019	DAVID MANN	-		FALLON HEALTH (CORPORATE)		

Select the icon under RE-ENROLL for the appropriate patient.

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# Re-enroll Patients (cont)

## Directly from the patient list (cont)

ACCESS SOLUTIONS™

HOME ENROLL FIND PATIENTS ALERTS MESSAGES John Smith ▾

Enroll | Smith, John

SERVICE ELIGIBILITY TYPE OF SERVICE PATIENT INFORMATION ENROLLMENT CONFIRMATION

Fill out the form fields below to complete the Prescriber Form.

**PATIENT**

Date of Birth 08/04/1936  
MM/DD/YYYY

Last Name John

First Name Smith

Gender Male ▾

Insured ☒

**PRODUCTS**

Product LUCENTIS® (ranibizumab injection) X ADD PRODUCT

**DIAGNOSIS CODE**

PRIMARY DIAGNOSIS H34.8122 Central retinal vein occlusion, left eye, stable X

ADD DIAGNOSIS CODE

NEXT

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- Review the information in the prepopulated enrollment form
- Reselect the type(s) of services you are requesting and submit the form



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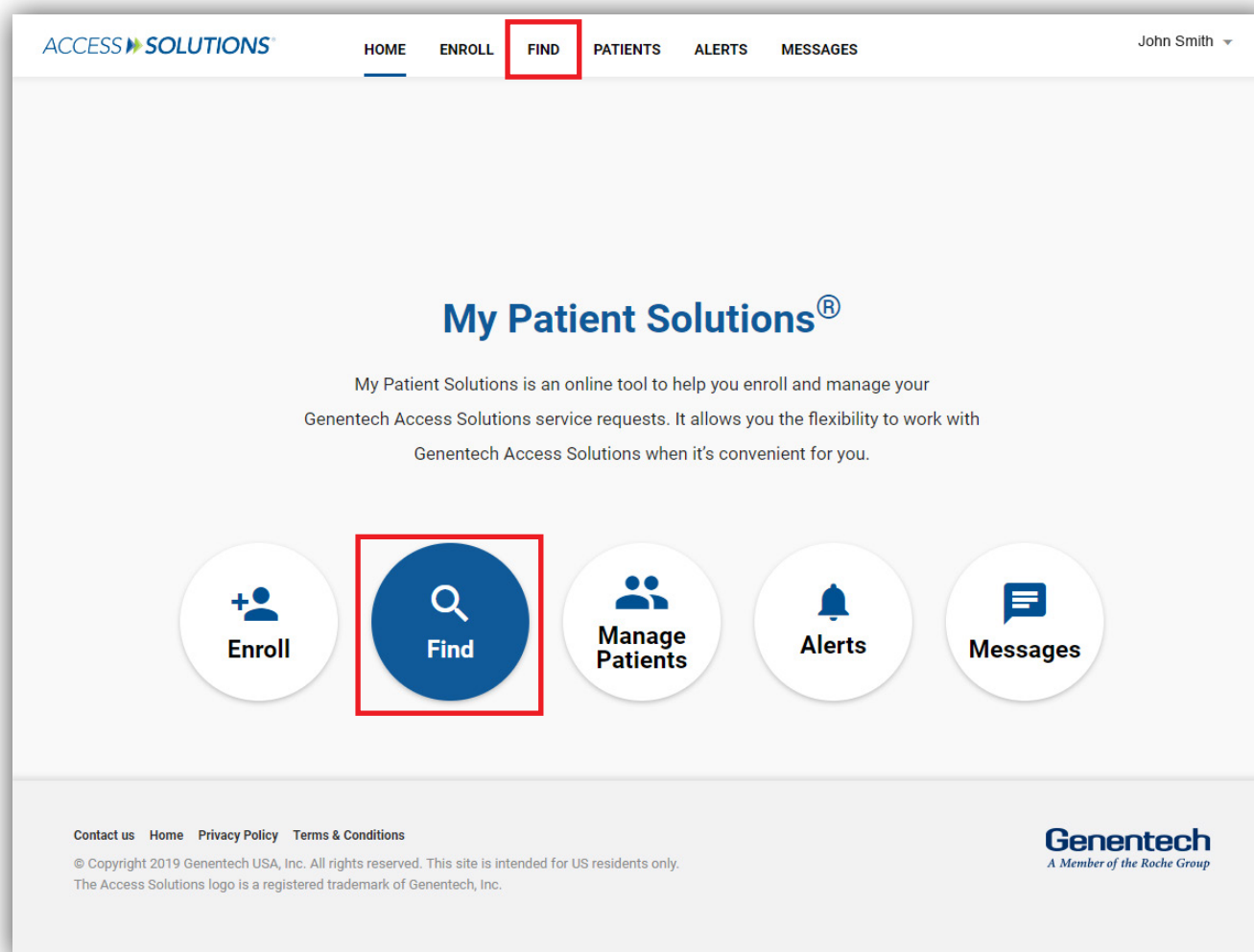




# Your Patient List

Your patients who have been enrolled in Genentech Access Solutions and/or the Genentech Patient Foundation within the past 18 months are populated in the patient list. Here you can access several useful features, including searching for specific patients, uploading Patient Consent Forms, re-enrolling patients and seeing which patients require further action (designated with a  icon).

## Search for patients



- Select FIND from the center of the screen or from the top navigation bar
  - This takes you to the FIND PATIENT tab of the Patients section

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## Your Patient List (cont)

### Search for patients (cont)

ACCESS SOLUTIONS

HOME ENROLL FIND PATIENTS ALERTS MESSAGES John Smith

**Patients** ENROLL NEW PATIENT

FIND PATIENT ALL PATIENTS BENEFITS BENEFITS REVERIFY/RECERT REMINDER

Enter a search term in one or more fields to search more than one field.

Last Name Smith	First Name John	Date of Birth 08/04/1936 MM/DD/YYYY	Phone	SEARCH	CLEAR
--------------------	--------------------	---	-------	--------	-------

↑ Name	↑ Enrollment Date	↑ Prescriber	↑ Patient Consent Status	Re-enroll	Actions
Smith, John	05/30/2019	Smith, John			

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- Search for a patient by his or her first name, last name, date of birth or phone number:
  - Only 1 of these search criteria is required
  - The results will be returned below the search fields

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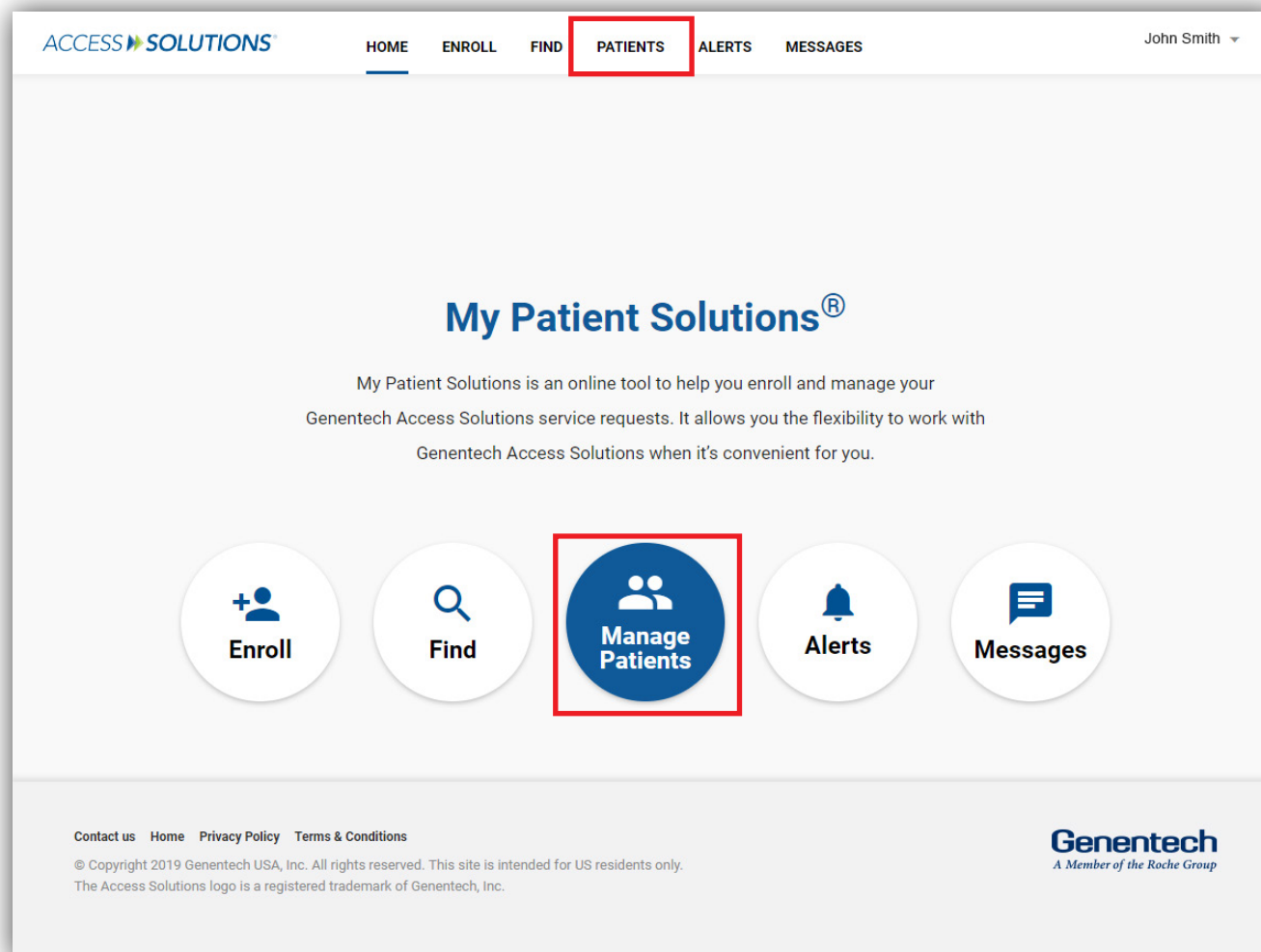
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## Your Patient List (cont)

### Access your patient list



- Select MANAGE PATIENTS from the center of the screen or PATIENTS from the top navigation bar
  - This takes you directly to the ALL PATIENTS tab of your patient list

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## Customize your patient list

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ENROLL

FIND

PATIENTS

ALERTS

MESSAGES

John Smith

Patients

ENROLL NEW PATIENT

FIND PATIENT

ALL PATIENTS

BENEFITS REVERIFICATION/RECERT REMINDER

Filter Options

Next Steps

SR

Prescriber

Location

SR Status

Product

Primary Plan

Secondary Plan

Payer

Clear

FILTER OPTION

Search

EXPORT

CHANGE PRESCRIBER/ADDRESS

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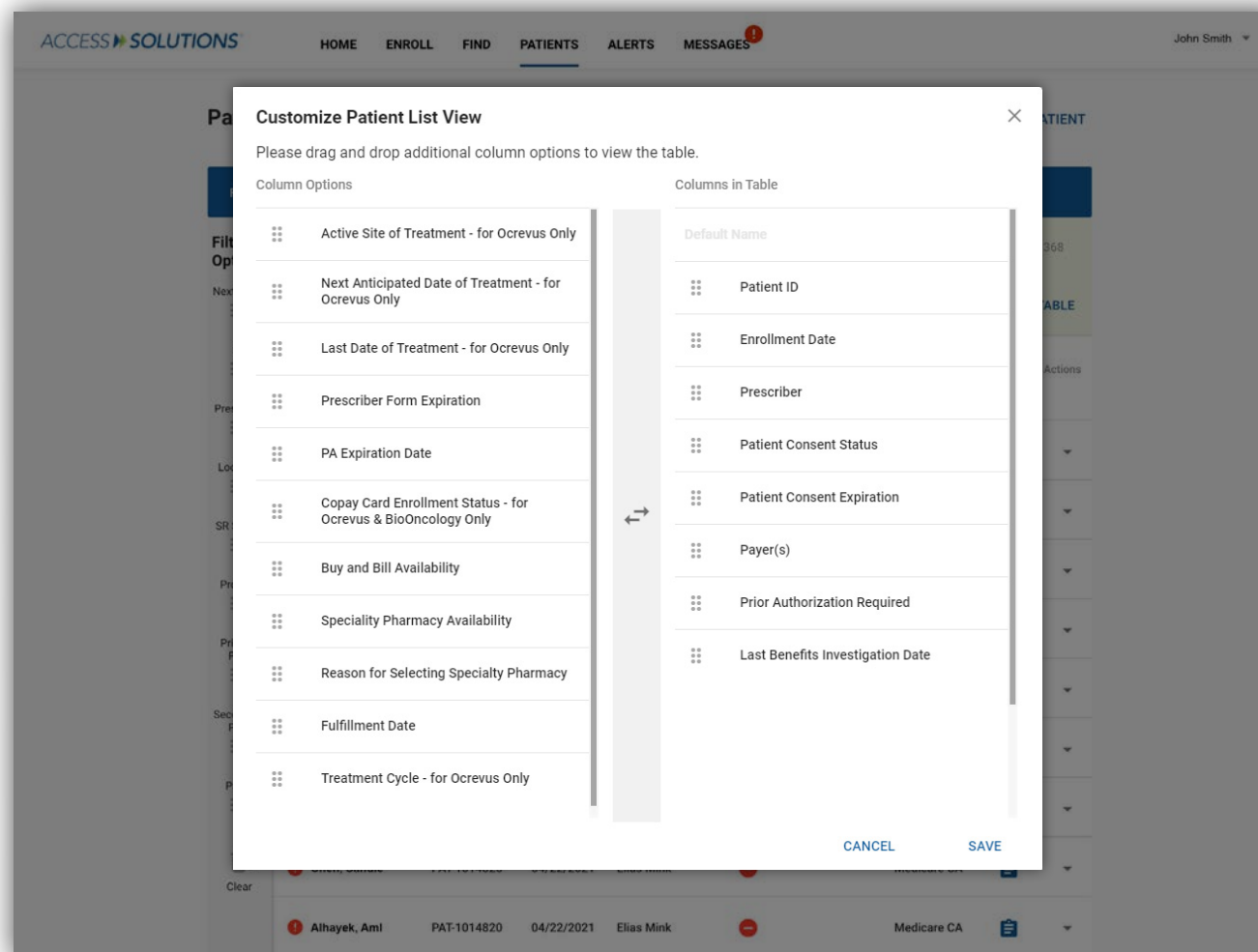
↑ Name	↑ Patient ID	↓ Enrollment Date	↑ Prescriber	Patient Consent Status	Patient Consent Expiration	↑ Payer(s)	Re-enroll	Actions
Rodriguez, Maria	PAT-1014876	04/28/2021	Traci Yeager			Aetna Advantage		
Johnson, James	PAT-1014871	04/28/2021	Elias Mink		04/04/2026			
Lopez, Angel	PAT-1014851	04/24/2021	Traci Yeager			Medicare CA		
McSorely, Fallon	PAT-1014850	04/23/2021	Traci Yeager					
Brown, Joe	PAT-1014839	04/22/2021	Elias Mink			Medicare CA		
Barber, Henry	PAT-1014838	04/22/2021	Traci Yeager			AETNA INC - (CORPORATE)		
Bender, Kelly	PAT-1014837	04/22/2021	Elias Mink			Medicare CA		
Chen, Sandie	PAT-1014826	04/22/2021	Elias Mink			Medicare CA		
Alhayek, Aml	PAT-1014820	04/22/2021	Elias Mink			Medicare CA		

- Select the CUSTOMIZE TABLE link
  - An overlay will appear that allows you to select which columns will be displayed in your patient list



# Your Patient List (cont)

## Customize your patient list (cont)



- Drag and drop column options into your list
  - You can reorder columns as you see fit
- Save your preferences
- Some columns are available for certain brands only (and are indicated as such)

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## Your Patient List (cont)

### Customize your patient list (cont)

Clear

1	Miller, April	PAT-1012291	05/14/2021	Lorna Williams	-	
	Klin, Christie	PAT-1012223	05/12/2021	Lorna Williams	-	
	Curry, Michael	PAT-1012208	05/12/2021	Lorna Williams	-	
1	Friedman, Norma	PAT-1012172	05/11/2021	Lorna Williams	+	
1	Addams, Jerry	PAT-1012163	05/10/2021	Gertrude South	-	AETNA BETTER HEALTH
1	Flores, Julia	PAT-1012162	05/10/2021	Lorna Williams	+	
1	Wolf, Stan	PAT-1012156	05/10/2021	Lorna Williams	+	ABARCA HEALTH
1	Diaz, Maria	PAT-1012152	05/10/2021	Lorna Williams	-	
1	Kelly, Chris	PAT-1012151	05/10/2021	Lorna Williams	-	
1	Kane, Sara	PAT-1012150	05/10/2021	Lorna Williams	+	
1	Green, Janet	PAT-1012131	05/10/2021	Lorna Williams	+	
1	Smith, John	PAT-1012130	05/10/2021	Lorna Williams	+	

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Use the horizontal scroll bar at the bottom of the page to view additional columns if the number of columns you selected exceeds the space allowed on the screen.

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## Your Patient List (cont)

### View your patient list

ACCESS SOLUTIONS

HOME ENROLL FIND PATIENTS ALERTS MESSAGES

John Smith

Patients ENROLL NEW PATIENT

FIND PATIENT ALL PATIENTS BENEFITS REVERIFICATION/RECERT REMINDER

Filter Options FILTER OPTION Search Patients: 1 - 20 of 368

Next Steps

EXPORT CHANGE PRESCRIBER/ADDRESS CUSTOMIZE TABLE

SR	Name	Patient ID	Enrollment Date	Prescriber	Patient Consent Status	Patient Consent Expiration	Payer(s)	Re-enroll	Actions
	Rodriguez, Maria	PAT-1014876	04/28/2021	Traci Yeager	⚠		Aetna Advantage		
	Johnson, James	PAT-1014871	04/28/2021	Elias Mink	✅	04/04/2026			
	Lopez, Angel	PAT-1014851	04/24/2021	Traci Yeager	⚠		Medicare CA		
	McSorely, Fallon	PAT-1014850	04/23/2021	Traci Yeager	⚠				
	Brown, Joe	PAT-1014839	04/22/2021	Elias Mink	⚠		Medicare CA		
	Barber, Henry	PAT-1014838	04/22/2021	Traci Yeager	⚠		AETNA INC - (CORPORATE)		
	ENDER, Kelly	PAT-1014837	04/22/2021	Elias Mink	⚠		Medicare CA		
	Chen, Sandie	PAT-1014826	04/22/2021	Elias Mink	⚠		Medicare CA		
	Alhayek, Ami	PAT-1014820	04/22/2021	Elias Mink	⚠		Medicare CA		

- Determine if an action needs to be taken (shown by the ⚠ icon)
- Confirm if the patient has a valid Patient Consent Form on file (shown by the ✅ and ⚠ icons; the ⌚ icon means the Patient Consent Form is pending and the ⚠ icon means the form is incomplete)
  - You can hover over each icon for more information or [view a legend here](#)

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### View your patient list (cont)

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HOME ENROLL FIND PATIENTS ALERTS MESSAGES

John Smith

Patients ENROLL NEW PATIENT

FIND PATIENT ALL PATIENTS BENEFITS REVERIFICATION/RECERT REMINDER

Filter Options

Next Steps

SR

Prescriber

Location

SR Status

Product

Primary Plan

Secondary Plan

Payer

Clear

Filter Option Search Patients: 1 - 20 of 368

EXPORT CHANGE PRESCRIBER/ADDRESS CUSTOMIZE TABLE

Name	Patient ID	Enrollment Date	Prescriber	Patient Consent Status	Patient Consent Expiration	Payer(s)	Re-enroll	Actions
Rodriguez, Maria	PAT-1014876	04/28/2021	Traci Yeager					
Johnson, James	PAT-1014871	04/28/2021	Elias Mink					
Lopez, Angel	PAT-1014851	04/24/2021	Traci Yeager					
McSorely, Fallon	PAT-1014850	04/23/2021	Traci Yeager					
Brown, Joe	PAT-1014839	04/22/2021	Elias Mink					
Barber, Henry	PAT-1014838	04/22/2021	Traci Yeager			AETNA INC - (CORPORATE)		
Bender, Kelly	PAT-1014837	04/22/2021	Elias Mink			Medicare CA		
Chen, Sandie	PAT-1014826	04/22/2021	Elias Mink			Medicare CA		
Alhayek, Aml	PAT-1014820	04/22/2021	Elias Mink			Medicare CA		

UPLOAD Patient Consent Form

Email Patient Consent to Patient

Hide Patient from List

Update Subscriber ID

Send Message

- Use the ACTIONS dropdown menu to:

- Upload a scanned copy of the Patient Consent Form
- Email the patient a link to the paperless Patient Consent Form
- Hide the patient from your patient list
- Update the Subscriber ID for a patient's insurance
- Send a message to your Genentech Access Solutions or Genentech Patient Foundation Specialist

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## Sort your patient list

**PATIENTS**



ENROLL NEW PATIENT

FIND PATIENT ALL PATIENTS BENEFITS REVERIFICATION/RECENT REMINDER

Filter Options FILTER OPTION Search Patients: 1 - 20 of 368

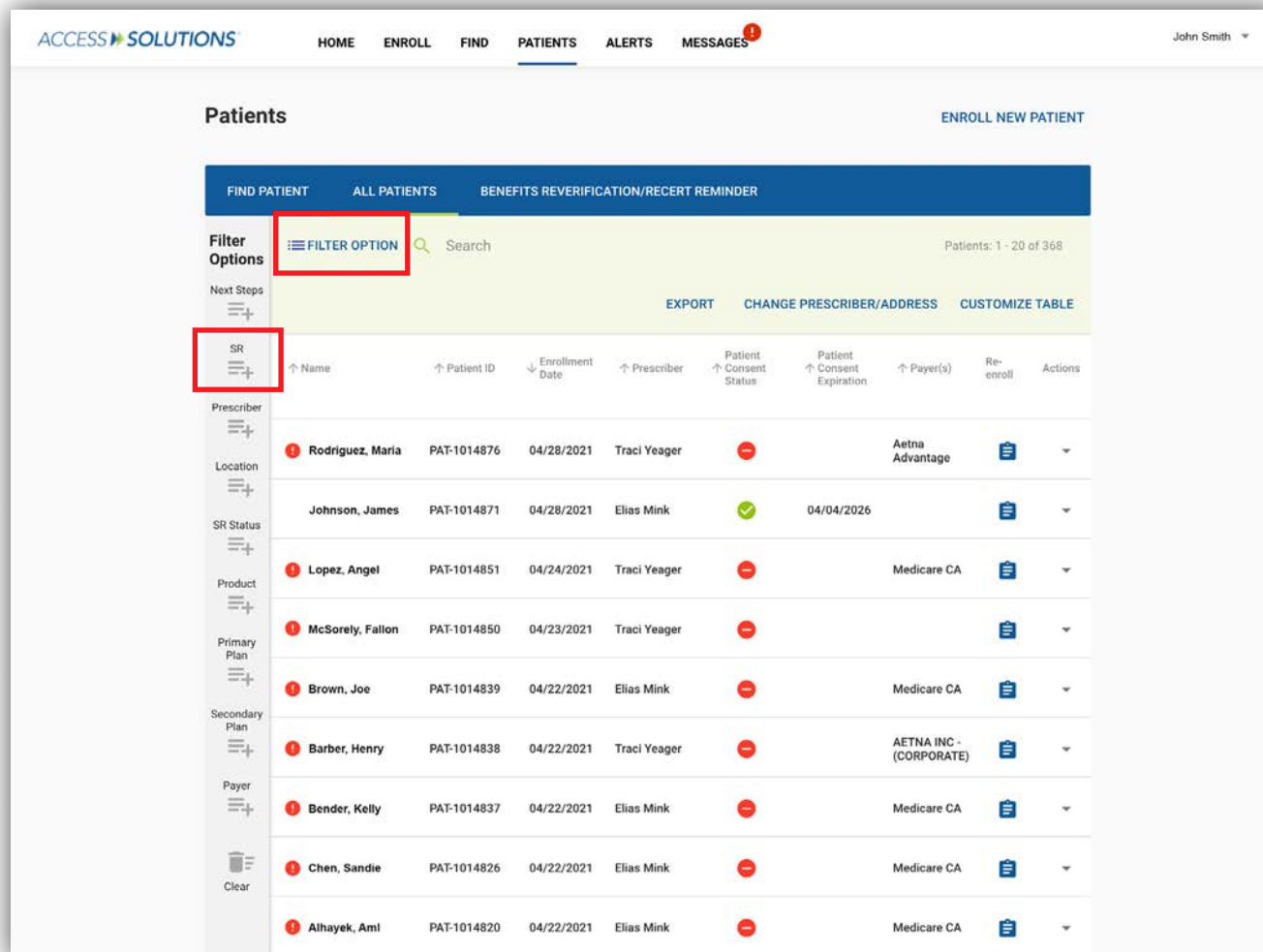
Next Steps EXPORT CHANGE PRESCRIBER/ADDRESS CUSTOMIZE TABLE

SR	Name	Patient ID	Enrollment Date	Prescriber	Patient Consent Status	Patient Consent Expiration	Payer(s)	Re-enroll	Actions
	Rodriguez, Maria	PAT-1014876	04/28/2021	Traci Yeager	-		Aetna Advantage		
	Johnson, James	PAT-1014871	04/28/2021	Elias Mink	✓	04/04/2026			
	Lopez, Angel	PAT-1014851	04/24/2021	Traci Yeager	-		Medicare CA		
	McSorely, Fallon	PAT-1014850	04/23/2021	Traci Yeager	-				
	Brown, Joe	PAT-1014839	04/22/2021	Elias Mink	-		Medicare CA		
	Barber, Henry	PAT-1014838	04/22/2021	Traci Yeager	-		AETNA INC - (CORPORATE)		
	Bender, Kelly	PAT-1014837	04/22/2021	Elias Mink	-		Medicare CA		
	Chen, Sandie	PAT-1014826	04/22/2021	Elias Mink	-		Medicare CA		
	Alhayek, Ami	PAT-1014820	04/22/2021	Elias Mink	-		Medicare CA		

- Sort your patient list by any of the columns you selected that have an  or  icon next to the column name
- Select the column header to sort by that column

# Your Patient List (cont)

## Filter your patient list



The screenshot shows the ACCESS SOLUTIONS Patients page. The top navigation bar includes HOME, ENROLL, FIND, PATIENTS (active), ALERTS, and MESSAGES. The main header shows "Patients" and "ENROLL NEW PATIENT". Below this is a filter bar with "FIND PATIENT", "ALL PATIENTS", and "BENEFITS REVERIFICATION/RECERT REMINDER". A "Filter Options" section is highlighted with a red box, containing a "FILTER OPTION" button and a search bar. Below the filter bar is a table of patients with columns: Name, Patient ID, Enrollment Date, Prescriber, Patient Consent Status, Patient Consent Expiration, Payer(s), Re-enroll, and Actions. The table lists 10 patients, including Rodriguez, Maria, Johnson, James, Lopez, Angel, McSorely, Fallon, Brown, Joe, Barber, Henry, Bender, Kelly, Chen, Sandie, and Alhayek, Ami. The "SR" filter option is also highlighted with a red box.

SR	Name	Patient ID	Enrollment Date	Prescriber	Patient Consent Status	Patient Consent Expiration	Payer(s)	Re-enroll	Actions
	Rodriguez, Maria	PAT-1014876	04/28/2021	Traci Yeager	❌		Aetna Advantage		
	Johnson, James	PAT-1014871	04/28/2021	Elias Mink	✅	04/04/2026			
	Lopez, Angel	PAT-1014851	04/24/2021	Traci Yeager	❌		Medicare CA		
	McSorely, Fallon	PAT-1014850	04/23/2021	Traci Yeager	❌				
	Brown, Joe	PAT-1014839	04/22/2021	Elias Mink	❌		Medicare CA		
	Barber, Henry	PAT-1014838	04/22/2021	Traci Yeager	❌		AETNA INC - (CORPORATE)		
	Bender, Kelly	PAT-1014837	04/22/2021	Elias Mink	❌		Medicare CA		
	Chen, Sandie	PAT-1014826	04/22/2021	Elias Mink	❌		Medicare CA		
	Alhayek, Ami	PAT-1014820	04/22/2021	Elias Mink	❌		Medicare CA		

To expand the filtering options, select a filtering category or FILTER OPTION at the top of the screen next to the search bar.

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## Your Patient List (cont)

### Filter your patient list (cont)

ACCESS SOLUTIONS

HOME ENROLL FIND PATIENTS ALERTS MESSAGES <sup>1</sup>

John Smith

**Patients** ENROLL NEW PATIENT

FIND PATIENT ALL PATIENTS BENEFITS REVERIFICATION/RECERT REMINDER

**FILTER OPTIONS**  
Select options below to filter patient table

Next Step  
Service Request Type  
Prescriber  
Location  
Service Request Status  
Product  
Primary Plan Type  
Secondary Plan Type  
Payer

Search Patients: 1 - 20 of 368

EXPORT CHANGE PRESCRIBER/ADDRESS CUSTOMIZE TABLE

↑ Patient ID	↓ Enrollment Date	↑ Prescriber	↑ Patient Consent Status	↑ Patient Consent Expiration	↑ Payer(s)	Re-enroll	Actions
PAT-1014876	04/28/2021	Traci Yeager	—		Aetna Advantage	📄	⌵
PAT-1014871	04/28/2021	Elias Mink	✓	04/04/2026		📄	⌵
PAT-1014851	04/24/2021	Traci Yeager	—		Medicare CA	📄	⌵
PAT-1014850	04/23/2021	Traci Yeager	—			📄	⌵
PAT-1014839	04/22/2021	Elias Mink	—		Medicare CA	📄	⌵
PAT-1014838	04/22/2021	Traci Yeager	—		AETNA INC - (CORPORATE)	📄	⌵
PAT-1014837	04/22/2021	Elias Mink	—		Medicare CA	📄	⌵
PAT-1014826	04/22/2021	Elias Mink	—		Medicare CA	📄	⌵
PAT-1014820	04/22/2021	Elias Mink	—		Medicare CA	📄	⌵
PAT-1014815	04/22/2021	Traci Yeager	✓	10/04/2025		📄	⌵

CLEAR ALL APPLY

- Filter your patient list by:

- Next step

- Service request type

- Prescriber

- Location

- Service request status

- Product

- Primary plan type

- Secondary plan type

- Payer

- Apply the filters you have selected



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**ACCESS SOLUTIONS**

HOME ENROLL FIND PATIENTS ALERTS MESSAGES 1

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## Patients

[ENROLL NEW PATIENT](#)

FIND PATIENT | ALL PATIENTS | BENEFITS REVERIFICATION/RECERT REMINDER

**Filter Options**

- Next Steps
- SR
- Prescriber
- Location
- SR Status
- Product
- Primary Plan
- Secondary Plan
- Payer
- Clear

⌵ FILTER OPTION Search
 Patients: 1 - 9 of 9

[EXPORT](#) | [CHANGE PRESCRIBER/ADDRESS](#) | [CUSTOMIZE TABLE](#)

↑ Name	↑ Patient ID	↓ Enrollment Date	↑ Prescriber	Patient ↑ Consent Status	Patient ↑ Consent Expiration	↑ Payer(s)	Re-enroll	Actions
Rodriguez, Maria	PAT-1014838	04/22/2021	Traci Yeager			AETNA INC - (CORPORATE)		▼
Johnson, James	PAT-1014813	04/21/2021	Traci Yeager			AETNA INC - (CORPORATE)		▼
Lopez, Angel	PAT-1012701	02/24/2021	Traci Yeager			Medicare CA		▼
McSorely, Fallon	PAT-1012340	02/12/2021	Traci Yeager			Medicare CA		▼
Brown, Joe	PAT-1012299	02/11/2021	Traci Yeager			Medicare CA		▼
Barber, Henry	PAT-1012298	02/11/2021	Traci Yeager			Medicare CA		▼
Bender, Kelly	PAT-1012297	02/11/2021	Traci Yeager			Medicare CA		▼
Chen, Sandie	PAT-1012289	02/10/2021	Traci Yeager			Medicare CA		▼
Alhayek, Ami	PAT-1012285	02/10/2021	Traci Yeager			Medicare CA		▼

- Active filters will be shown with a green check mark to the left of the screen
- Reset your filters by selecting CLEAR





## Your Patient List (cont)

### Export a report of your patient list

The screenshot shows the ACCESS SOLUTIONS Patients page. The 'EXPORT' button is highlighted in a red box. An Excel spreadsheet titled 'Excel export MPS' is overlaid, showing patient data. The data includes columns for Name, Enrollment Date, Prescriber, Patient Consent Status, Patient Consent Expiration, and Payers. The spreadsheet shows 10 records, with a total of 10 records exported.

Name	Enrollment Date	Prescriber	Patient Consent Status	Patient Consent Expiration	Payers
Doe, Jane	5/30/2019	John Smith	Not on File		UNITED MEDICAL ALLIANCE
Fisher, Joe	5/28/2019	John Smith	Pending		BCBS Association
Bender, Robert	5/23/2019	John Smith	Valid	5/23/2022	BCBS Association
Santiago, Amaya	5/23/2019	John Smith	Valid	5/23/2022	AETNA BETTER HEALTH - NEW JE
Meier, Edwin	5/23/2019	John Smith	Pending		S&S HEALTHCARE STRATEGIES
Baist, Sue	5/23/2019	John Smith	Pending		S&S HEALTHCARE STRATEGIES
Sellitto, Mia	5/23/2019	John Smith	Pending		S&S HEALTHCARE STRATEGIES
Miller, John	5/23/2019	John Smith	Not on File		S&S HEALTHCARE STRATEGIES
Michaelis, Jennifer	5/23/2019	John Smith	Valid	5/23/2022	ABARCA HEALTH
Jones, Paul	5/22/2019	John Smith	Pending		S&S HEALTHCARE STRATEGIES

- Select the EXPORT button from the patient list
- An Excel® file will be created, containing your filtered and sorted list
  - The exported file will show information for all the columns you selected when customizing your patient list

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## Your Patient List (cont)

### Search for a specific patient in the patient list

The screenshot shows the 'Patients' page in the ACCESS SOLUTIONS system. At the top, there's a navigation bar with 'HOME', 'ENROLL', 'FIND', 'PATIENTS', 'ALERTS', and 'MESSAGES'. The 'PATIENTS' tab is active. Below the navigation bar, there's a 'Patients' header with an 'ENROLL NEW PATIENT' link. A search bar is highlighted with a red box, containing the text 'Search'. Below the search bar, there's a table of patients with columns: Name, Patient ID, Enrollment Date, Prescriber, Patient Consent Status, Patient Consent Expiration, Payer(s), Re-enroll, and Actions. The table lists 10 patients, all with a red status icon. A sidebar on the left contains filter options for SR, Prescriber, Location, SR Status, Product, Primary Plan, Secondary Plan, Payer, and Clear.

Name	Patient ID	Enrollment Date	Prescriber	Patient Consent Status	Patient Consent Expiration	Payer(s)	Re-enroll	Actions
Rodriguez, Maria	PAT-1014838	04/22/2021	Traci Yeager	Red icon		AETNA INC - (CORPORATE)	Blue icon	Dropdown
Johnson, James	PAT-1014813	04/21/2021	Traci Yeager	Red icon		AETNA INC - (CORPORATE)	Blue icon	Dropdown
Lopez, Angel	PAT-1012701	02/24/2021	Traci Yeager	Red icon		Medicare CA	Blue icon	Dropdown
McSorely, Fallon	PAT-1012340	02/12/2021	Traci Yeager	Red icon		Medicare CA	Blue icon	Dropdown
Brown, Joe	PAT-1012299	02/11/2021	Traci Yeager	Red icon		Medicare CA	Blue icon	Dropdown
Barber, Henry	PAT-1012298	02/11/2021	Traci Yeager	Red icon		Medicare CA	Blue icon	Dropdown
Bender, Kelly	PAT-1012297	02/11/2021	Traci Yeager	Red icon		Medicare CA	Blue icon	Dropdown
Chen, Sandie	PAT-1012289	02/10/2021	Traci Yeager	Red icon		Medicare CA	Blue icon	Dropdown
Alhayek, Aml	PAT-1012285	02/10/2021	Traci Yeager	Red icon		Medicare CA	Blue icon	Dropdown

- Type the patient's first or last name in the green SEARCH bar at the top of the list
  - If you cannot find a specific patient in your patient list, check your location settings

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## Your Patient List (cont)

### Change prescriber/address

ACCESS SOLUTIONS

HOME ENROLL FIND PATIENTS ALERTS MESSAGES

John Smith

Patients ENROLL NEW PATIENT

FIND PATIENT ALL PATIENTS BENEFITS REVERIFICATION/RECERT REMINDER

Filter Options

Next Step

SR

Prescriber

Location

SR Status

Product

Primary Plan

Secondary Plan

Payer

Clear

By submitting this request, you will transfer all patients from one Prescriber/Address to another

FROM Prescriber TO Prescriber

FROM Address TO Address

CANCEL SUBMIT

1	Lopez, Angel	PAT-1012701	02/24/2021	Traci Yeager	Medicare CA	
1	McSorely, Fallon	PAT-1012340	02/12/2021	Traci Yeager	Medicare CA	
1	Brown, Joe	PAT-1012299	02/11/2021	Traci Yeager	Medicare CA	
1	Barber, Henry	PAT-1012298	02/11/2021	Traci Yeager	Medicare CA	
1	Bender, Kelly	PAT-1012297	02/11/2021	Traci Yeager	Medicare CA	
1	Chen, Sandie	PAT-1012289	02/10/2021	Traci Yeager	Medicare CA	
1	Alhayek, Aml	PAT-1012285	02/10/2021	Traci Yeager	Medicare CA	

- Select CHANGE PRESCRIBER/ADDRESS from the top of the page
- Update the prescriber information
  - Submitting this request will update prescriber information for all patients [in a filtered list]

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## Your Patient List (cont)



### Important points to remember about your patient list

- If a patient is missing from a list, check your location preferences in MY SETTINGS to ensure the appropriate practice location is enabled and that all prescribers and locations are entered in the system
- From the FIND tab, you can search your patient list by additional criteria (name, date of birth or phone number)
- When customizing your patient list, please be aware that some columns are available for certain brands only
- The Patient Name, Re-enroll and Actions columns are static and cannot be moved or removed
- Additional columns will not be seen unless users select CUSTOMIZE TABLE
- Changing prescriber information from the patient list will update prescriber information for **all** patients

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# Navigate Your Patient's Profile

Patient profiles have been designed to clearly highlight the next steps necessary to complete your service request(s). Please note: The Patient Profile screen for OCREVUS will look slightly different and have additional features. Please see [Treatment Coordination Milestones](#) and [Manage Infusion Dates](#) for more information.

## Submit a Patient Consent Form from the patient profile

The screenshot shows the 'ACCESS SOLUTIONS' Patient Profile for Jane Doe. The 'PATIENT CONSENT STATUS' section is highlighted with a red border. It displays 'Patient Consent Status: Not on File' and 'Patient Consent Form Options' with buttons for 'UPLOAD', 'DOWNLOAD', and 'EMAIL TO PATIENT'. The 'PATIENT INFORMATION' section shows Patient ID: PAT-1014876, Date of Birth: 12/12/1951, Gender: Female, and Address: 123 Main St, Pleasantville, NY 10001. The 'SERVICE REQUESTS' section is empty. The 'MEDICAL' section shows 'DIAGNOSIS CODES' with Primary Diagnosis: B00.0 Eczema herpeticum. The 'PRESCRIPTION' section shows a table with one entry: Avastin® (bevacizumab), Standard, 1 mg, Dispense, Once every 2 weeks, Refill(s): 1.

Patient ID	Date of Birth	Gender
PAT-1014876	12/12/1951	Female

Service Request ID	Type	Enrollment Date	Status	Next Steps
--------------------	------	-----------------	--------	------------

Product	Prescription Type	Dosage	Dispense	Frequency of Administration	Refill(s)
Avastin® (bevacizumab)	Standard	1 mg	Dispense	Once every 2 weeks	1

- If you have not yet submitted a Patient Consent Form, you can do so from the patient profile screen
- Select UPLOAD or EMAIL TO PATIENT within the PATIENT CONSENT STATUS box at the top right

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# Navigate Your Patient's Profile (cont)

## View service requests

ACCESS SOLUTIONS

HOME ENROLL FIND PATIENTS ALERTS MESSAGES 1

John Smith

← Patient | Smith, John

SEND MESSAGE MESSAGES 1

RE-ENROLL

PATIENT INFORMATION

Patient ID  
PAT-2047

Date of Birth  
08/04/1936

Gender  
Male

Address  
123 Main St  
USA, AZ 83445

PATIENT CONSENT STATUS

Patient Consent Status  
Valid

Patient Consent Form Options  
UPLOAD  
DOWNLOAD  
EMAIL TO PATIENT

Patient Consent Expiration  
01/21/2022

SERVICE REQUESTS

ID	Type	Created By	Last Modified Date	Status	Next Steps
00017252	Benefits Investigation/Prior Authorization	Genentech Access Solutions	06/27/2017	Action Required	Action required
00017253	Co-pay Assistance	Genentech Access Solutions	03/23/2017	Submitted	Action required
00017254	Appeals Support	Genentech Access Solutions	03/23/2017	Action Required	Action required


Rows per page: 5 1 - 3 of 3

MEDICAL

DIAGNOSIS CODES

Primary Diagnosis  
C50.51 Malignant neoplasm of lower-outer quadrant of breast, female

INSURANCE

- Determine which service requests require action
  - Any service request requiring action will be highlighted with a  icon and the words “Action Required” in the Next Steps column

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# Navigate Your Patient's Profile (cont)



## Important points to remember about your patient's profile

- You can sort the service request list by any of the column headers, including Next Steps
- The default sort for the service requests is the Last Modified Date



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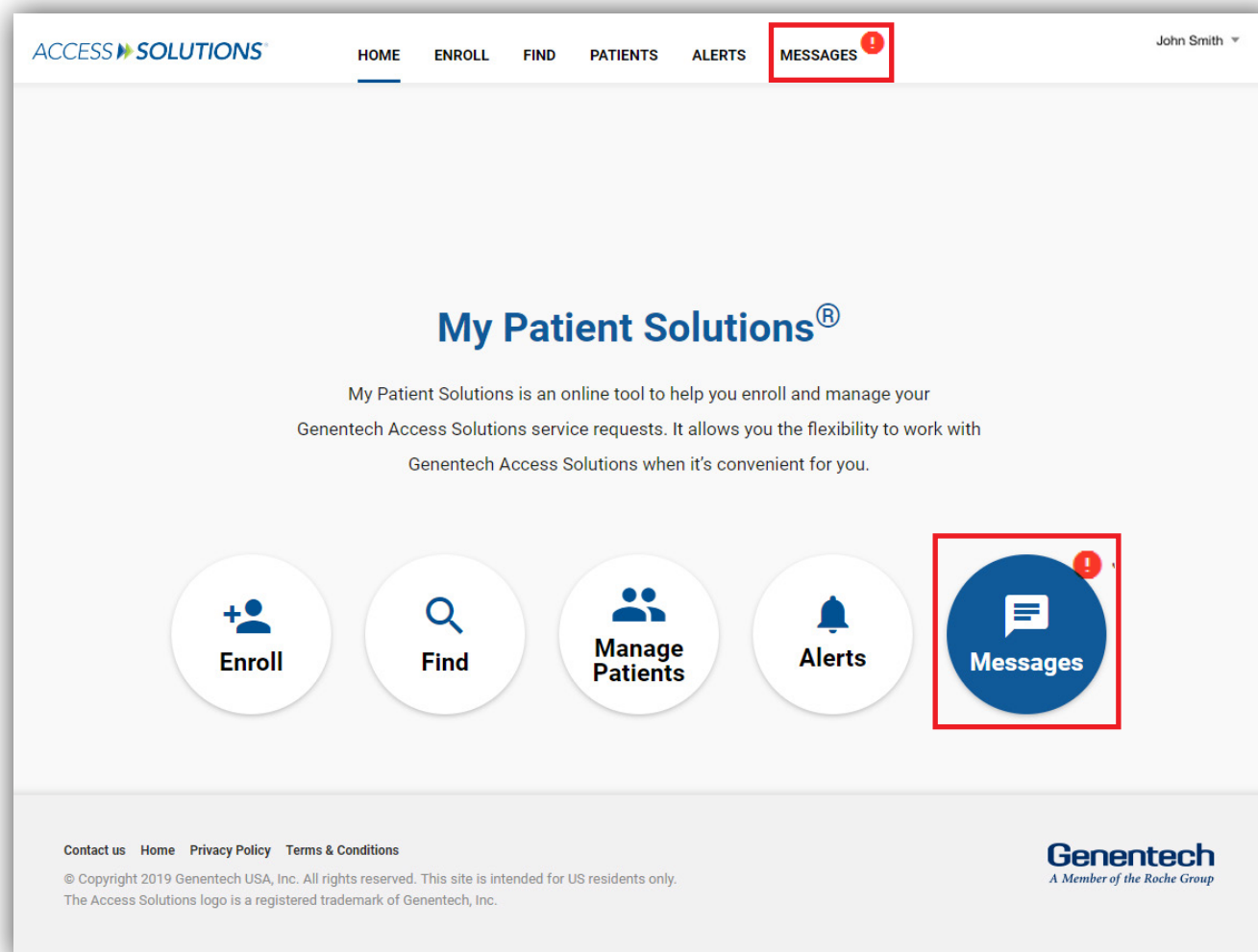





# Message Your Genentech Access Solutions or Genentech Patient Foundation Specialist

Using the messaging feature, you can communicate with your Genentech Access Solutions Specialist securely through the system.

## Access the messaging feature from the home screen



- Select MESSAGES from the center of the screen or from the top navigation bar
  - A  icon notifies you when you have unread messages

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# Message Your Genentech Access Solutions or Genentech Patient Foundation Specialist (cont)

Access the messaging feature from the patient profile

ACCESS SOLUTIONS

HOME ENROLL FIND PATIENTS ALERTS MESSAGES 1

John Smith

← Patient | Smith, John

SEND MESSAGE MESSAGES 1

RE-ENROLL

**PATIENT INFORMATION**

Patient ID: PAT-2047  
Date of Birth: 08/04/1936  
Gender: Male  
Address: 123 Main St, USA, AZ 83445

**PATIENT CONSENT STATUS**

Patient Consent Status: Valid  
Patient Consent Form Options: UPLOAD, DOWNLOAD, EMAIL TO PATIENT  
Patient Consent Expiration: 01/21/2022

**SERVICE REQUESTS**

ID	Type	Created By	Last Modified Date	Status	Next Steps
00017252	Benefits Investigation/Prior Authorization	Genentech Access Solutions	06/27/2017	Action Required	Action required
00017253	Co-pay Assistance	Genentech Access Solutions	03/23/2017	Submitted	Action required
00017254	Appeals Support	Genentech Access Solutions	03/23/2017	Action Required	Action required

Rows per page: 5 1 - 3 of 3

**MEDICAL**

**DIAGNOSIS CODES**

Primary Diagnosis: C50.51 Malignant neoplasm of lower-outer quadrant of breast, female

**INSURANCE**

- Select the SEND MESSAGES button to initiate a new message linked to the Patient ID
- Select the MESSAGES button to view or send messages
  - This button appears only when a message has been sent or received about a specific patient



# Message Your Genentech Access Solutions or Genentech Patient Foundation Specialist (cont)

Access the messaging feature from the patient list

ACCESS SOLUTIONS

HOME ENROLL FIND PATIENTS ALERTS MESSAGES John Smith

Patients ENROLL NEW PATIENT

FIND PATIENT ALL PATIENTS BENEFITS REVERIFICATION/RECERT REMINDER

Filter Options FILTER OPTION Search Patients: 1 - 20 of 368

Next Steps

EXPORT CHANGE PRESCRIBER/ADDRESS CUSTOMIZE TABLE

SR	Name	Patient ID	Enrollment Date	Prescriber	Patient Consent Status	Patient Consent Expiration	Payer(s)	Re-enroll	Actions
	Rodriguez, Maria	PAT-1014876	04/28/2021	Traci Yeager	-				UPLOAD Patient Consent Form Email Patient Consent to Patient Hide Patient from List Update Subscriber ID Send Message
	Johnson, James	PAT-1014871	04/28/2021	Elias Mink	✓				
	Lopez, Angel	PAT-1014851	04/24/2021	Traci Yeager	-				
	McSorely, Fallon	PAT-1014850	04/23/2021	Traci Yeager	-				
	Brown, Joe	PAT-1014839	04/22/2021	Elias Mink	-				
	Schutze, Eric	PAT-1014838	04/22/2021	Traci Yeager	-				

Select SEND MESSAGE from the ACTIONS dropdown menu in the Patient List to initiate a new message linked to the Patient ID.

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# Message Your Genentech Access Solutions or Genentech Patient Foundation Specialist (cont)

Send a message to your Genentech Access Solutions or Genentech Patient Foundation Specialist

ACCESS SOLUTIONS® Search... SEARCH JOHN SMITH

MY MESSAGES ALL ACCOUNT MESSAGES MPS HOME

**MY PATIENT SOLUTIONS®**

Access Solutions will respond to your inquiry within 1-2 business days.  
Please note: Responses may be delayed if a valid Patient Consent Form has not been received for a patient.

SEND A MESSAGE

**PATIENT**  
Search by First Name or Last Name

**\*SUBJECT**

**\*DESCRIPTION**

SUBMIT

Search for the patient you are sending a message for (if available) and enter the message subject and comments:

- If you have a question about the Genentech Patient Foundation, please specify in the subject line
- Within 1 business day, a Genentech Access Solutions or Genentech Patient Foundation Specialist will respond within the system
- You will receive an email notifying you that your response is waiting (if this setting is enabled)
- If your message is not linked to a Patient ID, you must specify your Genentech Access Solutions or Genentech Patient Foundation Specialist or the product the patient has been prescribed



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# Message Your Genentech Access Solutions or Genentech Patient Foundation Specialist (cont)

Check messages sent between you and your Genentech Access Solutions or Genentech Patient Foundation Specialist

ACCESS SOLUTIONS

Search...

SEARCH

3

JOHN SMITH

MY MESSAGES

ALL ACCOUNT MESSAGES

ARCHIVED MESSAGES

MPS HOME

ARCHIVE MESSAGE(S)

	LAST MESSAGE DATE/TIME	Change of Insurance for patient	STATUS	LAST Smith
1	8/1/2018 2:14 PM	Prior authorization question	Sent	John Smith
2	8/1/2018 2:13 PM	Medicare coverage for my patient	Sent	John Smith
3	7/30/2018 1:29 PM	Patient concerns about cost	Sent	John Smith
4	7/30/2018 1:28 PM	Correction on Prescriber Service Form	Sent	John Smith
5	7/30/2018 1:26 PM	Coverage question for patient	Sent	John Smith
6	7/28/2018 4:07 PM	Coverage question for patient Jane Doe	Sent	John Smith
7	7/28/2018 4:06 PM	Patient referred to infusion center	Sent	John Smith

Select MY MESSAGES from the navigation bar.

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# Message Your Genentech Access Solutions or Genentech Patient Foundation Specialist (cont)

Check messages sent between anyone in the practice and the Genentech Access Solutions or Genentech Patient Foundation Specialist

ACCESS SOLUTIONS

Search...

SEARCH

JOHN SMITH

MY MESSAGES

**ALL ACCOUNT MESSAGES**

ARCHIVED MESSAGES

MPS HOME

ARCHIVE MESSAGE(S)

	LAST MESSAGE DATE/TIME	SUBJECT	STATUS	LAST MESSAGE SENT BY
1 <input type="checkbox"/>	8/1/2018 2:14 PM	Change of insurance for patient	Sent	John Smith
2 <input type="checkbox"/>	8/1/2018 2:13 PM	Prior authorization question	Sent	John Smith
3 <input type="checkbox"/>	7/30/2018 1:29 PM	Medicare coverage for my patient	Sent	John Smith
4 <input type="checkbox"/>	7/30/2018 1:28 PM	Patient concerns about cost	Sent	John Smith
5 <input type="checkbox"/>	7/30/2018 1:26 PM	Coverage question for patient Jane Doe	Sent	John Smith
6 <input type="checkbox"/>	7/28/2018 4:07 PM	Change of insurance for patient	Sent	John Smith
7 <input type="checkbox"/>	7/28/2018 4:06 PM	Correction on Prescriber Service Form	Sent	John Smith
8 <input type="checkbox"/>	7/28/2018 4:05 PM	Patient referred to infusion center	Sent	John Smith
9 <input type="checkbox"/>	7/28/2018 4:03 PM	Patient Michael Hill coverage denied	Sent	John Smith
10 <input type="checkbox"/>	7/28/2018 3:56 PM	Patient turning 65 soon; assistance options...	Sent	John Smith

Select ALL ACCOUNT MESSAGES from the navigation bar.

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# Message Your Genentech Access Solutions or Genentech Patient Foundation Specialist (cont)

## View your messages

	LAST MESSAGE DATE/TIME ↓	SUBJECT	STATUS	LAST MESSAGE SENT BY
1	8/1/2018 2:14 PM	Change of insurance for patient	Sent	John Smith
2	8/1/2018 2:13 PM	Prior Authorization Update	Sent	John Smith
3	7/30/2018 1:29 PM	Medicare coverage for my patient	Sent	John Smith
4	7/30/2018 1:28 PM	Patient concerns about cost	Sent	John Smith
5	7/30/2018 1:26 PM	Coverage question for patient	Sent	John Smith
6	7/28/2018 4:07 PM	Correction on Prescriber Service Form	Sent	John Smith
7	7/28/2018 4:06 PM	Coverage question for patient Jane Doe	Sent	John Smith
8	7/28/2018 4:05 PM	Patient referred to infusion center	Sent	John Smith

- Select a messaging thread to read your messages from your Genentech Access Solutions or Genentech Patient Foundation Specialist
  - If you have a message waiting for you, the  icon in the top right corner will have a red number icon next to it



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# Message Your Genentech Access Solutions or Genentech Patient Foundation Specialist (cont)

## View your messages (cont)

ACCESS SOLUTIONS

Search...

SEARCH

JOHN SMITH

MY MESSAGES ALL ACCOUNT MESSAGES ARCHIVED MESSAGES MPS HOME

Service Request  
Prescriber Service Form Correction

Status: Sent  
Last Message Date/Time: 8/5/2019 9:34 PM  
Last Message Sent By: John Smith

Related Patients (1)

PATIENT ID	SUBJECT	LAST MESSAGE DATE/TIME	LAST MESSAGE SENT BY
<a href="#">PAT-303524</a>	Prescriber Service Form Correction	8/5/2019 9:34 PM	John Smith

View All

Most Recent Activity

John Smith  
23h ago

There was a typo on my patient's Prescriber Service Form. Kathleen Meier's last name was misspelled Meyer. Can we correct this error?

Like Comment

- Your messages will appear similar to a social media feed
  - The platform used to send messages via My Patient Solutions® for Health Care Practices includes a feed layout with LIKE and COMMENT buttons
- Use COMMENT to respond to previous questions or provide additional information
- No follow-up action will occur from using the LIKE button
  - We do not recommend using this functionality



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# Message Your Genentech Access Solutions or Genentech Patient Foundation Specialist (cont)

## Archive your messages

The screenshot shows the ACCESS SOLUTIONS web application. At the top, there is a search bar and a user profile for JOHN SMITH. Below the navigation bar, the 'MY MESSAGES' tab is selected. A red box highlights the 'ARCHIVE MESSAGE(S)' button. Below this button is a table of messages with columns for selection, date/time, subject, status, and last message sent by.

	LAST MESSAGE DATE/TIME ↓	SUBJECT	STATUS	LAST MESSAGE SENT BY
1 <input type="checkbox"/>	8/1/2018 2:14 PM	Change of insurance for patient	Sent	John Smith
2 <input type="checkbox"/>	8/1/2018 2:13 PM	Prior Authorization Update	Sent	John Smith
3 <input type="checkbox"/>	7/30/2018 1:29 PM	Medicare coverage for my patient	Sent	John Smith
4 <input type="checkbox"/>	7/30/2018 1:28 PM	Patient concerns about cost	Sent	John Smith
5 <input type="checkbox"/>	7/30/2018 1:26 PM	Coverage question for patient	Sent	John Smith
6 <input type="checkbox"/>	7/28/2018 4:07 PM	Correction on Prescriber Service Form	Sent	John Smith
7 <input type="checkbox"/>	7/28/2018 4:06 PM	Coverage question for patient Jane Doe	Sent	John Smith
8 <input type="checkbox"/>	7/28/2018 4:05 PM	Patient referred to infusion center	Sent	John Smith

- Go to MY MESSAGES
- Select the messages you would like to archive using the checkboxes to the left of the message
- Select the ARCHIVE button
  - Messages will be removed from MY MESSAGES and appear in ARCHIVED MESSAGES



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# Message Your Genentech Access Solutions or Genentech Patient Foundation Specialist (cont)

## Unarchive your messages

ACCESS SOLUTIONS

Search...

SEARCH

JOHN SMITH

MY MESSAGES ALL ACCOUNT MESSAGES **ARCHIVED MESSAGES** MPS HOME

**UNARCHIVE MESSAGE(S)**

	<input type="checkbox"/>	LAST MESSAGE DATE/TIME	SUBJECT	STATUS	LAST MESSAGE SENT BY
1	<input type="checkbox"/>	6/4/2019, 16:34	Change of insurance for patient	Read	John Smith
2	<input type="checkbox"/>	6/3/2019, 06:39	Prior Authorization Update	Sent	John Smith
3	<input type="checkbox"/>	5/29/2019, 06:12	Medicare coverage for my patient	Sent	John Smith
4	<input type="checkbox"/>	3/15/2019, 13:52	Patient concerns about cost	Read	John Smith
5	<input type="checkbox"/>	1/28/2019, 03:34	Coverage question for patient	Read	John Smith
6	<input type="checkbox"/>	8/18/2018, 05:51	Correction on Prescriber Service Form	Sent	John Smith
7	<input type="checkbox"/>	2/19/2018, 16:58	Coverage question for patient Jane Doe	Read	John Smith
8	<input type="checkbox"/>	2/17/2018, 02:38	Patient referred to infusion center	Sent	John Smith

- View your archived messages by selecting ARCHIVED MESSAGES from the navigation bar
- Select the messages you would like to unarchive using the checkboxes to the left of the message
- Select the UNARCHIVE button
  - Messages will appear in MY MESSAGES



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# Message Your Genentech Access Solutions or Genentech Patient Foundation Specialist (cont)



## Important points to remember about messaging

- Messages between the practice and the Genentech Access Solutions or Genentech Patient Foundation Specialist are secure and will remain confidential
- The messaging feature may be used to address corrections or outstanding information on the Prescriber Service Form or Patient Consent Form
- If you send a message directly from the patient profile or from the ACTIONS dropdown menu in the patient list, the patient will be automatically linked to the message
- You can view messages sent by anyone in your practice
- Specialists typically respond within 1 business day
- If you do not wish to receive email notifications of messages, you can opt out in SETTINGS



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For OCREVUS® (ocrelizumab) only

## Treatment Coordination Milestones

An OCREVUS patient profile screen will look slightly different and include a few more features than patients who have been prescribed other Genentech medicines. Within an OCREVUS patient's profile, patient treatment coordination milestones clearly display the patient's status.

The screenshot displays the ACCESS SOLUTIONS patient profile for John Smith. The interface includes a top navigation bar with links to HOME, ENROLL, FIND, PATIENTS, ALERTS, and MESSAGES. The patient's name, John Smith, is shown at the top right. Below the navigation bar, the patient's profile is divided into two main sections: PATIENT INFORMATION and PATIENT CONSENT STATUS. The PATIENT INFORMATION section displays the Patient ID (PAT-1012555), Date of Birth (08/04/1936), Gender (Male), and Address (123 Main St, USA, AZ 93445). The PATIENT CONSENT STATUS section shows the Patient Consent Status as Valid, with a Patient Consent Expiration date of 02/21/2024. Below these sections, a horizontal timeline displays the treatment coordination milestones: 1. New Enrollment Review, 2. Site of Treatment(s) Identification and BI Completion, 3. Patient Ready for Treatment, 4. Treatment Coordinated, 5. Treatment Confirmed, and 6. Ongoing HCP/Patient Support. The timeline indicates that the patient is currently at milestone 3. Below the timeline, the INFUSION/INJECTION HISTORY section shows a table with columns for ID, Anticipated Date of Treatment, and Actual Date of Treatment. The table lists two infusions: INFCR-321629 on 05/25/2021 and INFCR-321628 on 04/23/2021. The bottom of the screen features a SERVICE REQUESTS section.

ID	Anticipated Date of Treatment	Actual Date of Treatment
INFCR-321629	05/25/2021	
INFCR-321628	04/23/2021	04/22/2021

Use the treatment coordination milestones to determine where your patient is in the treatment process.

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## Treatment Coordination Milestones (cont)

ACCESS SOLUTIONS

HOME ENROLL FIND PATIENTS ALERTS MESSAGES <sup>1</sup>

John Smith

← Patient | Smith, John [SEND MESSAGE](#) [RE-ENROLL](#)

### PATIENT INFORMATION

Patient ID	Date of Birth	Gender
PAT-145029	12/31/1799	Female
Address		
Street		
City, TN 37923		

### PATIENT CONSENT STATUS

Patient Consent Status	Patient Consent Form Options
Valid	<a href="#">UPLOAD</a>
	<a href="#">DOWNLOAD</a>
	<a href="#">EMAIL TO PATIENT</a>
Patient Consent Expiration	
12/11/2023	

New Enrollment Review

Site of Treatment(s) Identification and BI Completion

3 Patient Ready for Treatment

4 Treatment Coordinated

5 Treatment Confirmed

6 Ongoing HCP/Patient Support

### INFUSION/INJECTION HISTORY

↓ ID	↑ Anticipated Date of Treatment ⓘ	↑ Actual Date of Treatment ⓘ	+
Rows per page: 5 0 - 0 of 0 < >			

- If there is a delay at any point in the process, it will appear in red and be marked with a icon
- Hover your cursor over a step to determine if any action needs to be taken and/or find out additional information about the treatment milestone

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# Treatment Coordination Milestones (cont)



## Important points to remember about treatment coordination milestones

- Treatment Coordination Milestones are available in the patient profiles for OCREVUS patients only
- Completed milestones will appear in green and be marked with a  icon
- Milestones that are in progress will be marked with blue  icons

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## For OCREVUS® (ocrelizumab) only

# Manage Infusion Dates

My Patient Solutions® users have the ability to create an infusion record for OCREVUS patients from the patient's profile.

### View previous treatment dates

ACCESS SOLUTIONS

HOME ENROLL FIND PATIENTS ALERTS MESSAGES 1

John Smith

< Patient | Smith, John > SEND MESSAGE RE-ENROLL

**PATIENT INFORMATION**

Patient ID: PAT-1012555 Date of Birth: 08/04/1936 Gender: Male

Address: 123 Main St, USA, AZ 93445

**PATIENT CONSENT STATUS**

Patient Consent Status: Valid

Patient Consent Form Options: [UPLOAD](#), [DOWNLOAD](#), [EMAIL TO PATIENT](#)

Patient Consent Expiration: 02/21/2024

New Enrollment Review Site of Treatment(s) Identification and BI Completion 3 Patient Ready for Treatment 4 Treatment Coordinated 5 Treatment Confirmed 6 Ongoing HCP/Patient Support

**INFUSION/INJECTION HISTORY** First Date of Treatment: 04/22/2021 | Last Date of Treatment: 04/22/2021

ID	Anticipated Date of Treatment	Actual Date of Treatment
INFCR-321629	05/25/2021	
INFCR-321628	04/23/2021	04/22/2021

Rows per page: 5 1 - 2 of 2

**SERVICE REQUESTS**

- Open the OCREVUS patient's profile
- Select the icon in the Infusion/Injection History table

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## For OCREVUS® (ocrelizumab) only

# Manage Infusion Dates (cont)

### Enter infusion dates

ACCESS SOLUTIONS

HOME ENROLL FIND PATIENTS ALERTS MESSAGES 1

John Smith

← Patient | Smith, John SEND MESSAGE RE-ENROLL

**PATIENT INFORMATION**

Patient ID: PAT-1012555  
Date of Birth: 08/04/1936  
Gender: Male  
Address: 123 Main St, USA, AZ 93445

**PATIENT CONSENT STATUS**

Patient Consent Status: Valid  
Patient Consent Form Options: UPLOAD, DOWNLOAD, EMAIL TO PATIENT  
Patient Consent Expiration: 02/21/2024

New Enrollment Review → Site of Treatment(s) Identification and BI Completion → 3 Patient Ready for Treatment → 4 Treatment Coordinated → 5 Treatment Confirmed → 6 Ongoing HCP/Patient Support

**INFUSION/INJECTION HISTORY** First Date of Treatment: 04/22/2021 | Last Date of Treatment: 04/22/2021

ID	Anticipated Date of Treatment	Actual Date of Treatment
	<input type="text"/>	<input type="text"/>
INFCR-321629	05/25/2021	<input type="text"/>
INFCR-321628	04/23/2021	04/22/2021

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- Enter the patient's anticipated date of treatment or actual date of treatment
  - You can save or cancel the record after it has been created using the and icons

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# Manage Infusion Dates (cont)



## Important points to remember about creating infusion records

- This feature is available for OCREVUS patients only
- Within My Patient Solutions® for Health Care Practices, you will be able to view anticipated and actual dates of treatment that have been created by the Patient Navigator from other sites of treatment (via My Patient Solutions for Infusion Sites)
- Genentech Access Solutions will perform the benefits reverification approximately 6 to 8 weeks before the anticipated date of treatment (4 months and 2 weeks after the date of treatment if no next anticipated date of treatment is entered)
- The practice or the Patient Navigator may enter treatment dates to help with treatment coordination



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# Service Requests: Benefits Investigations and Prior Authorizations

You can request benefits investigations (BIs) and prior authorization (PA) resources, as well as view coverage details, within My Patient Solutions® for Health Care Practices.

## Request a BI

ACCESS SOLUTIONS

HOME ENROLL FIND PATIENTS ALERTS MESSAGES 1 John Smith

Enroll | Smith, John

SERVICE ELIGIBILITY TYPE OF SERVICE PATIENT INFORMATION ENROLLMENT CONFIRMATION

CHOOSE SERVICE TYPE(S):

☒ Benefits Investigation/Prior Authorization

☐ Referral to Co-pay Assistance

☐ Appeals Support

Enrollment in the Genentech Patient Foundation should only occur once it has been determined that the patient:

- Is uninsured or
- Has insurance, but it does not cover their Genentech medicine or
- Has coverage for their Genentech medicine, but their medicine remains unaffordable.

If you are unsure of the patient's insurance status, you can enroll your patient in Access Solutions for a Benefit Investigation or contact Access Solutions at (866) 422-2377.

☐ Patient Foundation

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Genentech  
A Member of the Roche Group

- Begin the enrollment or re-enrollment process
- Include BENEFITS INVESTIGATION/PRIOR AUTHORIZATION when selecting service requests under TYPE OF SERVICE

The completion and submission of coverage- or reimbursement-related documentation are the responsibility of the patient and health care provider. Genentech makes no representation or guarantee concerning coverage or reimbursement for any service or item.

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# Service Requests: Benefits Investigations and Prior Authorizations (cont)

## View service request details (BIs/PAs)

ACCESS SOLUTIONS

HOMEENROLLFINDPATIENTSALERTSMESSAGES

John Smith

← Patient

Smith, John

SEND MESSAGE

MESSAGES

RE-ENROLL

PATIENT INFORMATION

Patient ID

PAT-2047

Date of Birth

08/04/1936

Gender

Male

Address

123 Main St  
USA, AZ 93445

PATIENT CONSENT STATUS

Patient Consent Status

Valid

Patient Consent Form Options

UPLOAD

DOWNLOAD

EMAIL TO PATIENT

Patient Consent Expiration

01/21/2022

SERVICE REQUESTS

ID	Type	Created By	Last Modified Date	Status	Next Steps
00017252	Benefits Investigation/Prior Authorization	Genentech Access Solutions	06/27/2017	Action Required	Action required
00017253	Co-pay Assistance	Genentech Access Solutions	03/23/2017	Submitted	Action required
00017254	Appeals Support	Genentech Access Solutions	03/23/2017	Action Required	Action required

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MEDICAL

DIAGNOSIS CODES

Primary Diagnosis

C50.51

Malignant neoplasm of lower-outer quadrant of breast, female

INSURANCE

Select the BENEFITS INVESTIGATION/PRIOR AUTHORIZATION service request within the patient profile to see a high-level overview of the patient’s coverage.

The completion and submission of coverage- or reimbursement-related documentation are the responsibility of the patient and health care provider. Genentech makes no representation or guarantee concerning coverage or reimbursement for any service or item.

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# Service Requests: Benefits Investigations and Prior Authorizations (cont)

## View service request details (BIs/PAs) (cont)

ACCESS SOLUTIONS

HOMEENROLLFINDPATIENTSALERTSMESSAGES

John Smith

← Service Request Details | Boone, Roberta

BENEFITS INVESTIGATION/PRIOR AUTHORIZATION

Service Request ID	Created By	Status
00024042	John Smith	BI Complete
Enrollment Date	Last Modified Date	
06/15/2017	07/08/2017	

DOWNLOADS

Benefits Investigation Report

Prescriber Form

INSURANCE: AMERICAN HEALTH MEDICARE

For complete coverage information download the Benefit Investigation report.

Product	Drug Coverage	Payer Rank	PA Required	Pre-D Required
Actemra® (tocilizumab) Subcutaneous	Yes, if medically necessary	Primary	Yes	N/A

PRIOR AUTHORIZATION DETAILS: AMERICAN HEALTH MEDICARE

Product	PA Status	Effective Date	Expiration Date
Actemra® (tocilizumab) Subcutaneous	Pending	06/15/2017	06/15/2018

PRIOR AUTHORIZATION CONTACT INFORMATION: AMERICAN HEALTH MEDICARE

Product	PA Required Type	PA Fax #	PA Phone #	PA URL
Actemra® (tocilizumab) Subcutaneous	Verbal	(555) 444-3333	(333) 444-5555	www.nytimes.com

- Select BENEFITS INVESTIGATION REPORT under DOWNLOADS
  - The Prescriber Service Form submitted for this service request and PA forms (if available/applicable) will also be available under DOWNLOADS

The completion and submission of coverage- or reimbursement-related documentation are the responsibility of the patient and health care provider. Genentech makes no representation or guarantee concerning coverage or reimbursement for any service or item.

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# Service Requests: Benefits Investigations and Prior Authorizations (cont)

## Request PA status follow-up

ACCESS SOLUTIONS™ HOME ENROLL FIND PATIENTS ALERTS MESSAGES John Smith ▾

← Service Request Details | Graham, Susan

BENEFITS INVESTIGATION/PRIOR AUTHORIZATION

Service Request ID	Created By	Status
00023395	John Smith	Prior Authorization Required
Enrollment Date	Last Modified Date	
06/06/2017	07/08/2017	

INITIAL SHIPMENT  
Below is the most recent status of your patient's initial shipment (non-free), as provided by Genentech Access Solutions by the dispensing specialty pharmacy.

Product	Shipment Status	Dispensed By	SP Phone #	SP Fax #	Ship Date
Actemra® (tocilizumab) Intravenous	New	OPTUMRX	(555) 555-5555	(444) 444-4444	N/A

INSURANCE: UNITEDHEALTHCARE OF CALIFORNIA INC  
For complete coverage information download the Benefit Investigation report.

Product	Drug Coverage	Payer Rank	PA Required	Pre-D Required
Actemra® (tocilizumab) Intravenous	Yes, if medically necessary	Primary	Yes	N/A

PRIOR AUTHORIZATION DETAILS: UNITEDHEALTHCARE OF CALIFORNIA INC

Product	PA Status	Effective Date	Expiration Date
Actemra® (tocilizumab) Intravenous	N/A	N/A	N/A

NEXT STEPS

Prior Authorization

DOWNLOADS

Benefits Investigation Report

Prescriber Form

Select PRIOR AUTHORIZATION under NEXT STEPS to ask Genentech Access Solutions to follow up with the health insurance plan regarding the status of your patient's PA.

The completion and submission of coverage- or reimbursement-related documentation are the responsibility of the patient and health care provider. Genentech makes no representation or guarantee concerning coverage or reimbursement for any service or item.



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# Service Requests: Benefits Investigations and Prior Authorizations (cont)

## Request PA status follow-up (cont)

HOME ENROLL FIND PATIENTS ALERTS MESSAGES

**Prior Authorization**

After you submit the prior authorization, Genentech Access Solutions can follow up with the payer to determine the status of the prior authorization outcome. Would you like Genentech Access Solutions to follow up with the payer?

☒ Yes  
☐ No

**UNITEDHEALTHCARE OF CALIFORNIA INC**

Submission Date: 12/11/2017  
Submitted By: Fax  
Fax:

CANCEL SUBMIT

**INITIAL SHIPMENT**

Below is the most recent status of your patient's initial shipment (non-free), as provided by Genentech Access Solutions by the dispensing specialty pharmacy.

Product	Shipment Status	Dispensed By	SP Phone #	SP Fax #	Ship Date
Actemra® (tocilizumab) Intravenous	New	OPTUMRX	(555) 555-5555	(444) 444-4444	N/A

**INSURANCE: UNITEDHEALTHCARE OF CALIFORNIA INC**

- Complete the details regarding when the PA was submitted
- Select SUBMIT
- Genentech Access Solutions will follow up with the patient's health insurance plan regarding the status of the PA

The completion and submission of coverage- or reimbursement-related documentation are the responsibility of the patient and health care provider. Genentech makes no representation or guarantee concerning coverage or reimbursement for any service or item.

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# Service Requests: Benefits Investigations and Prior Authorizations (cont)



## Important points to remember about service requests for BIs/PAs

- Required actions that can be completed via My Patient Solutions® for Health Care Practices for a selected service request are listed under NEXT STEPS
- BI Reports are only available for patients for whom a Prescriber Service Form has been completed and submitted
- The Prescriber Service Form submitted for a selected service request and PA forms (if available/applicable) are available under DOWNLOADS
- Once a PA determination is received, this information will be updated and available on the BI/PA service request details page
  - Users will also receive a fax to notify them of the patient's PA status



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# Service Requests: Starter Programs

With My Patient Solutions® for Health Care Practices, you can request for eligible patients to be enrolled in brand-specific starter programs as well as check the shipping status of any starter drug for patients enrolled in a starter program.

## Enroll in a starter program

ACCESS SOLUTIONS

HOME ENROLL FIND PATIENTS ALERTS MESSAGES 1 John Smith

Enroll | Smith, John

SERVICE ELIGIBILITY TYPE OF SERVICE PATIENT INFORMATION ENROLLMENT CONFIRMATION

CHOOSE SERVICE TYPE(S):

- ☒ Benefits Investigation/Prior Authorization
- ☐ Referral to Co-pay Assistance
- ☒ Starter Program  
A benefit investigation is required in order to determine eligibility for the Starter Program service.
- ☐ Appeals Support

Enrollment in the Genentech Patient Foundation should only occur once it has been determined that the patient:

- Is uninsured or
- Has insurance, but it does not cover their Genentech medicine or
- Has coverage for their Genentech medicine, but their medicine remains unaffordable.

If you are unsure of the patient's insurance status, you can enroll your patient in Access Solutions for a Benefit Investigation or contact Access Solutions at (866) 422-2377.

☐ Patient Foundation

BACK NEXT

- Include STARTER PROGRAM when selecting service requests under TYPE OF SERVICE
  - Genentech Access Solutions must also perform a benefits investigation (BI) as part of the starter program enrollment

**Note:** Starter programs are available on a brand-by-brand basis. Not all products have these programs available. Patients must meet eligibility criteria. For more information, contact your Field Reimbursement Manager (FRM).

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## Service Requests: Starter Programs (cont)

### Enroll in a starter program (cont)

Prescriber

Prescriber Address

SERVICE(S)

HEMLIBRA STARTER

Weight (kg)

Prescription Type

Starter

Prescription Option

+

Does your patient have Hemophilia A

Select Answer

Has the patient started prescribed HEMLIBRA® (emicizumab)?

Select Answer

Has it been 12 months or more since the patient's last HEMLIBRA injection?

Select Answer

PHARMACY

Preferred Specialty Pharmacy (Optional)

Onsite Pharmacy (Optional)

Answer the additional required questions regarding the starter program and shipping information.

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# Service Requests: Starter Programs (cont)

## View the patient's status

ACCESS SOLUTIONS

HOMEENROLLFINDPATIENTSALERTSMESSAGES

John Smith

← Patient | Smith, John

SEND MESSAGE

MESSAGES

RE-ENROLL

PATIENT INFORMATION

Patient ID

PAT-9963

Date of Birth

08/04/1936

Gender

Male

Address

123 Main St  
USA, AZ 93445

PATIENT CONSENT STATUS

Patient Consent Status

Valid

Patient Consent Expiration

01/21/2022

Patient Consent Form Options

UPLOAD

DOWNLOAD

EMAIL TO PATIENT

SERVICE REQUESTS

ID	Type	Created By	Last Modified Date	Status	Next Steps
00023399	Benefits Investigation/Prior Authorization	John smi	07/08/2017	In Progress	
00023400	Starter Program	John smi	07/08/2017	Pending Eligibility Determination	

Rows per page: 5 1 - 2 of 2

MEDICAL

DIAGNOSIS CODES

Primary Diagnosis

L50.1 Idiopathic urticaria

INSURANCE

Rank	Payer Name	Subscriber ID	Effective Date
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Select the STARTER PROGRAM service request to see a detailed report.

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# Service Requests: Starter Programs (cont)

## View the patient's status (cont)

ACCESS SOLUTIONS

HOMEENROLLFINDPATIENTSALERTSMESSAGES

John Smith

← Service Request Details | Richardson, Robert

STARTER PROGRAM

Service Request ID	Created By	Status
00023400	John Smith	Pending Eligibility Determination
Enrollment Date	Last Modified Date	
06/06/2017	07/08/2017	

PRODUCT(S)

Product

Xolair® (omalizumab)

Notes:

Your patient is eligible to receive medicine while awaiting a coverage delay. For office administered medications Access Solutions will contact your practice to coordinate a shipment. For oral medications Access Solutions will contact the patient to set up a shipment. If you have questions or would like to expedite this request please call (866) 4ACCESS(866) 422-2377, 6am-5pm PT, Monday through Friday.

SHIPMENTS

Shipment ID	Product	Shipment Status	Expected Delivery Date	Airbill #
SH-001729	Xolair® (omalizumab)	Shipment Cancelled	06/27/2017	
SH-001730	Xolair® (omalizumab)	Shipment Cancelled	06/27/2017	
SH-001731	Xolair® (omalizumab)	Request Submitted	06/27/2017	

- View the patient's status in the SERVICE REQUEST DETAILS, including:
  - The patient's enrollment status
  - Next steps required to complete enrollment
  - Shipment details
  - Delivery status (if available)



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# Service Requests: Co-pay Assistance

You can request referrals to affordability options such as co-pay card programs or independent co-pay assistance foundations as well as view where the patient has been referred.

## Request a referral to co-pay assistance

ACCESS SOLUTIONS

HOME ENROLL FIND PATIENTS ALERTS MESSAGES <sup>1</sup>

John Smith

Enroll | Smith, John

SERVICE ELIGIBILITY TYPE OF SERVICE PATIENT INFORMATION ENROLLMENT CONFIRMATION

CHOOSE SERVICE TYPE(S):

- ☐ Benefits Investigation/Prior Authorization
- ☒ Referral to Co-pay Assistance
- ☐ Starter Program
- ☐ Appeals Support

Enrollment in the Genentech Patient Foundation should only occur once it has been determined that the patient:

- Is uninsured or
- Has insurance, but it does not cover their Genentech medicine or
- Has coverage for their Genentech medicine, but their medicine remains unaffordable.

If you are unsure of the patient's insurance status, you can enroll your patient in Access Solutions for a Benefit Investigation or contact Access Solutions at (866) 422-2377.

☐ Patient Foundation

BACK NEXT

Include REFERRAL TO CO-PAY ASSISTANCE when selecting service requests under TYPE OF SERVICE.

Eligibility criteria apply. Not valid for patients using federal or state government programs to pay for their medications. Patient must be taking the Genentech medication for a FDA-approved indication. See full terms and conditions at the individual brand's website.

Genentech does not influence or control the operations or eligibility criteria of any independent co-pay assistance foundation and cannot guarantee co-pay assistance after a referral from Genentech Access Solutions. The foundations to which we refer patients are not exhaustive or indicative of Genentech's endorsement or financial support. There may be other foundations to support the patient's disease state.

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## Service Requests: Co-pay Assistance (cont)

### Request a referral to co-pay assistance (cont)

<b>PRESCRIBER</b>	
<input type="text" value="Prescriber"/>	<input type="text" value="Prescriber Address"/>
<hr/>	
<b>SERVICE(S)</b>	
<b>PRIOR AUTHORIZATION</b>	
<input type="text" value="Is prior authorization in place?"/>	
<hr/>	
<b>REFERRAL TO CO-PAY ASSISTANCE</b>	
Does the patient have metastatic non-small cell lung cancer (NSCLC) whose tumors have epidermal growth factor receptor (EGFR) exon 19 deletions or exon 21 (L858R) substitution mutations?	<input type="text" value="Select Answer"/>
Does the patient have advanced pancreatic cancer and have not received chemotherapy?	<input type="text" value="Select Answer"/>
<hr/>	
<b>PHARMACY</b>	
<input type="text" value="Specialty Pharmacy?"/>	
<hr/>	
<input type="text" value="Onsite Pharmacy?"/>	

Certain products may require you to answer a few additional questions to request co-pay assistance. These will appear only if necessary.

Eligibility criteria apply. Not valid for patients using federal or state government programs to pay for their medications. Patient must be taking the Genentech medication for a FDA-approved indication. See full terms and conditions at the individual brand's website.

Genentech does not influence or control the operations or eligibility criteria of any independent co-pay assistance foundation and cannot guarantee co-pay assistance after a referral from Genentech Access Solutions. The foundations to which we refer patients are not exhaustive or indicative of Genentech's endorsement or financial support. There may be other foundations to support the patient's disease state.

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## Service Requests: Co-pay Assistance (cont)

### View the patient's status

ACCESS SOLUTIONS

HOMEENROLLFINDPATIENTSALERTSMESSAGES

John Smith

← Patient | Smith, John

SEND MESSAGE

MESSAGES

RE-ENROLL

PATIENT INFORMATION

Patient ID

PAT-2047

Date of Birth

08/04/1936

Gender

Male

Address

123 Main St  
USA, AZ 93445

PATIENT CONSENT STATUS

Patient Consent Status

Valid

Patient Consent Form Options

UPLOAD

DOWNLOAD

EMAIL TO PATIENT

Patient Consent Expiration

01/21/2022

SERVICE REQUESTS

ID	Type	Created By	Last Modified Date	Status	Next Steps
00017252	Benefits Investigation/Prior Authorization	Genentech Access Solutions	06/27/2017	Action Required	Action required
00017253	Co-pay Assistance	Genentech Access Solutions	03/23/2017	Submitted	Action required
00017254	Appeals Support	Genentech Access Solutions	03/23/2017	Action Required	Action required

Rows per page: 51 - 3 of 3

MEDICAL

DIAGNOSIS CODES

Primary Diagnosis

C50.51 Malignant neoplasm of lower-outer quadrant of breast, female

INSURANCE

Select the CO-PAY ASSISTANCE service request within the patient profile to see a detailed report.

Eligibility criteria apply. Not valid for patients using federal or state government programs to pay for their medications. Patient must be taking the Genentech medication for a FDA-approved indication. See full terms and conditions at the individual brand's website.

Genentech does not influence or control the operations or eligibility criteria of any independent co-pay assistance foundation and cannot guarantee co-pay assistance after a referral from Genentech Access Solutions. The foundations to which we refer patients are not exhaustive or indicative of Genentech's endorsement or financial support. There may be other foundations to support the patient's disease state.

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## Service Requests: Co-pay Assistance (cont)

### View the patient's status (cont)

ACCESS SOLUTIONS™ HOME ENROLL FIND PATIENTS ALERTS John Smith ▾

← Service Request Details | Smith, John

REFERRAL TO CO-PAY ASSISTANCE

Service Request ID	Created By	Status
00673275	Jennifer Espiritu	In Progress
Enrollment Date	Last Modified Date	
02/15/2018	11/11/2018	

CO-PAY CARD - OCREVUS

Enrollment Status	Enrollment Date	Member ID
Enrollment is Approved	04/30/2018	8685467754
Status Explanation	If you have additional questions about co-pay assistance please contact the co-pay card program listed below.	
Co-pay Card Program Name	Program Website	Program Phone Number
Ocrevus	www.ocrevuscopay.com	(844) 672-6729

Note:

In order to be eligible for Genentech co-pay card programs, the patient must confirm that they meet the eligibility criteria and agree to the rules set forth in the terms and conditions for the program. Please visit the individual co-pay card program's website for the full list of terms and conditions.

Genentech does not influence or control the operations or eligibility criteria of any independent co-pay assistance foundation and cannot guarantee co-pay assistance after a referral from Genentech Access Solutions. The foundations to which we refer patients are not exhaustive or indicative of Genentech's endorsement or financial support. There may be other foundations to support the patient's disease state.

- View the patient's status as well as any next steps required to proceed with getting assistance in the SERVICE REQUEST DETAILS page
- If the patient has been enrolled in certain programs, his or her enrollment date will be displayed

Eligibility criteria apply. Not valid for patients using federal or state government programs to pay for their medications. Patient must be taking the Genentech medication for a FDA-approved indication. See full terms and conditions at the individual brand's website.

Genentech does not influence or control the operations or eligibility criteria of any independent co-pay assistance foundation and cannot guarantee co-pay assistance after a referral from Genentech Access Solutions. The foundations to which we refer patients are not exhaustive or indicative of Genentech's endorsement or financial support. There may be other foundations to support the patient's disease state.

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# Service Requests: Genentech Patient Foundation

When you enroll a patient, you can request assistance from the Genentech Patient Foundation. If patients are approved, you can track eligibility and coordinate shipping within My Patient Solutions® for Health Care Practices.

## Request assistance from the Genentech Patient Foundation

- Begin enrollment
- Identify if the patient is insured or not insured

To be eligible for free Genentech medicine from the Genentech Patient Foundation, insured patients who have coverage for their medicine should try to pursue other forms of financial assistance, if available, and meet certain income requirements. Uninsured patients and insured patients without coverage for their medicine must meet a different set of income requirements.

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# Service Requests: Genentech Patient Foundation (cont)

## Request assistance from the Genentech Patient Foundation (cont)

The screenshot shows the 'ACCESS SOLUTIONS' web application interface. The top navigation bar includes links for HOME, ENROLL, FIND, PATIENTS, ALERTS, and MESSAGES (with a red notification badge). The user is logged in as 'John Smith'. The main content area is titled 'Enroll | Smith, John'. Below this, there are four tabs: SERVICE ELIGIBILITY, TYPE OF SERVICE, PATIENT INFORMATION, and ENROLLMENT CONFIRMATION. The 'TYPE OF SERVICE' tab is active. Under the heading 'CHOOSE SERVICE TYPE(S):', there are four checkboxes: 'Benefits Investigation/Prior Authorization', 'Referral to Co-pay Assistance', 'Starter Program', and 'Appeals Support'. Below these, a red-bordered box contains the following text: 'Enrollment in the Genentech Patient Foundation should only occur once it has been determined that the patient:'. This is followed by a bulleted list: '• Is uninsured or', '• Has insurance, but it does not cover their Genentech medicine or', and '• Has coverage for their Genentech medicine, but their medicine remains unaffordable.' Below the list, it says: 'If you are unsure of the patient's insurance status, you can enroll your patient in Access Solutions for a Benefit Investigation or contact Access Solutions at (866) 422-2377.' At the bottom of the red box, the 'Patient Foundation' option is selected with a blue checkmark. At the bottom of the form, there are 'BACK' and 'NEXT' buttons.

- Select Genentech Patient Foundation from the service request list
- If the patient does not have insurance, this will be the only option on the list
- You will be prompted to complete the rest of the Prescriber Foundation Form on the next screen
  - A signature is required

To be eligible for free Genentech medicine from the Genentech Patient Foundation, insured patients who have coverage for their medicine should try to pursue other forms of financial assistance, if available, and meet certain income requirements. Uninsured patients and insured patients without coverage for their medicine must meet a different set of income requirements.

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# Service Requests: Genentech Patient Foundation (cont)

## View eligibility information

DIAGNOSIS CODES

Primary DiagnosisG35Multiple sclerosis

PRESCRIPTION

Product	Prescription Type	Dosage	Dispense	Frequency of Administration	Refill(s)
Erivedge® (vismodegib)	Standard	150 mg	3 Month(s)	QD	2

INSURANCE

EDIT

Our records indicate that this patient is currently uninsured.

GENENTECH PATIENT FOUNDATION ASSISTANCE

ID#	Product(s)	Status	Eligibility Date	Shipment Method	Next Steps	Approval / Denial Letter
03306303	Erivedge	Pending		Upfront	View Action(s) Required	N/A

GENENTECH PATIENT FOUNDATION SHIPMENT

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- Go to the [patient's profile](#)
- Scroll down to view the Genentech Patient Foundation Assistance table
  - Here you can view details about the patient's eligibility status, including the date of enrollment and the type of shipment (i.e., upfront, replacement)

To be eligible for free Genentech medicine from the Genentech Patient Foundation, insured patients who have coverage for their medicine should try to pursue other forms of financial assistance, if available, and meet certain income requirements. Uninsured patients and insured patients without coverage for their medicine must meet a different set of income requirements.

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# Service Requests: Genentech Patient Foundation (cont)

## Download the approval letter

PRESCRIPTION

Product	Prescription Type	Dosage	Dispense	Frequency of Administration	Refill(s)
Actemra® (tocilizumab) Intravenous	Standard	150 mg		Once every 4 weeks	2

INSURANCE

EDIT

Our records indicate that this patient is currently uninsured.

GENENTECH PATIENT FOUNDATION ASSISTANCE

ID#	Product(s)	Status	Eligibility Date	Shipment Method	Next Steps	Approval / Denial Letter
03305850	Actemra Intravenous	Approved	04/08/2021	Upfront		<a href="#">DOWNLOAD</a>

GENENTECH PATIENT FOUNDATION SHIPMENT

To coordinate the first Upfront shipment please call (833) 888-4363. Refill shipments can be coordinated from My Patient Solutions.

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Select the link in the Approval Letter column to download the Genentech Patient Foundation approval letter.

To be eligible for free Genentech medicine from the Genentech Patient Foundation, insured patients who have coverage for their medicine should try to pursue other forms of financial assistance, if available, and meet certain income requirements. Uninsured patients and insured patients without coverage for their medicine must meet a different set of income requirements.

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# Service Requests: Genentech Patient Foundation (cont)

## Address missing information/next steps

PRESCRIPTION

Product	Prescription Type	Dosage	Dispense	Frequency of Administration	Refill(s)
Actemra® (tocilizumab) Intravenous	Standard	150 mg		Once every 4 weeks	2

INSURANCE

EDIT

Our records indicate that this patient is currently uninsured.

GENENTECH PATIENT FOUNDATION ASSISTANCE

ID#	Product(s)	Status	Eligibility Date	Shipment Method	Next Steps	Approval / Denial Letter
03305850	Actemra Intravenous	Approved	04/08/2021	Upfront	<a href="#">View Action(s) Required</a>	<a href="#">DOWNLOAD</a>

GENENTECH PATIENT FOUNDATION SHIPMENT

To coordinate the first Upfront shipment please call (833) 888-4363. Refill shipments can be coordinated from My Patient Solutions.

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- Select the link in the Next Steps column
  - This link will only appear if an action is required

To be eligible for free Genentech medicine from the Genentech Patient Foundation, insured patients who have coverage for their medicine should try to pursue other forms of financial assistance, if available, and meet certain income requirements. Uninsured patients and insured patients without coverage for their medicine must meet a different set of income requirements.



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# Service Requests: Genentech Patient Foundation (cont)

## Address missing information/next steps (cont)

(vismodegib)

INSURANCE

GENENTECH

GENENTECH

### Next Steps

Please complete the next steps below.

#### Prescriber Form

Please submit completed Prescriber form.

Product	Status	Expiration Date	Reason Incomplete	Details
Erivedge	Incomplete	N/A	Invalid Signature/not Signed Prescriber	

[↑ UPLOAD](#)

[↓ DOWNLOAD & SIGN](#)

For upfront shipments please fax updated documentation to the Medvantx pharmacy at (833) 999-4363, or contact Medvantx directly at (833) 888-4363. For replacement shipments please fax updated documentation to (877) 428-2326, or contact a Foundation Specialist at (888) 941-3331.

[CANCEL](#) [SUBMIT](#)

[Home](#) [Privacy Policy](#) [Terms & Conditions](#)

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Gene  
A Member of

View the actions required and address them accordingly.

To be eligible for free Genentech medicine from the Genentech Patient Foundation, insured patients who have coverage for their medicine should try to pursue other forms of financial assistance, if available, and meet certain income requirements. Uninsured patients and insured patients without coverage for their medicine must meet a different set of income requirements.

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# Service Requests: Genentech Patient Foundation (cont)

## Coordinate refill shipments

DIAGNOSIS CODES

Primary DiagnosisG35Multiple sclerosis

INSURANCE

EDIT

Rank	Payer Name	Subscriber ID	Effective Date
Primary	GALLAGHER BASSETT SERVICES, INC	ADSF	

GENENTECH PATIENT FOUNDATION ASSISTANCE

ID#	Product(s)	Status	Eligibility Date	Shipment Method	Next Steps	Approval / Denial Letter
03302739	Ocrevus	Approved	01/28/2021	Upfront		<a href="#">DOWNLOAD</a>

GENENTECH PATIENT FOUNDATION SHIPMENT

COORDINATE SHIPMENT

Shipment ID	Product	Shipment Status	Expected Delivery Date	Shipment Tracking Number
SH-950108	Ocrevus® (ocrelizumab)	Shipped	09/28/2020	466042122

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- Go to the [patient's profile](#)
- Scroll down to view the Genentech Patient Foundation Shipment table
- View the expected shipment date, tracking number and shipment status

Note: Only refill shipments can be coordinated from My Patient Solutions® for Health Care Practices. To coordinate the first upfront shipment, please call (833) 888-4363.

To be eligible for free Genentech medicine from the Genentech Patient Foundation, insured patients who have coverage for their medicine should try to pursue other forms of financial assistance, if available, and meet certain income requirements. Uninsured patients and insured patients without coverage for their medicine must meet a different set of income requirements.

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# Service Requests: Genentech Patient Foundation (cont)



## Important points to remember about Genentech Patient Foundation service requests

- An eSigned Prescriber Foundation Form cannot be used as a prescription for upfront shipments
  - You may provide verbal prescriptions by calling (833) 888-4363, faxing a prescription with a “wet” signature to (833) 999-4363 or submitting an ePrescription to Medvantx (AmeriPharm), NCPDP/NABP: 4351968, NPI: 1073692745
- If you have additional questions about your Genentech Patient Foundation patients, you can message your Foundation Specialist via the [messaging feature](#)
- You may also enroll patients in the Genentech Patient Foundation by downloading and faxing the [Prescriber Foundation Form](#) or using Quick Enroll
  - Patients must still complete the Patient Consent Form and fill out Section 2

To be eligible for free Genentech medicine from the Genentech Patient Foundation, insured patients who have coverage for their medicine should try to pursue other forms of financial assistance, if available, and meet certain income requirements. Uninsured patients and insured patients without coverage for their medicine must meet a different set of income requirements.



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# Service Requests: Appeals Support

If your patient faces a coverage or claim denial, you can request resources for appeals via My Patient Solutions® for Health Care Practices.

## Request appeals resources

The screenshot shows the ACCESS SOLUTIONS web application interface. At the top, there's a navigation bar with links: HOME, ENROLL, FIND, PATIENTS, ALERTS, and MESSAGES (with a red notification bubble). The user is logged in as John Smith. The main content area is titled 'Enroll | Smith, John'. Below this, there's a tabbed interface with four tabs: SERVICE ELIGIBILITY, TYPE OF SERVICE (which is selected), PATIENT INFORMATION, and ENROLLMENT CONFIRMATION. Under the 'TYPE OF SERVICE' tab, there's a section 'CHOOSE SERVICE TYPE(S):' with three checkboxes: 'Benefits Investigation/Prior Authorization', 'Referral to Co-pay Assistance', and 'Appeals Support'. The 'Appeals Support' checkbox is checked and highlighted with a red box. Below this, there's a paragraph explaining that enrollment in the Genentech Patient Foundation should only occur once it has been determined that the patient: Is uninsured or Has insurance, but it does not cover their Genentech medicine or Has coverage for their Genentech medicine, but their medicine remains unaffordable. There's also a note: 'If you are unsure of the patient's insurance status, you can enroll your patient in Access Solutions for a Benefit Investigation or contact Access Solutions at (866) 422-2377.' At the bottom of this section, there's a checkbox for 'Patient Foundation'. Navigation buttons 'BACK' and 'NEXT' are at the bottom right of the form. The footer contains links for Contact us, Home, Privacy Policy, and Terms & Conditions, along with the Genentech logo and a copyright notice for 2021.

Include APPEALS SUPPORT when selecting service requests under TYPE OF SERVICE.

**Note:** Appeals cannot be completed or submitted by Genentech Access Solutions on your behalf.

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## Service Requests: Appeals Support (cont)

### Request appeals resources (cont)

**Appeals Support Question**

Have you received a denial claim or denied authorization/pre-determination for your patient?

☒ Yes  
☐ No

If your patient's insurer has denied coverage, you can appeal this decision. Genentech Access Solutions can provide guidance by helping you identify the appropriate documents and information needed for a successful appeal.

In order to better assist your patient, please provide the information listed below. This information should be in the insurer's letter of denial or the patient's Explanation of Benefits (EOB) letter.

PLEASE NOTE: All additional services and/or next steps will be delivered after the appeals service request is complete.

Denial Date  Denial Reason  Denial Reference #   
MM/DD/YYYY

**CANCEL SUBMIT**

If you are unsure of the patient's insurance status, you can enroll your patient in Access Solutions for a Benefit Investigation or contact Access Solutions at (866) 422-2377.

☐ Patient Foundation

- Enter additional information about the patient's denial, including:
  - Whether you have received a claim denial or a denied prior authorization/predetermination
  - The denial date
  - The denial reason
  - The denial reference number

**Note:** Appeals cannot be completed or submitted by Genentech Access Solutions on your behalf.

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# Service Requests: Appeals Support (cont)

## Request appeals resources (cont)

**PRACTICE**

**OFFICE CONTACT**

Contact Name

Jennifer Espiritu

First Name

Jennifer

Last Name

Espiritu

Phone

(410) 225-8153

Fax

(132) 132-1323

**PRESCRIBER**

Prescriber

ZOILO ABAD

Prescriber Address

821 N. Eutaw Street 303, Baltimore, MD, ...

Place of Service

In Office

**SERVICE(S)**

**APPEALS SUPPORT**

Denial Date

11/05/2018

Denial Reason

Does Not Meet Payor Criteria

Denial Reference #

1111

Confirm this information is correct on the patient information screen.

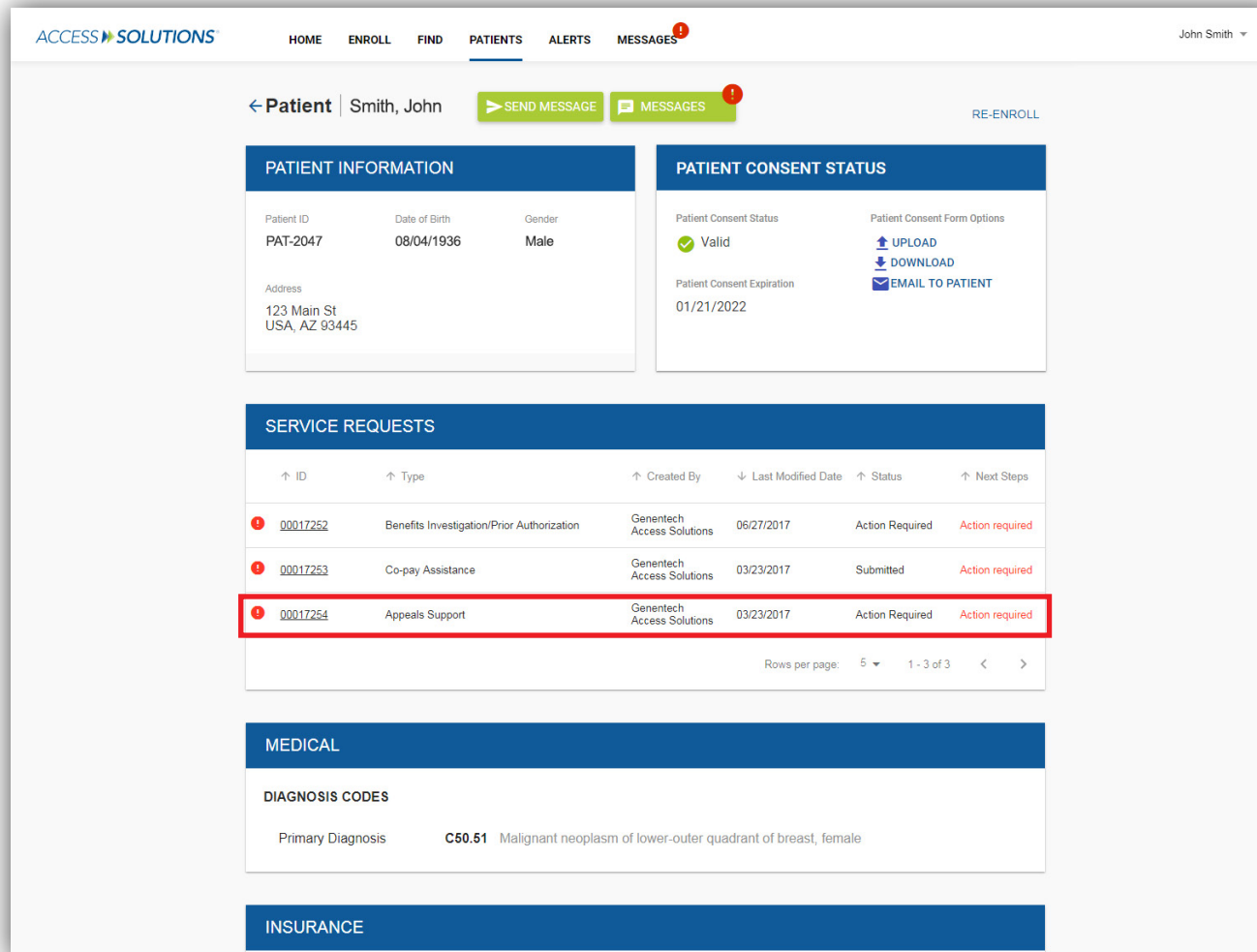
**Note:** Appeals cannot be completed or submitted by Genentech Access Solutions on your behalf.



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# Service Requests: Appeals Support (cont)

## View the patient's status



**ACCESS SOLUTIONS** HOME ENROLL FIND PATIENTS ALERTS MESSAGES <sup>1</sup> John Smith

← Patient | Smith, John [SEND MESSAGE](#) [MESSAGES](#) <sup>1</sup> [RE-ENROLL](#)

**PATIENT INFORMATION**  
Patient ID: PAT-2047  
Date of Birth: 08/04/1936  
Gender: Male  
Address: 123 Main St, USA, AZ 93445

**PATIENT CONSENT STATUS**  
Patient Consent Status: Valid  
Patient Consent Expiration: 01/21/2022  
Patient Consent Form Options: [UPLOAD](#), [DOWNLOAD](#), [EMAIL TO PATIENT](#)

**SERVICE REQUESTS**

ID	Type	Created By	Last Modified Date	Status	Next Steps
<sup>1</sup> 00017252	Benefits Investigation/Prior Authorization	Genentech Access Solutions	06/27/2017	Action Required	Action required
<sup>1</sup> 00017253	Co-pay Assistance	Genentech Access Solutions	03/23/2017	Submitted	Action required
<sup>1</sup> 00017254	Appeals Support	Genentech Access Solutions	03/23/2017	Action Required	Action required

Rows per page: 5 1 - 3 of 3

**MEDICAL**  
**DIAGNOSIS CODES**  
Primary Diagnosis: **C50.51** Malignant neoplasm of lower-outer quadrant of breast, female

**INSURANCE**

Select the APPEALS SUPPORT service request within the patient profile to see a detailed report.

**Note:** Appeals cannot be completed or submitted by Genentech Access Solutions on your behalf.



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# Service Requests: Appeals Support (cont)

## View the patient's status (cont)

ACCESS SOLUTIONS

HOMEENROLLFINDPATIENTSALERTSMESSAGES

John Smith

← Service Request Details | Jones, Evan

APPEALS SUPPORT

ID	Status	Enrollment Date
03303684	Submitted	02/22/2021
Last Modified Date		
04/28/2021		

APPEALS RESULTS

Appeal Status	Appeal Outcome Date	Appeal Reason not Covered
New	N/A	N/A

APPEALS SUBMISSION

Appeal Contact/Department		
N/A		
Additional Documents Required	Appeals Submission Deadline	Estimated Appeal TAT (Days)
N/A	N/A	N/A
Peer to Peer Available	Peer to Peer Phone	Peer to Peer Fax
N/A	N/A	N/A
# of Appeals Allowed		
N/A		

View additional information about the appeal once it has been submitted by the practice.

**Note:** Appeals cannot be completed or submitted by Genentech Access Solutions on your behalf.

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# Service Requests: Reverification/Recertification

Through My Patient Solutions® for Health Care Practices, you can request reverification of benefits for multiple patients at once. This feature is only available for certain brands.

## Specify the reverification/recertification program

The screenshot shows the ACCESS SOLUTIONS Patients page. The top navigation bar includes HOME, ENROLL, FIND, PATIENTS (active), ALERTS, and MESSAGES. The main header shows 'Patients' and 'ENROLL NEW PATIENT'. Below the header, there are three tabs: FIND PATIENT, ALL PATIENTS, and BENEFITS REVERIFICATION/RECERT REMINDER (highlighted with a red box). The left sidebar contains a 'CHOOSE PROGRAM' section with two radio buttons: 'Rituxan RA RSVP' and 'Ocrevus Prescriber Form Renewal' (selected and highlighted with a red box). Below this is an 'Action' section with a dropdown menu set to 'Reverify New List of Patients'. The 'Select a Period' section shows a date range of '05/01/2021 - 05/31/2021'. A 'Click Search to view/update the list' section has a 'SEARCH' button. The 'FILTER OPTIONS' section includes a 'Prescriber' dropdown menu. The main content area displays 'No search results found. Please try again.'

- Select BENEFITS REVERIFICATION/RECERT REMINDER from the patient list view
- Choose a benefits reverification program

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# Service Requests: Reverification/Recertification (cont)

## Choose your next action

ACCESS SOLUTIONS

HOME ENROLL FIND PATIENTS ALERTS MESSAGES

John Smith

Patients ENROLL NEW PATIENT

FIND PATIENT ALL PATIENTS BENEFITS REVERIFICATION/RECERT REMINDER

CHOOSE PROGRAM

☒ Xolair Reverification

☐ Xolair Recertification Reminder

☐ Rituxan RA RSVP

Reverify New List of Patients

View Submitted Patients

View In Progress Patients (read only)

FILTER OPTIONS

Select options below to filter Benefits Reverification list

Prescriber

Location

Patient Consent Status

Primary Plan Type

Secondary Plan Type

Choose program options and click Search to see a list of patients.

Choose your next action from the dropdown menu options for the program you have selected.

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# Service Requests: Reverification/Recertification (cont)

## Select date range

ACCESS SOLUTIONS

HOME ENROLL FIND PATIENTS ALERTS MESSAGES John Smith

**Patients** ENROLL NEW PATIENT

FIND PATIENT ALL PATIENTS BENEFITS REVERIFY/RECERT REMINDER

**CHOOSE PROGRAM**

☒ Rituxan RA RSVP

Action

Reverify New List of P... ▾

07/01/2017 - 07/15/2017

06/16/2017 - 06/30/2017

06/01/2017 - 06/15/2017

05/16/2017 - 05/31/2017

Benefit Reverification table

Prescriber ▾

Location ▾

PAN Status ▾

RESET

Choose program options and click Search to see a list of patients.

- Choose an eligibility period
- Select SEARCH
  - A list of patients meeting your criteria is returned

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# Service Requests: Reverification/Recertification (cont)

## Sort and filter patients to reverify/recertify

ACCESS SOLUTIONS

HOME ENROLL FIND PATIENTS ALERTS MESSAGES John Smith

Patients ENROLL NEW PATIENT

FIND PATIENT ALL PATIENTS BENEFITS REVERIFICATION/RECERT REMINDER ADOT DASHBOARD

CHOOSE PROGRAM

Lucentis Annual BR

Reverify New List of Patients

View Submitted Patients

View In Progress Patients (read only)

**FILTER OPTIONS**

Select options below to filter Benefits Reverification list

Prescriber

Location

Patient Consent Status

Primary Plan Type

RESET

Search Patients: 1 - 1 of 1 EXPORT CHANGE PRESCRIBER/ADDRESS

Name	Patient Consent Status (End of Feb)	Patient Consent Expiration	Anticipated Date of Treatment	Payer(s)	Actions
SELECT ALL CLEAR					
<input type="checkbox"/> Smith, John	✓	06/10/2022		Medicare IA	
				WELLMARK BCBS OF IOWA	

SUBMIT Rows per page: 20 1 - 1 of 1 < >

- Sort this list using the column headers
- Filter this list using the criteria in the left column
- Icons help you immediately determine the patient's Patient Consent status

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# Service Requests: Reverification/Recertification (cont)

## Review treatment date

ACCESS SOLUTIONS

HOME ENROLL FIND PATIENTS ALERTS MESSAGES John Smith

**Patients** ENROLL NEW PATIENT

FIND PATIENT ALL PATIENTS BENEFITS REVERIFICATION/RECERT REMINDER ADOT DASHBOARD

CHOOSE PROGRAM

Lucentis Annual BR

Action

Reverify New List of Patients

Click Search to view/update the list

SEARCH

FILTER OPTIONS

Select options below to filter Benefits Reverification list

Prescriber

Location

Patient Consent Status

Primary Plan Type

Search Patients: 1 - 1 of 1 EXPORT CHANGE PRESCRIBER/ADDRESS

↑ Name	↑ Patient Consent Status (End of Feb)	↑ Patient Consent Expiration	↑ Anticipated Date of Treatment	↑ Payer(s)	Actions
<input type="checkbox"/> Smith, John	✓	06/10/2022	01/12/2021		

SUBMIT

01/12/2021

S M T W T F S

Jan 2021 >

1 2

3 4 5 6 7 8 9

10 11 12 13 14 15 16

17 18 19 20 21 22 23

24 25 26 27 28 29 30

31

Feb 2021 >

- Modify the ANTICIPATED DATE OF TREATMENT within the REVERIFY NEW LIST OF PATIENTS returned list
- During specific times of the year, an ADOT DASHBOARD tab will be available for certain brands, showing which days have availability for appointments

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# Service Requests: Reverification/Recertification (cont)

## Select which patients to reverify/recertify

ACCESS SOLUTIONS™ HOME ENROLL FIND PATIENTS ALERTS MESSAGES John Smith ▾

**Patients** ENROLL NEW PATIENT

FIND PATIENT ALL PATIENTS BENEFITS REVERIFICATION/RECERT REMINDER ADOT DASHBOARD

CHOOSE PROGRAM

Lucentis Annual BR

Action

Reverify New List of Patients ▾

Click Search to view/update the list

SEARCH

FILTER OPTIONS

Select options below to filter Benefits Reverification list

Prescriber ▾

Location ▾

Patient Consent Status ▾

Primary Plan Type ▾

RESET

Search Patients: 1 - 1 of 1 EXPORT CHANGE PRESCRIBER/ADDRESS

↑ Name	↑ Patient Consent Status (End of Feb)	↑ Patient Consent Expiration	↑ Anticipated Date of Treatment	↑ Payer(s)	Actions
SELECT ALL CLEAR					
<input checked="" type="checkbox"/> Smith, John	✓	06/10/2022	01/12/2021	Medicare 1A	WELLMARK BCBS OF IOWA

Rows per page: 20 ▾ 1 - 1 of 1 < >

SUBMIT

- Finish editing patient information
- Select the patients you would like to reverify by checking the boxes to the left of their names
- Select SUBMIT at the bottom of the list

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# Service Requests: Reverification/Recertification (cont)

## The ACTIONS dropdown menu

The screenshot shows the ACCESS SOLUTIONS web application interface. The top navigation bar includes links for HOME, ENROLL, FIND, PATIENTS (active), ALERTS, and MESSAGES. The user is logged in as John Smith. The main content area is titled 'Patients' and includes a sub-header 'ENROLL NEW PATIENT'. Below this is a tabbed interface with 'FIND PATIENT', 'ALL PATIENTS', 'BENEFITS REVERIFICATION/RECERT REMINDER' (active), and 'ADOT DASHBOARD'. The 'BENEFITS REVERIFICATION/RECERT REMINDER' tab shows a search bar, a table of patients, and a list of filter options on the left. The table has columns for Name, Patient Consent Status (End of Feb), Patient Consent Expiration, Anticipated Date of Treatment, Payer(s), and Actions. A patient named 'Jones, Evan' is listed with a green checkmark for consent status and an expiration date of 06/10/2022. The 'ACTIONS' dropdown menu is open, showing options: 'Upload Patient Consent Form', 'Email Patient Consent to Patient', 'Download Patient Consent Form', 'Edit Insurance', 'Remove from BR List', and 'Send Message'.

- Use the ACTIONS dropdown menu to:
  - Upload the Patient Consent Form
  - Email the patient a link to the paperless Patient Consent Form
  - Edit the patient's insurance information

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## Service Requests: Reverification/Recertification (cont)



### Important points to remember about benefits reverifications/recertifications

- Access to this feature is product-specific
- For some products, this feature is available throughout the year, while for others, it is only available during certain times of the year
- For certain brands, the calendar is color-coded:
  - Green indicates the date is available
  - Orange indicates the date is available, but more than 80% of the allocated time is used
  - Red indicates the maximum number of patients have been selected
  - Hover over the date to show how many patients may be assigned this date of treatment
  - You will not be able to select weekends or holidays as anticipated dates of treatment
- During specific times of the year, an ADOT DASHBOARD tab will be available for certain brands. This dashboard shows which calendar days have:
  - Reached the maximum number of patients that may be scheduled for treatment
  - Not yet reached the maximum allowable treatment appointments

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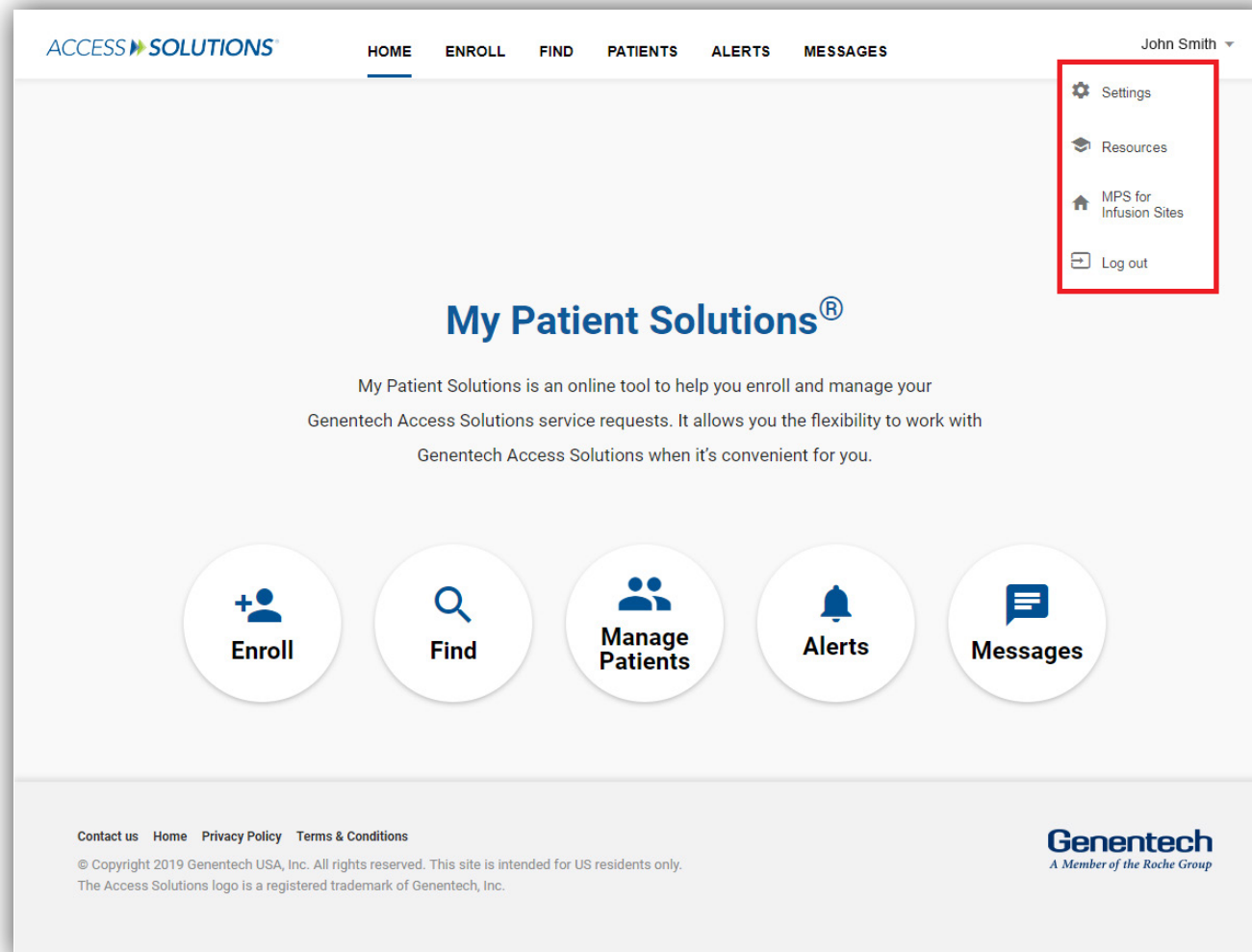




# Resources

Additional resources are available to help you navigate the features of My Patient Solutions® for Health Care Practices.

## View additional resources



Select your name in the top right corner of the screen and select RESOURCES.

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## Resources (cont)

### View additional resources (cont)

The screenshot shows the ACCESS SOLUTIONS website interface. At the top is a navigation bar with links: HOME, ENROLL, FIND, PATIENTS, ALERTS, and MESSAGES (with a red notification bubble). The user's name, John Smith, is displayed on the right. The main content area is titled "Resources" and is divided into three columns. The left column, "VIDEO TUTORIALS", features a video player and a link to "Genentech Patient Foundation MPS Enhancements". The middle column, "DOWNLOADS", lists links for "USER GUIDE", "OCREVUS USER GUIDE", "PRACTICE AGREEMENT", and "ESIGNATURE AGREEMENT". The right column, "MY PATIENTS SOLUTIONS USER AGREEMENT", contains the text of the user agreement. Below this is a section for "ADDITIONAL ASSISTANCE" providing contact information for the Field Reimbursement Manager (FRM) and Genentech Access Solutions.

- The RESOURCES section includes:
  - Instructional videos
  - This user guide
  - Copies of the Practice and eSignature Agreements

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# ? Frequently Asked Questions

## Q. I prescribe OCREVUS® (ocrelizumab). Can I submit the OCREVUS Start Form via My Patient Solutions® for Health Care Practices?

A. Yes. The practice portion of the OCREVUS Start Form is submitted the same way you submit the Prescriber Service Form. The patient portion is submitted the same way you submit the Patient Consent Form. Please see [Enroll Patients](#) for more information.

## Q. Via My Patient Solutions, can I view all of my patients enrolled in Genentech Access Solutions and/or the Genentech Patient Foundation or only the ones enrolled via the website?

A. You can view all of your patients enrolled in Genentech Access Solutions and/or the Genentech Patient Foundation via My Patient Solutions, even the ones enrolled via fax within the past 18 months.

**Please note:** For new practice registrations, there will be a delay of 1 business day for all patients to appear in the system.

## Q. Can the Patient Consent Form be submitted via My Patient Solutions?

A. Yes, you can upload a scanned copy of the Patient Consent Form while you're completing the enrollment form, within the patient list view or within the individual patient profile. The patient can also access the Patient Consent Form electronically at [Genentech-Access.com/PatientConsent](https://Genentech-Access.com/PatientConsent) or a link to the Patient Consent Form can be emailed from My Patient Solutions.

## Q. How do I submit a copy of the patient's insurance card?

A. Completing the patient's insurance information on the Prescriber Service Form is preferred, but you may also send Genentech Access Solutions a copy of the patient's insurance card (front and back) as a scanned attachment. This may be sent in the same manner as an uploaded Patient Consent Form.

## Q. Some of the prescribers in my practice don't want to participate in eSignature, but some do. Can I enroll only the prescribers who do or does the entire practice have to participate?

A. Not all prescribers within a practice who use My Patient Solutions have to enroll in eSignature for the practice to use the feature. This is done on an individual basis. However, if prescribers want to designate proxies to sign on their behalf, they must have a My Patient Solutions account and be signed up for eSignature.

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# ? Frequently Asked Questions (cont)

## Q. What do the various icons in the patient list view mean?

- A.  = Additional action required
-  = Patient Consent Form is valid
-  = No Patient Consent Form on file
-  = Patient Consent Form is pending Genentech Access Solutions review
-  = Patient Consent Form has expired
-  = Incomplete
-  = Re-enroll a patient

## Q. How do I correct a patient's profile (e.g., misspelled name)?

- A. If a patient's name is incorrect, you can send a message to your Genentech Access Solutions or Genentech Patient Foundation Specialist and ask to correct this error. You may also download the Prescriber Service Form or Prescriber Foundation Form from the SERVICE REQUEST DETAILS page, make any necessary updates and fax it to Genentech Access Solutions or the Genentech Patient Foundation.

## Q. Can I have alerts emailed to me instead of logging in to My Patient Solutions® for Health Care Practices?

- A. At this time, all of your alerts will be centralized in My Patient Solutions.

## Q. What are the system requirements for My Patient Solutions?

- A. For optimal viewing, the most recent version of 1 of the following browsers is recommended when logging in to My Patient Solutions for Health Care Practices:
- Safari
  - Google Chrome

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# IF YOU HAVE QUESTIONS

## About My Patient Solutions<sup>®</sup> for Health Care Practices:



Contact your Genentech  
reimbursement representative



Call Genentech Access Solutions at  
**(866) 4ACCESS/(866) 422-2377**



Visit [Genentech-Access.com/MPS](https://Genentech-Access.com/MPS)



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## HIGHLIGHTS OF PRESCRIBING INFORMATION

These highlights do not include all the information needed to use VABYSMO safely and effectively. See full prescribing information for VABYSMO.

**VABYSMO® (faricimab-svoa) injection, for intravitreal use**

**Initial U.S. Approval: 2022**

### RECENT MAJOR CHANGES

Indications and Usage, Macular Edema Following Retinal Vein Occlusion (RVO) (1.3)	10/2023
Dosage and Administration, General Dosing Information (2.1)	7/2024
Dosage and Administration, Macular Edema Following Retinal Vein Occlusion (2.4)	10/2023
Dosage and Administration, Preparation for Administration - Prefilled Syringe (2.5)	7/2024
Dosage and Administration, Injection Procedure (2.7)	7/2024
Warnings and Precautions, Retinal Vasculitis and/or Retinal Vascular Occlusion (5.4)	10/2023

### INDICATIONS AND USAGE

VABYSMO is a vascular endothelial growth factor (VEGF) and angiopoietin-2 (Ang-2) inhibitor indicated for the treatment of patients with:

- Neovascular (Wet) Age-Related Macular Degeneration (nAMD) (1.1)
- Diabetic Macular Edema (DME) (1.2)
- Macular Edema Following Retinal Vein Occlusion (RVO) (1.3)

### DOSAGE AND ADMINISTRATION

For intravitreal injection. (2.1)

- **Neovascular (Wet) Age-Related Macular Degeneration (nAMD)**
  - The recommended dose for VABYSMO is 6 mg (0.05 mL of 120 mg/mL solution) administered by intravitreal injection every 4 weeks (approximately every 28 ± 7 days, monthly) for the first 4 doses, followed by optical coherence tomography and visual acuity evaluations 8 and 12 weeks later to inform whether to give a 6 mg dose via intravitreal injection on one of the following three regimens: 1) Weeks 28 and 44; 2) Weeks 24, 36 and 48; or 3) Weeks 20, 28, 36 and 44. Although additional efficacy was not demonstrated in most patients when VABYSMO was dosed every 4 weeks compared to every 8 weeks, some patients may need every 4 week (monthly) dosing after the first 4 doses. Patients should be assessed regularly. (2.2)
- **Diabetic Macular Edema (DME)**
  - VABYSMO is recommended to be dosed by following one of these two dose regimens: 1) 6 mg (0.05 mL of 120 mg/mL solution) administered by intravitreal injection every 4 weeks (approximately every 28 days ± 7 days, monthly) for at least 4 doses. If after at least 4 doses, resolution of edema based on the central subfield thickness

(CST) of the macula as measured by optical coherence tomography is achieved, then the interval of dosing may be modified by extensions of up to 4 week interval increments or reductions of up to 8 week interval increments based on CST and visual acuity evaluations; or 2) 6 mg dose of VABYSMO can be administered every 4 weeks for the first 6 doses, followed by 6 mg dose via intravitreal injection at intervals of every 8 weeks (2 months). Although additional efficacy was not demonstrated in most patients when VABYSMO was dosed every 4 weeks compared to every 8 weeks, some patients may need every 4 week (monthly) dosing after the first 4 doses. Patients should be assessed regularly. (2.3)

- **Macular Edema Following Retinal Vein Occlusion (RVO)**
  - The recommended dose for VABYSMO is 6 mg (0.05 mL of 120 mg/mL) administered by intravitreal injection every 4 weeks (approximately every 28 ± 7 days, monthly) for 6 months. (2.4)

### DOSAGE FORMS AND STRENGTHS

- Injection: 6 mg (0.05 mL of 120 mg/mL solution) in a single-dose prefilled syringe (3)
- Injection: 6 mg (0.05 mL of 120 mg/mL solution) in a single-dose vial (3)

### CONTRAINDICATIONS

- Ocular or periocular infection (4.1)
- Active intraocular inflammation (4.2)
- Hypersensitivity (4.3)

### WARNINGS AND PRECAUTIONS

- Endophthalmitis and retinal detachments may occur following intravitreal injections. Patients should be instructed to report any symptoms suggestive of endophthalmitis or retinal detachment without delay, to permit prompt and appropriate management. (5.1)
- Increases in intraocular pressure have been seen within 60 minutes of an intravitreal injection. (5.2)
- There is a potential risk of arterial thromboembolic events (ATEs) associated with VEGF inhibition. (5.3)

### ADVERSE REACTIONS

The most common adverse reactions (≥ 5%) reported in patients receiving VABYSMO were cataract (15%) and conjunctival hemorrhage (8%). (6.1)

**To report SUSPECTED ADVERSE REACTIONS, contact Genentech at 1-888-835-2555 or FDA at 1-800-FDA-1088 or [www.fda.gov/medwatch](http://www.fda.gov/medwatch).**

**See 17 for PATIENT COUNSELING INFORMATION.**

**Revised: 7/2024**

## FULL PRESCRIBING INFORMATION: CONTENTS\*

### 1 INDICATIONS AND USAGE

- 1.1 Neovascular (Wet) Age-Related Macular Degeneration (nAMD)
- 1.2 Diabetic Macular Edema (DME)
- 1.3 Macular Edema Following Retinal Vein Occlusion (RVO)

### 2 DOSAGE AND ADMINISTRATION

- 2.1 General Dosing Information
- 2.2 Neovascular (Wet) Age-Related Macular Degeneration (nAMD)
- 2.3 Diabetic Macular Edema (DME)
- 2.4 Macular Edema Following Retinal Vein Occlusion (RVO)
- 2.5 Preparation for Administration - Prefilled Syringe
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- 2.7 Injection Procedure

### 3 DOSAGE FORMS AND STRENGTHS

### 4 CONTRAINDICATIONS

- 4.1 Ocular or Periocular Infections
- 4.2 Active Intraocular Inflammation
- 4.3 Hypersensitivity

### 5 WARNINGS AND PRECAUTIONS

- 5.1 Endophthalmitis and Retinal Detachments
- 5.2 Increase in Intraocular Pressure
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\* Sections or subsections omitted from the full prescribing information are not listed.

## **FULL PRESCRIBING INFORMATION**

### **1 INDICATIONS AND USAGE**

VABYSMO is a vascular endothelial growth factor (VEGF) and angiopoietin 2 (Ang-2) inhibitor indicated for the treatment of patients with:

#### **1.1 Neovascular (wet) Age-Related Macular Degeneration (nAMD)**

#### **1.2 Diabetic Macular Edema (DME)**

#### **1.3 Macular Edema Following Retinal Vein Occlusion (RVO)**

### **2 DOSAGE AND ADMINISTRATION**

#### **2.1 General Dosing Information**

For intravitreal injection. VABYSMO must be administered by a qualified physician.

VABYSMO is available as:

- Prefilled syringe: A sterile injection filter needle (30-gauge x ½-inch, Extra Thin Wall) with an integrated filter in the hub is provided. Each prefilled syringe should only be used for the treatment of a single eye.
- Vial: A sterile 5-micron, blunt transfer filter needle (18-gauge x 1½-inch) is provided. Each vial should only be used for the treatment of a single eye.

*[see How Supplied/Storage and Handling (16)]*

#### **2.2 Neovascular (wet) Age-Related Macular Degeneration (nAMD)**

The recommended dose for VABYSMO is 6 mg (0.05 mL of 120 mg/mL solution) administered by intravitreal injection every 4 weeks (approximately every  $28 \pm 7$  days, monthly) for the first 4 doses, followed by optical coherence tomography and visual acuity evaluations 8 and 12 weeks later to inform whether to give a 6 mg dose via intravitreal injection on one of the following three regimens: 1) Weeks 28 and 44; 2) Weeks 24, 36 and 48; or 3) Weeks 20, 28, 36 and 44. Although additional efficacy was not demonstrated in most patients when VABYSMO was dosed every 4 weeks compared to every 8 weeks, some patients may need every 4 week (monthly) dosing after the first 4 doses. Patients should be assessed regularly.

#### **2.3 Diabetic Macular Edema (DME)**

VABYSMO is recommended to be dosed by following one of these two dose regimens: 1) 6 mg (0.05 mL of 120 mg/mL solution) administered by intravitreal injection every 4 weeks (approximately every  $28 \pm 7$  days, monthly) for at least 4 doses. If after at least 4 doses, resolution of edema based on the central subfield thickness (CST) of the macula as measured by optical coherence tomography is achieved, then the interval of dosing may be modified by extensions of up to 4 week interval increments or reductions of up to 8 week interval increments based on CST and visual acuity evaluations; or 2) 6 mg dose of VABYSMO can be administered every 4 weeks for the first 6 doses, followed by 6 mg dose via intravitreal injection at intervals of every 8 weeks (2 months). Although additional efficacy was not demonstrated in most patients when VABYSMO was dosed every 4 weeks compared to every 8 weeks, some patients may need every 4 week (monthly) dosing after the first 4 doses. Patients should be assessed regularly.

#### **2.4 Macular Edema Following Retinal Vein Occlusion (RVO)**

The recommended dose for VABYSMO is 6 mg (0.05 mL of 120 mg/mL solution) administered by intravitreal injection every 4 weeks (approximately every  $28 \pm 7$  days, monthly) for 6 months.

## 2.5 Preparation for Administration - Prefilled Syringe

### Before you start

---



Read all the instructions carefully before using VABYSMO.

The VABYSMO carton includes:



A sterile prefilled syringe in a sealed tray. The prefilled syringe is for treatment of a single eye.



A sterile injection filter needle (30-gauge x 1/2 inch, Extra Thin Wall) with an integrated filter in the hub. The injection filter needle is for single use only.

---

**Only use the provided injection filter needle for the administration.**



VABYSMO should be refrigerated at temperatures between 2°C to 8°C (36°F to 46°F).

**Do not** freeze.



Allow VABYSMO to reach room temperature, 20°C to 25°C (68°F to 77°F) before proceeding with the administration.



Prior to use, keep the sealed tray in the original carton to **protect the prefilled syringe from light**. The prefilled syringe may be kept at room temperature in the original carton for up to **24 hours**.



VABYSMO should be inspected visually prior to administration.

**Do not** use if the carton seals have been tampered with.

**Do not** use if the packaging, prefilled syringe, injection filter needle is expired, damaged, or have been tampered with.

**Do not** use if the injection filter needle is missing.

**Do not** remove the finger grip from the syringe.

**Do not** use if the syringe cap is detached from the Luer lock.

**Do not** use if particulates, cloudiness, or discoloration are visible.

VABYSMO is a clear to opalescent and colorless to brownish-yellow liquid solution.

## Prefilled Syringe Description

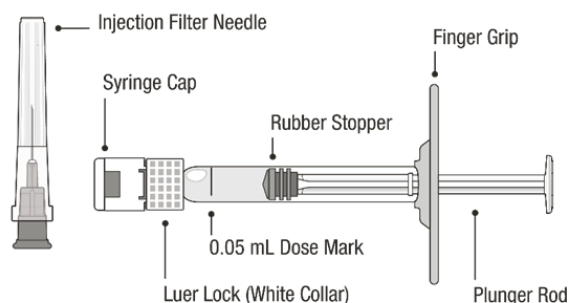


Figure A

**Note: the dose must be set to the 0.05 mL dose mark.**

Use aseptic technique to carry out the following preparation steps:

### Open Tray and Remove Syringe Cap

- 1 Peel the lid off the syringe tray and aseptically remove the prefilled syringe.
- 2 Hold the syringe by the white collar; snap off the syringe cap (see **Figure B**).

**Do not** twist off the cap.

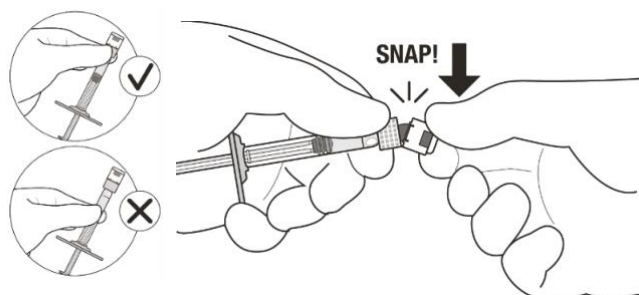


Figure B

### Attach Injection Filter Needle

- 3 Aseptically remove the provided injection filter needle from its packaging.
- 4 Aseptically and firmly attach the injection filter needle onto the syringe Luer lock (see **Figure C**).

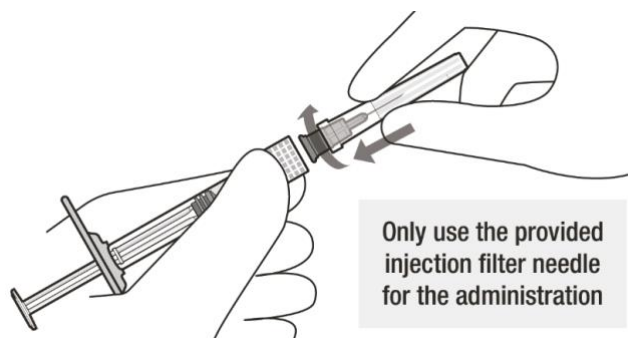


Figure C

- 5 Carefully remove the needle cap by pulling it straight off.

### Dislodge Air Bubbles

- 6 Hold the syringe with the injection filter needle pointing up. Check the syringe for air bubbles.
- 
- 7 If there are any air bubbles, gently tap the syringe with your finger until the bubbles rise to the top (see **Figure D**).

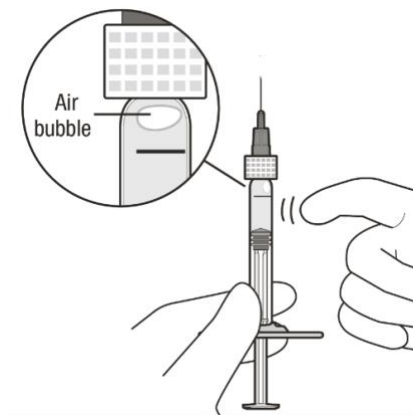


Figure D

### Expel Air and Adjust the Dose

- 8 Hold the syringe at eye level and **slowly** push the plunger rod until the **lower edge of the rubber stopper's dome** is aligned with the 0.05 mL dose mark (see **Figure E**). This will expel the air and the excess solution and set the dose to 0.05 mL.
- Ensure that the injection is given **immediately** after preparation of the dose.

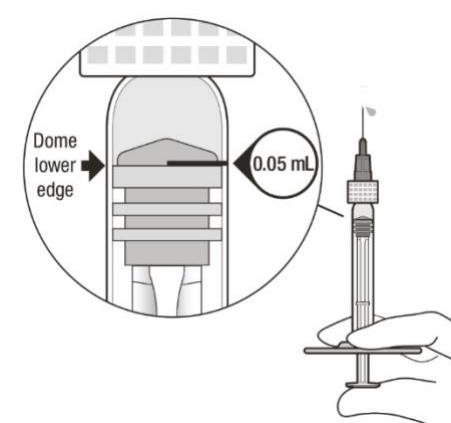


Figure E

## 2.6 Preparation for Administration - Vial

### Before you start

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Read all the instructions carefully before using VABYSMO.



The VABYSMO kit includes a glass vial and transfer filter needle. The glass vial is for a single dose only. The filter needle is for treatment of a single eye.



VABYSMO should be stored refrigerated at temperatures between 2°C to 8°C (36°F to 46°F).

**Do not** freeze.

**Do not** shake.



Allow VABYSMO to reach room temperature, 20°C to 25°C (68°F to 77°F) before proceeding with the administration. Keep the vial in the original carton to **protect from light**.

The VABYSMO vial may be kept at room temperature for up to **24 hours**.



The VABYSMO vial should be inspected visually for particulate matter and discoloration prior to administration. VABYSMO is a clear to opalescent and colorless to brownish-yellow liquid solution.

**Do not** use if particulates, cloudiness, or discoloration are visible.

**Do not** use if the packaging, vial and/or transfer filter needle are expired, damaged, or have been tampered with (see **Figure F**).



Figure F

Use aseptic technique to carry out the preparation of the intravitreal injection.

**1** Gather the following supplies:

- One VABYSMO vial (included)
- One sterile 5-micron blunt transfer filter needle 18-gauge x 1½ inch (included)
- One sterile 1 mL Luer lock syringe with a 0.05 mL dose mark (**not included**)
- One sterile injection needle 30-gauge x ½ inch (**not included**)  
**Note** that a 30-gauge injection needle is recommended to avoid increased injection forces that could be experienced with smaller diameter needles.
- Alcohol swab (**not included**).

---

**2** To ensure all liquid settles at the bottom of the vial, place the vial upright on a flat surface (for about 1 minute) after removal from packaging (see **Figure G**). Gently tap the vial with your finger (see **Figure H**), as liquid may stick to the top of the vial.

---





Figure G



Figure H

- 
- 3** Remove the flip-off cap from the vial (see **Figure I**) and wipe the vial septum with an alcohol swab (see **Figure J**).



Figure I

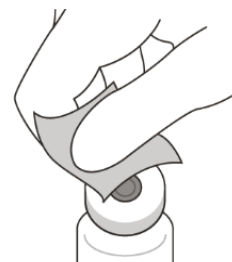


Figure J

- 
- 4** Aseptically and firmly attach the included 18-gauge x 1½ inch transfer filter needle onto a 1 mL Luer lock syringe (see **Figure K**).

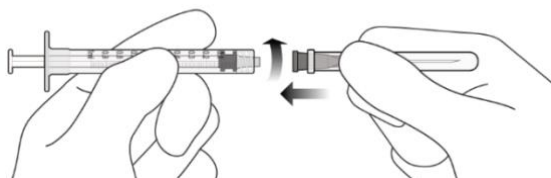


Figure K

- 
- 5** Using aseptic technique, push the transfer filter needle into the center of the vial septum (see **Figure L**), push it all the way in, then tilt the vial slightly so that the needle touches the bottom edge of the vial (see **Figure M**).

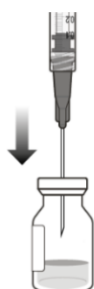


Figure L

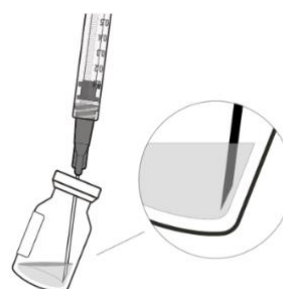


Figure M

- 
- 6** Hold the vial slightly inclined and **slowly** withdraw all the liquid from the vial (see **Figure N**). Keep the bevel of the transfer filter needle submerged in the liquid, to avoid introduction of air.



Figure N

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**7** Ensure that the plunger rod is drawn sufficiently back when emptying the vial, in order to completely empty the transfer filter needle (see **Figure N**).

---

**8** Disconnect the transfer filter needle from the syringe and dispose of it in accordance with local regulations.

---

**Do not use the transfer filter needle for the intravitreal injection.**

---

**9** Aseptically and firmly attach a 30-gauge x ½ inch injection needle onto the Luer lock syringe (see **Figure O**).

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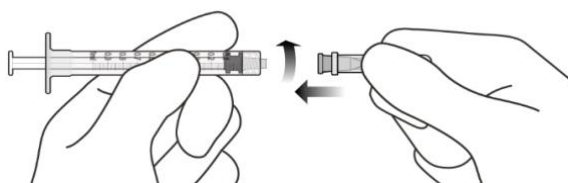


Figure O

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**10** Carefully remove the plastic needle shield from the needle by pulling it straight off.

---

**11** To check for air bubbles, hold the syringe with the needle pointing up. If there are any air bubbles, gently tap the syringe with your finger until the bubbles rise to the top (see **Figure P**).

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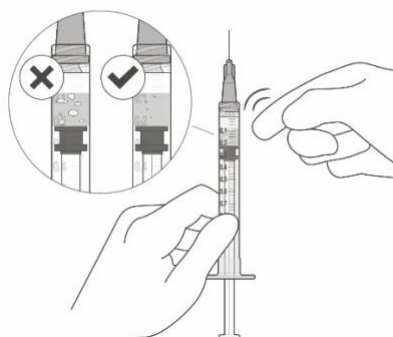


Figure P

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**12** Carefully expel the air from the syringe and needle, and **slowly** depress the plunger to align the rubber stopper tip to the 0.05 mL dose mark. The syringe is ready for the injection (see **Figure Q**). Ensure that the injection is given **immediately** after preparation of the dose.

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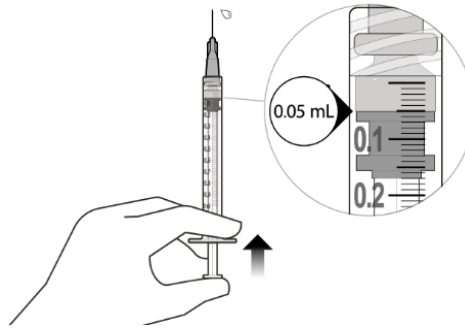


Figure Q

## 2.7 Injection Procedure

The intravitreal injection procedure must be carried out under aseptic conditions, which includes the use of surgical hand disinfection, sterile gloves, a sterile drape and a sterile eyelid speculum (or equivalent), and the availability of sterile paracentesis equipment (if required). Adequate anesthesia and a broad-spectrum microbicide should be administered prior to the injection.

Inject **slowly** until the rubber stopper reaches the end of the syringe to deliver the volume of 0.05 mL.

Note for the prefilled syringe: **Do not** recap or detach the injection filter needle from the syringe.

Any unused drug product or waste material should be disposed of in accordance with local regulations.

Immediately following the intravitreal injection, patients should be monitored for elevation in intraocular pressure. Appropriate monitoring may consist of a check for perfusion of the optic nerve head or tonometry. If required, a sterile paracentesis needle should be available. Following intravitreal injection, patients should be instructed to report any symptoms suggestive of endophthalmitis or retinal detachment (e.g., vision loss, eye pain, redness of the eye, photophobia, blurring of vision) without delay [see *Patient Counseling Information (17)*].

Each syringe should only be used for the treatment of a single eye. If the contralateral eye requires treatment, a new syringe should be used and the sterile field, syringe, gloves, drapes, eyelid speculum, filter, and injection needles should be changed before VABYSMO is administered to the other eye.

## 3 DOSAGE FORMS AND STRENGTHS

VABYSMO is a clear to opalescent, colorless to brownish-yellow solution available as:

- Injection: 6 mg (0.05 mL of 120 mg/mL solution) in a single-dose prefilled glass syringe
- Injection: 6 mg (0.05 mL of 120 mg/mL solution) in a single-dose glass vial

## 4 CONTRAINDICATIONS

### 4.1 Ocular or Periocular Infections

VABYSMO is contraindicated in patients with ocular or periocular infections.

## 4.2 Active Intraocular Inflammation

VABYSMO is contraindicated in patients with active intraocular inflammation.

## 4.3 Hypersensitivity

VABYSMO is contraindicated in patients with known hypersensitivity to faricimab or any of the excipients in VABYSMO. Hypersensitivity reactions may manifest as rash, pruritus, urticaria, erythema, or severe intraocular inflammation.

# 5 WARNINGS AND PRECAUTIONS

## 5.1 Endophthalmitis and Retinal Detachments

Intravitreal injections, including Vabysmo, have been associated with endophthalmitis and retinal detachments [*see Adverse Reactions (6.1)*]. Proper aseptic injection techniques must always be used when administering VABYSMO. Patients should be instructed to report any signs or symptoms suggestive of endophthalmitis or retinal detachment without delay, to permit prompt and appropriate management [*see Dosage and Administration (2.6) and Patient Counseling Information (17)*].

## 5.2 Increase in Intraocular Pressure

Transient increases in intraocular pressure (IOP) have been seen within 60 minutes of intravitreal injection, including with VABYSMO [*see Adverse Reactions (6.1)*]. IOP and the perfusion of the optic nerve head should be monitored and managed appropriately [*see Dosage and Administration (2.6)*].

## 5.3 Thromboembolic Events

Although there was a low rate of arterial thromboembolic events (ATEs) observed in the VABYSMO clinical trials, there is a potential risk of ATEs following intravitreal use of VEGF inhibitors. ATEs are defined as nonfatal stroke, nonfatal myocardial infarction, or vascular death (including deaths of unknown cause).

The incidence of reported ATEs in the nAMD studies during the first year was 1% (7 out of 664) in patients treated with VABYSMO compared with 1% (6 out of 662) in patients treated with aflibercept [*see Clinical Studies (14.1)*].

The incidence of reported ATEs in the DME studies from baseline to week 100 was 5% (64 out of 1,262) in patients treated with VABYSMO compared with 5% (32 out of 625) in patients treated with aflibercept [*see Clinical Studies (14.2)*].

The incidence of reported ATEs in the RVO studies during the first 6 months was 1.1% (7 out of 641) in patients treated with VABYSMO compared with 1.4% (9 out of 635) in patients treated with aflibercept [*see Clinical Studies (14.3)*].

## 5.4 Retinal Vasculitis and/or Retinal Vascular Occlusion

Retinal vasculitis and/or retinal vascular occlusion, typically in the presence of intraocular inflammation, have been reported with the use of VABYSMO [*see Adverse Reactions (6.2)*]. Discontinue treatment with VABYSMO in patients who develop these events. Patients should be instructed to report any change in vision without delay.

# 6 ADVERSE REACTIONS

The following potentially serious adverse reactions are described elsewhere in the labeling:

- Hypersensitivity [*see Contraindications (4)*]
- Endophthalmitis and retinal detachments [*see Warnings and Precautions (5.1)*]

- Increase in intraocular pressure [see Warnings and Precautions (5.2)]
- Thromboembolic events [see Warnings and Precautions (5.3)]
- Retinal Vasculitis and/or Retinal Vascular Occlusion [see Warnings and Precautions (5.4)]

## 6.1 Clinical Trials Experience

Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in other clinical trials of the same or another drug and may not reflect the rates observed in practice.

The data described below reflect exposure to VABYSMO in 2,567 patients, which constituted the safety population in six Phase 3 studies [see Clinical Studies (14.1, 14.2, 14.3)].

**Table 1: Common Adverse Reactions (≥ 1%)**

Adverse Reactions	VABYSMO			Active Control (aflibercept)		
	AMD N=664	DME N=1,262	RVO N=641	AMD N=662	DME N=625	RVO N=635
Cataract	3%	15%	< 1%	2%	12%	1%
Conjunctival hemorrhage	7%	8%	3%	8%	7%	4%
Vitreous detachment	3%	5%	2%	3%	4%	2%
Vitreous floaters	3%	4%	2%	2%	3%	2%
Retinal pigment epithelial tear <sup>a</sup>	3%			1%		
Intraocular pressure increased	3%	4%	1%	2%	3%	3%
Eye pain	3%	3%	< 1%	3%	3%	< 1%
Intraocular inflammation <sup>b</sup>	2%	1%	1%	1%	1%	< 1%
Eye irritation	1%	< 1%	< 1%	< 1%	1%	< 1%
Lacrimation increased	1%	1%	0	1%	< 1%	< 1%
Ocular discomfort	1%	1%	< 1%	< 1%	< 1%	< 1%
<sup>a</sup> AMD only						
<sup>b</sup> Including iridocyclitis, iritis, uveitis, vitritis						

Less common adverse reactions reported in < 1% of the patients treated with VABYSMO were corneal abrasion, eye pruritus, ocular hyperemia, blurred vision, sensation of foreign body, endophthalmitis, conjunctival hyperaemia, visual acuity reduced, visual acuity reduced transiently, vitreous hemorrhage, retinal tear and rhegmatogenous retinal detachment.

## 6.2 Postmarketing Experience

The following adverse reactions have been identified during postapproval use of VABYSMO. Because these reactions are reported voluntarily from a population of uncertain size, it is not always possible to reliably estimate their frequency or establish a causal relationship to drug exposure.

*Eye disorders:* retinal vasculitis with or without retinal vascular occlusion.

## 8 USE IN SPECIFIC POPULATIONS

### 8.1 Pregnancy

#### Risk Summary

There are no adequate and well-controlled studies of VABYSMO administration in pregnant women.

Administration of VABYSMO to pregnant monkeys throughout the period of organogenesis resulted in an increased incidence of abortions at intravenous (IV) doses 158 times the human exposure (based on C<sub>max</sub>) of the maximum recommended human dose [see Animal Data]. Based on the mechanism of action of VEGF and Ang-2 inhibitors, there is a potential risk to female

reproductive capacity, and to embryo-fetal development. VABYSMO should not be used during pregnancy unless the potential benefit to the patient outweighs the potential risk to the fetus.

All pregnancies have a background risk of birth defect, loss, and other adverse outcomes. The background risk of major birth defects and miscarriage for the indicated population is unknown. In the U.S. general population, the estimated background risk of major birth defects is 2%-4% and of miscarriage is 15%-20% of clinically recognized pregnancies.

#### Data

##### *Animal Data*

An embryo fetal developmental toxicity study was performed on pregnant cynomolgus monkeys. Pregnant animals received 5 weekly IV injections of VABYSMO starting on day 20 of gestation at 1 or 3 mg/kg. A non-dose dependent increase in pregnancy loss (abortions) was observed at both doses evaluated. Serum exposure ( $C_{max}$ ) in pregnant monkeys at the low dose of 1 mg/kg was 158 times the human exposure at the maximum recommended intravitreal dose of 6 mg once every 4 weeks. A no observed adverse effect level (NOAEL) was not identified in this study.

## **8.2 Lactation**

### Risk Summary

There is no information regarding the presence of faricimab in human milk, the effects of the drug on the breastfed infant, or the effects of the drug on milk production. Many drugs are transferred in human milk with the potential for absorption and adverse reactions in the breastfed child.

The developmental and health benefits of breastfeeding should be considered along with the mother's clinical need for VABYSMO and any potential adverse effects on the breastfed child from VABYSMO.

## **8.3 Females and Males of Reproductive Potential**

### Contraception

Females of reproductive potential are advised to use effective contraception prior to the initial dose, during treatment and for at least 3 months following the last dose of VABYSMO.

### Infertility

No studies on the effects of faricimab on human fertility have been conducted and it is not known whether faricimab can affect reproduction capacity. Based on the mechanism of action, treatment with VABYSMO may pose a risk to reproductive capacity.

## **8.4 Pediatric Use**

The safety and efficacy of VABYSMO in pediatric patients have not been established.

## **8.5 Geriatric Use**

In the six clinical studies, approximately 58% (1,496/2,571) of patients randomized to treatment with VABYSMO were  $\geq 65$  years of age. No significant differences in efficacy or safety of faricimab were seen with increasing age in these studies. No dose adjustment is required in patients 65 years and above.

## 11 DESCRIPTION

Faricimab-svoa is a humanized bispecific immunoglobulin G1 (IgG1) antibody that binds both vascular endothelial growth factor A (VEGF-A) and angiopoietin-2 (Ang-2). The fragment crystallizable (Fc) region of faricimab was engineered by selected point mutations to abolish binding interactions with Fcγ and FcRn receptors. Faricimab-svoa has a total molecular weight of approximately 149 kDa and is produced by recombinant DNA technology using mammalian Chinese Hamster Ovary (CHO) cell culture.

VABYSMO (faricimab-svoa) injection is a sterile, clear to opalescent, colorless to brownish-yellow solution in a single-dose prefilled glass syringe or glass vial for intravitreal administration. Each single-dose prefilled syringe or single-dose vial is designed to deliver 0.05 mL (50 microliters) of solution containing 6 mg faricimab-svoa, L-histidine (155 mcg), L-methionine (52.2 mcg), polysorbate 20 (20 mcg), sodium chloride (73.1 mcg), D-sucrose (2.74 mg) and Water for Injection, adjusted to pH 5.5 with acetic acid. The product does not contain an anti-microbial preservative.

## 12 CLINICAL PHARMACOLOGY

### 12.1 Mechanism of Action

Faricimab is a humanized bispecific antibody that acts through inhibition of two pathways by binding to VEGF-A and Ang-2. By inhibiting VEGF-A, faricimab suppresses endothelial cell proliferation, neovascularization and vascular permeability. By inhibiting Ang-2, faricimab is thought to promote vascular stability and desensitize blood vessels to the effects of VEGF-A. Ang-2 levels are increased in some patients with nAMD, DME, and RVO. The contribution of Ang-2 inhibition to the treatment effect and clinical response for nAMD, DME, and RVO has yet to be established.

### 12.2 Pharmacodynamics

Increased retinal thickness, assessed by optical coherence tomography (OCT), is associated with nAMD, DME and macular edema following RVO. Leakage of blood and fluid from choroidal neovascularization, assessed by fluorescein angiography, is associated with nAMD. Reductions in CST were observed across all treatment arms throughout the six Phase 3 studies in nAMD, DME, and RVO.

### 12.3 Pharmacokinetics

#### *Absorption/Distribution*

Maximum faricimab plasma concentrations (C<sub>max</sub>) are estimated to occur approximately 2 days post-dose. Mean (±SD) free faricimab (unbound to VEGF-A and Ang-2) plasma C<sub>max</sub> are estimated to be 0.23 (0.07) mcg/mL and 0.22 (0.07) mcg/mL in nAMD and in DME patients, respectively. After repeated intravitreal administrations, mean plasma free faricimab trough concentrations are predicted to be 0.002-0.003 mcg/mL for every 8 weeks (Q8W) dosing and 0.021-0.029 mcg/mL for every 4 weeks (Q4W) dosing. Although not directly measured in the vitreous, no accumulation of faricimab is expected in the vitreous and no accumulation has been observed in plasma when faricimab has been administered as repeat doses in the vitreous.

#### *Metabolism/Elimination*

Metabolism and elimination of faricimab has not been fully characterized. Faricimab is expected to be catabolized in lysosomes to small peptides and amino acids, which may be excreted renally, in a similar manner to the elimination of endogenous IgG. The estimated mean apparent systemic half-life of faricimab is approximately 7.5 days.



### *Specific Populations*

The systemic pharmacokinetics of faricimab were not influenced by gender, race, or mild to severe renal impairment (i.e., estimated normalized creatinine clearance by Cockcroft-Gault equation: 15 to 89 mL/min/1.73 m<sup>2</sup>). The effect of severe renal impairment or any degree of hepatic impairment on the pharmacokinetics of VABYSMO is unknown. No special dosage modification is required for any of the populations that have been studied (e.g., elderly, gender, race).

Population pharmacokinetic analysis indicated that the pharmacokinetics of faricimab are comparable in nAMD, DME, and RVO patients.

## **12.6 Immunogenicity**

The immunogenicity of VABYSMO was evaluated in plasma samples. The immunogenicity data reflect the percentage of patients whose test results were considered positive for antibodies to VABYSMO in immunoassays. The detection of an immune response is highly dependent on the sensitivity and specificity of the assays used, sample handling, timing of sample collection, concomitant medications, and underlying disease. For these reasons, comparison of the incidence of antibodies to VABYSMO with the incidence of antibodies to other products may be misleading.

There is a potential for an immune response in patients treated with VABYSMO. In the nAMD, DME, and RVO studies, the pre-treatment incidence of anti-faricimab antibodies was approximately 0.8 to 1.8%. After initiation of dosing, the incidence of anti-faricimab antibodies was approximately 8% to 10.4% in patients treated with VABYSMO across studies. As with all therapeutic proteins, there is a potential for immunogenicity with VABYSMO.

## **13 NONCLINICAL TOXICOLOGY**

### **13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility**

No carcinogenicity or mutagenicity data are available for VABYSMO injection in animals or humans.

Based on the anti-VEGF and Ang-2 mechanisms of action, treatment with VABYSMO may pose a risk to reproductive capacity [*see Females and Males of Reproductive Potential (8.3)*].

## **14 CLINICAL STUDIES**

### **14.1 Neovascular (wet) Age-Related Macular Degeneration (nAMD)**

The safety and efficacy of VABYSMO were assessed in two randomized, multi-center, double-masked, active comparator-controlled, 2-year studies (TENAYA – NCT03823287 and LUCERNE – NCT03823300) in patients with nAMD.

A total of 1,329 newly diagnosed, treatment-naïve patients were enrolled in these studies, and 664 patients received at least one dose of VABYSMO. Patient ages ranged from 50 to 99 with a mean of 75.9 years. The studies were identically designed two year studies. Patients were randomized in a 1:1 ratio to one of two treatment arms: 1) aflibercept 2 mg administered fixed every 8 weeks (Q8W) after three initial monthly doses; and VABYSMO 6 mg (0.05 mL of 120 mg/mL solution) administered by intravitreal injection every 4 weeks (approximately every 28 ± 7 days, monthly) for the first 4 doses, followed by optical coherence tomography and visual acuity evaluations 8 and 12 weeks later to determine whether to give a 6 mg (0.05 mL of 120 mg/mL solution) dose via intravitreal injection on one of the following three regimens: 1) Weeks 28 and 44; (also referred to as Q16W dosing); 2) Weeks 24, 36 and 48 (also referred to as Q12W dosing); or 3) Weeks 20, 28, 36 and 44 (also referred to as Q8W dosing). However, the utility of these criteria to guide dosing intervals has not been established.

At week 48, after 4 initial monthly doses in the VABYSMO arm, 45% of patients received the Weeks 28 and 44 dosing, 33% of patients received the Weeks 24, 36 and 48 dosing, and the remaining 22% of patients received dosing every 8 weeks. These percentages are reflective of what happened within the conduct of these trials and indicate that some patients did well on two (2) doses spaced 16 weeks apart, or three (3) doses spaced 12 weeks apart, but the percentages may not be generalizable to a broader nAMD population for a variety of reasons. The inclusion/exclusion criteria limited enrollment to a select subset of treatment-naïve, newly diagnosed nAMD patients and there is no empirical data that a similar magnitude would be observed if eligibility criteria allowed for broader enrollment. The disease activity criteria, which was instrumental in determining dose frequency, is unvalidated. Stricter criteria would have changed how patients were treated resulting in different percentages of subjects in each dose interval cohort. There was not a similarly dosed aflibercept arm for comparison, which makes the percentages difficult to interpret.

Both studies demonstrated non-inferiority to the comparator control (aflibercept) at the primary endpoint, defined as the mean change from baseline in Best Corrected Visual Acuity (BCVA) when averaged over the week 40, 44, and 48 visits and measured by the Early Treatment Diabetic Retinopathy Study (ETDRS) letter chart. The primary endpoint analysis was a non-inferiority comparison for the mean change in BCVA between the aflibercept and the VABYSMO arm. The lower bound of the 95% confidence interval for the mean change in BCVA could not be lower than minus 4 letters to declare non-inferiority. In both studies, VABYSMO treated patients had a non-inferior mean change from baseline in BCVA compared to patients treated with aflibercept. Detailed results of both studies are shown in Table 2, Figure 1, and Figure 2 below. The clinical efficacy for the second year of the study has not been reviewed.

**Table 2: Primary Endpoint Results<sup>a</sup> in the TENAYA and LUCERNE Studies**

	TENAYA		LUCERNE	
	VABYSMO N = 334	Aflibercept N = 337	VABYSMO N = 331	Aflibercept N = 327
Mean change in BCVA as measured by ETDRS letter score from baseline (95% CI)	5.8 (4.6, 7.1)	5.1 (3.9, 6.4)	6.6 (5.3, 7.8)	6.6 (5.3, 7.8)
Difference in LS mean (95% CI)	0.7 (-1.1, 2.5)		0.0 (-1.7, 1.8)	

<sup>a</sup> Average of weeks 40, 44 and 48

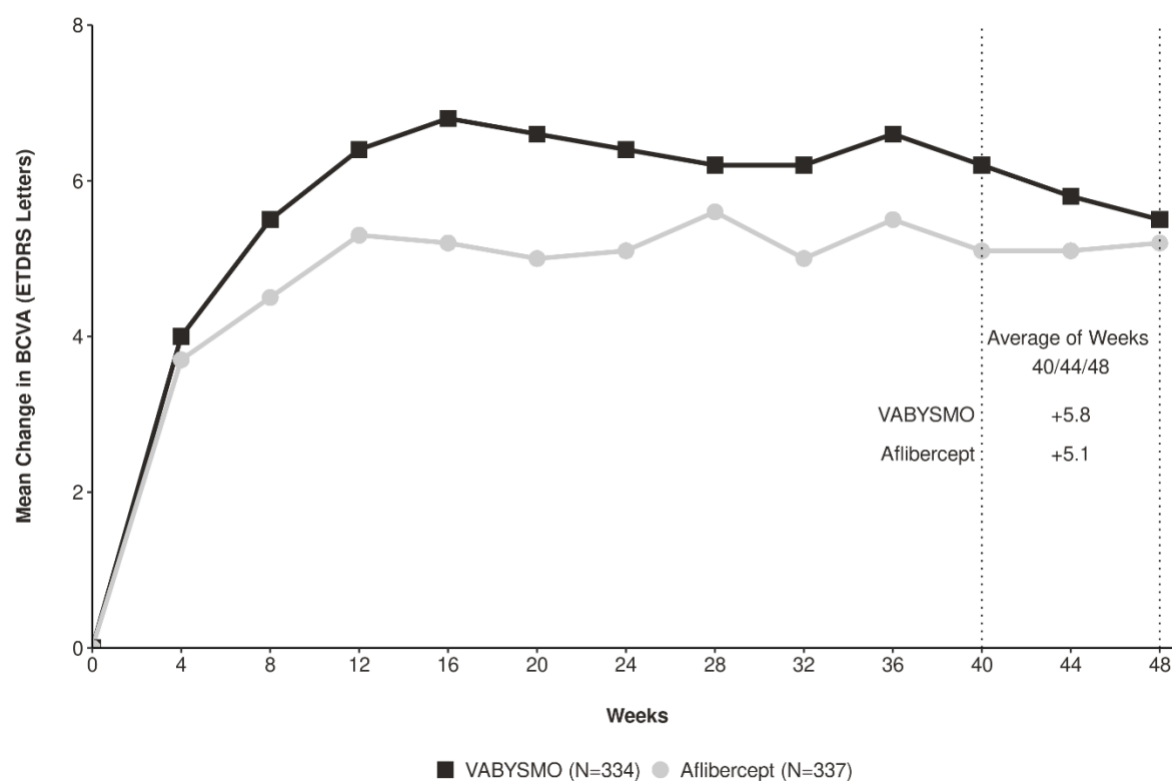
BCVA: Best Corrected Visual Acuity

ETDRS: Early Treatment Diabetic Retinopathy Study

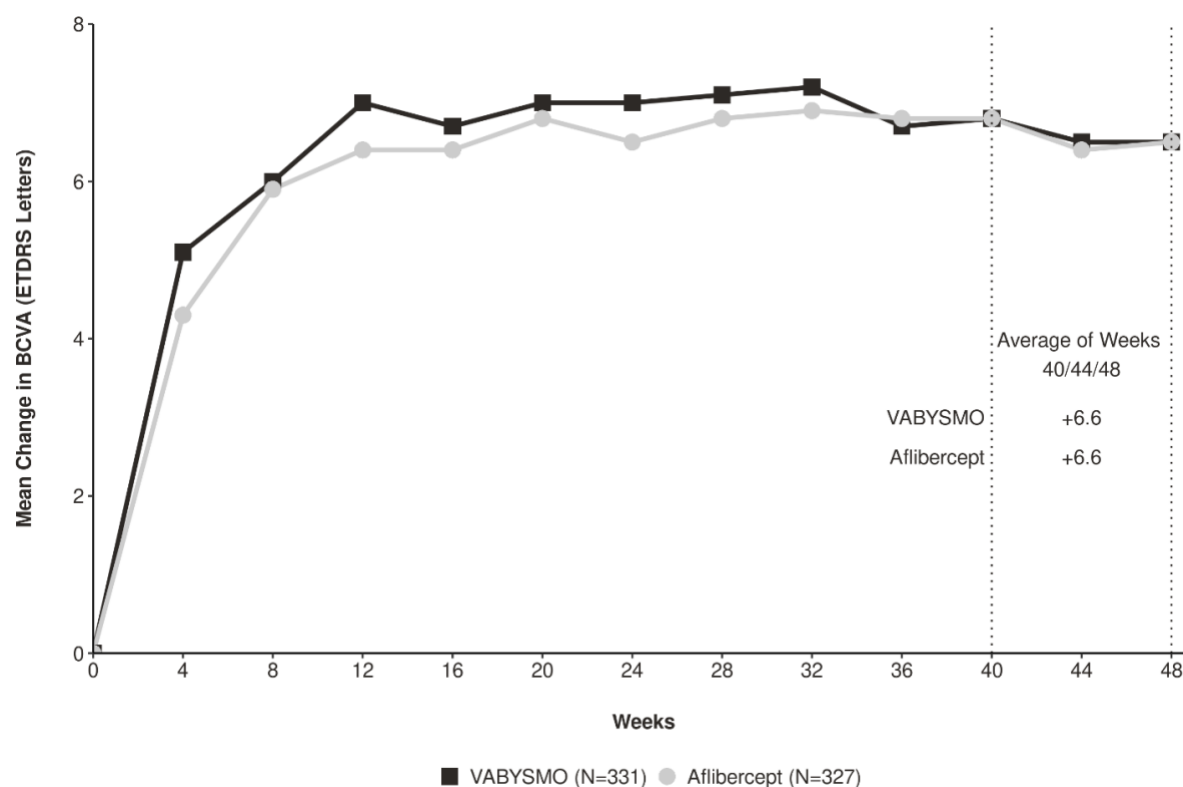
CI: Confidence Interval

LS: Least Square

**Figure 1: Mean Change in Visual Acuity from Baseline to Week 48 in TENAYA**



**Figure 2: Mean Change in Visual Acuity from Baseline to Week 48 in LUCERNE**



Treatment effects in evaluable subgroups (e.g., age, gender, race, baseline visual acuity) in each study were consistent with the results in the overall population.

## 14.2 Diabetic Macular Edema (DME)

The safety and efficacy of VABYSMO were assessed in two randomized, multi-center, double-masked, active comparator-controlled 2-year studies (YOSEMITE – NCT03622580 and RHINE – NCT03622593) in patients with DME.

A total of 1,891 diabetic patients were enrolled in the two studies with a total of 1,262 patients treated with at least one dose of VABYSMO. Patient ages ranged from 24 to 91 with a mean of 62.2 years. The overall population included both anti-VEGF naïve patients (78%) and patients who had been previously treated with a VEGF inhibitor prior to study participation (22%).

The studies were identically designed two year studies. Patients were randomized in a 1:1:1 ratio to one of three treatment regimens: 1) aflibercept Q8W, patients received fixed aflibercept 2 mg administered every 8 weeks (Q8W) after the first five monthly doses; 2) VABYSMO Q8W, patients received fixed VABYSMO 6 mg administered Q8W after the first six monthly doses; and 3) VABYSMO Variable, patients received VABYSMO 6 mg administered every 4 weeks for at least 4 doses and until the central subfield thickness (CST) of the macula measured by optical coherence tomography was less than approximately 325 microns, then the interval of dosing was modified by up to 4 week interval extensions or reductions of up to 8 week interval increments based on CST and visual acuity disease activity criteria at study drug dosing visits.

After 4 initial monthly doses, the patients in the VABYSMO Variable arm received between a minimum of 1 and a maximum of 21 total injections (median of 7 injections) through Week 96 inclusive. At Week 56, 32% of patients had completed at least one Q12W interval followed by one full Q16W interval. Seventeen percent (17%) of patients were treated on Q8W and/or Q4W dosing intervals through Week 56 (7% only on Q4W). These percentages are reflective of what happened within the conduct of these trials, but the percentages may not be generalizable to a broader DME population.

The inclusion/exclusion criteria limited enrollment to a select subset of DME patients and there is no empirical data that a similar magnitude would be observed if eligibility criteria allowed for broader enrollment. The disease activity criteria, which were instrumental in determining dose frequency, are unvalidated. Different criteria would have changed how patients were treated resulting in different percentages of subjects in each dose interval cohort. There was not a similarly dosed aflibercept arm for comparison which makes the percentages difficult to interpret.

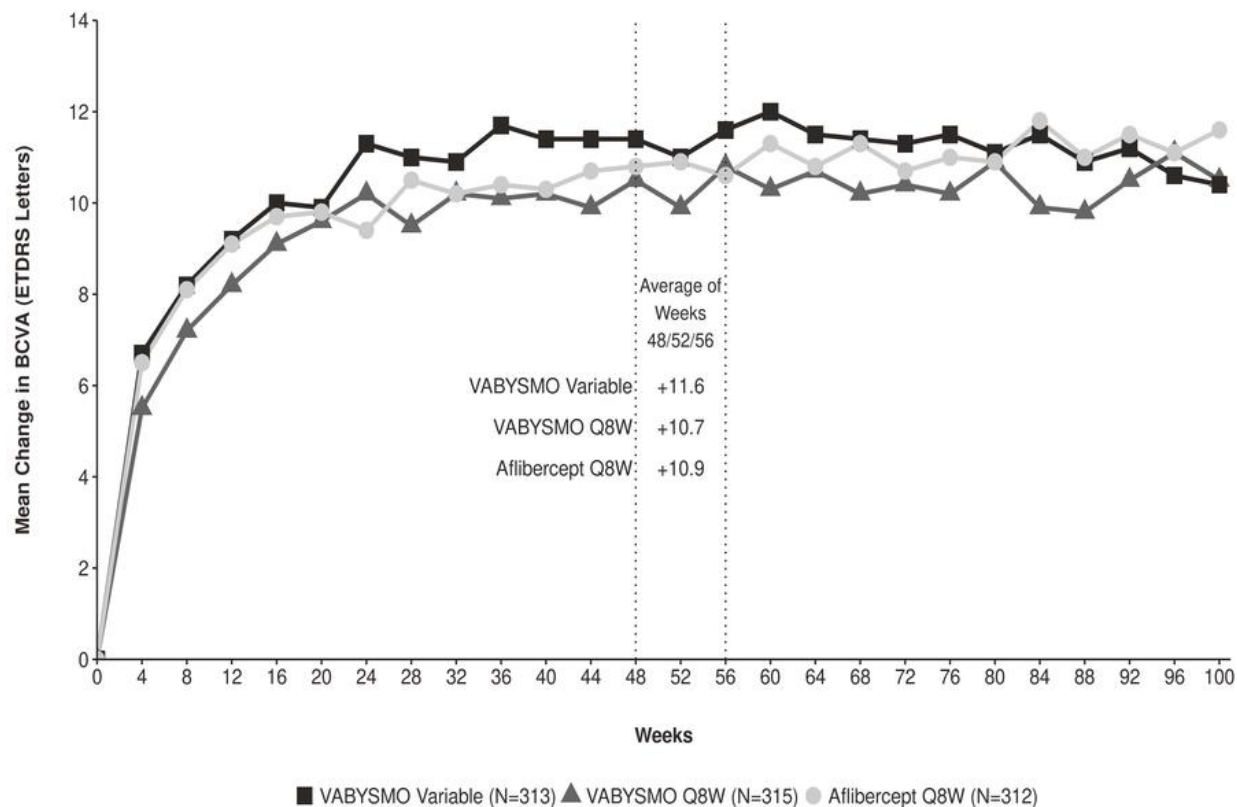
Both studies demonstrated non-inferiority to the comparator control (aflibercept) at the primary endpoint, defined as the mean change from baseline in BCVA at year 1 (average of the Week 48, 52, and 56 visits), measured by the ETDRS Letter Score. The primary endpoint analysis was a non-inferiority comparison for the mean change in BCVA between the aflibercept and VABYSMO arms. The lower bound of the 97.5% confidence interval for the mean change in BCVA could not be lower than minus 4 letters to declare non-inferiority. In both studies, VABYSMO Q8W and VABYSMO Variable treated patients had a non-inferior mean change from baseline in BCVA to the patients treated with aflibercept Q8W at the year 1 primary endpoint. Detailed results of both studies are shown in Table 3, Figure 3, and Figure 4 below.

Table 3: Efficacy Results at Year 1<sup>a</sup> and at Year 2<sup>b</sup> in the YOSEMITE and RHINE Studies

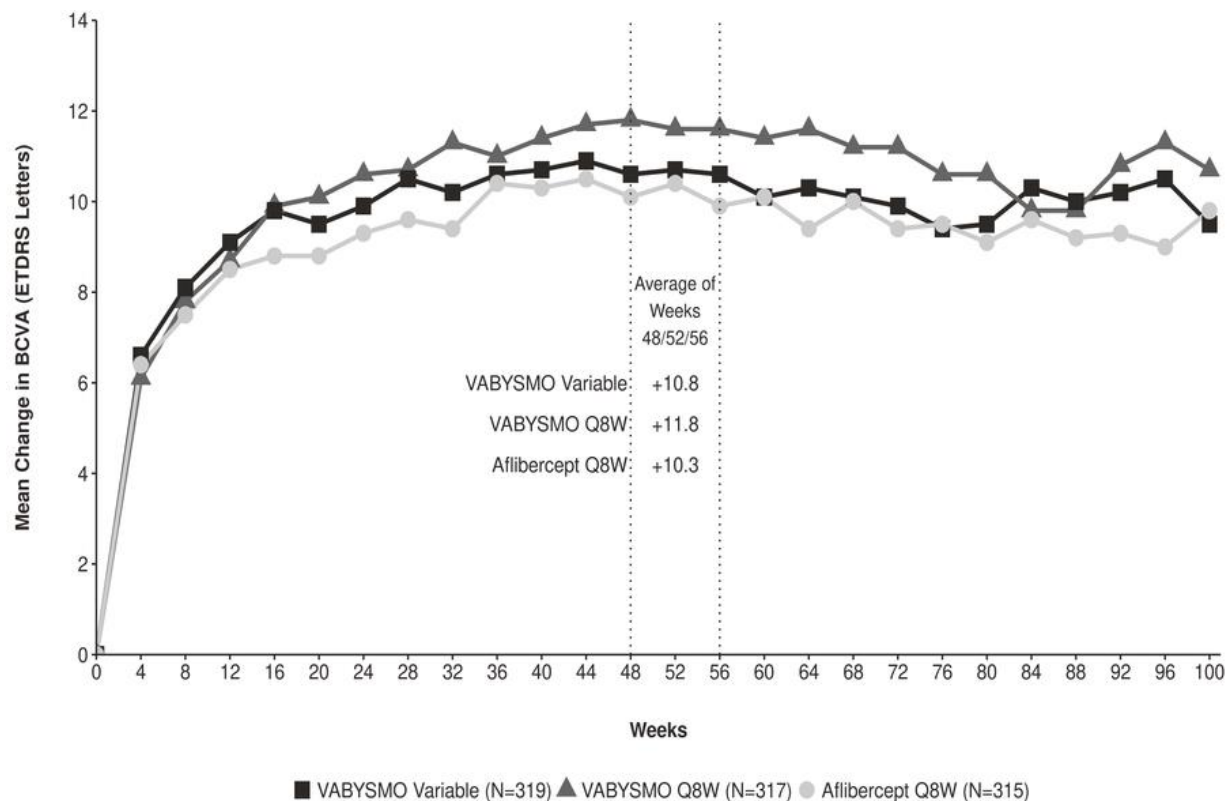
	YOSEMITE						RHINE					
	Year 1			Year 2			Year 1			Year 2		
	VABYSMO Q8W N = 315	VABYSMO Variable N = 313	Aflibercept Q8W N = 312	VABYSMO Q8W N = 262	VABYSMO Variable N = 270	Aflibercept Q8W N = 259	VABYSMO Q8W N = 317	VABYSMO Variable N = 319	Aflibercept Q8W N = 315	VABYSMO Q8W N = 259	VABYSMO Variable N = 282	Aflibercept Q8W N = 254
Mean change in BCVA as measured by ETDRS letter score from baseline (97.5% CI year 1 and 95% CI year 2)	10.7 (9.4, 12.0)	11.6 (10.3, 12.9)	10.9 (9.6, 12.2)	10.7 (9.4, 12.1)	10.7 (9.4, 12.1)	11.4 (10.0, 12.7)	11.8 (10.6, 13.0)	10.8 (9.6, 11.9)	10.3 (9.1, 11.4)	10.9 (9.5, 12.3)	10.1 (8.7, 11.5)	9.4 (7.9, 10.8)
Difference in LS mean (97.5% CI year 1 and 95% CI year 2)	-0.2 (-2.0, 1.6)	0.7 (-1.1, 2.5)		-0.7 <sup>c</sup>	-0.7 <sup>c</sup>		1.5 (-0.1, 3.2)	0.5 (-1.1, 2.1)		1.5 <sup>c</sup>	0.7 <sup>c</sup>	

<sup>a</sup>Average of Weeks 48, 52, 56  
<sup>b</sup>Average of Weeks 92, 96, 100  
<sup>c</sup>A non-inferiority margin was not available for year 2  
BCVA: Best Corrected Visual Acuity  
ETDRS: Early Treatment Diabetic Retinopathy Study  
CI: Confidence Interval  
LS: Least Square

**Figure 3: Mean Change in Visual Acuity from Baseline to Year 2 (Week 100) in YOSEMITE**



**Figure 4: Mean Change in Visual Acuity from Baseline to Year 2 (Week 100) in RHINE**



Treatment effects in the subgroup of patients who were anti-VEGF naïve prior to study participation were similar to those observed in the overall population. Treatment effects in evaluable subgroups (e.g., by age, gender, race, baseline HbA1c, baseline visual acuity) in each study were generally consistent with the results in the overall population.

### 14.3 Macular Edema Following Retinal Vein Occlusion (RVO)

The safety and efficacy of VABYSMO were assessed in two randomized, multicenter, double-masked, studies (BALATON – NCT04740905 in patients with macular edema following branch retinal vein occlusion, and COMINO – NCT04740931 in patients with macular edema following central retinal vein occlusion/hemiretinal vein occlusion). Active comparator-controlled data are available through month 6.

A total of 1,282 newly diagnosed, treatment-naïve patients were enrolled in these studies, of which 641 patients received at least one dose of VABYSMO through 6 months. Patient ages ranged from 28 to 93 with a mean of 64 years, and 22 to 100 with a mean of 65 years in BALATON and COMINO, respectively.

In both studies, patients were randomized in a 1:1 ratio to either 6 mg VABYSMO administered every 4 weeks, or the control arm receiving aflibercept 2 mg injections every 4 weeks for a total of 6 injections.

In both studies, the VABYSMO 6 mg Q4W arm demonstrated non-inferiority to the comparator control (aflibercept) arm for the primary endpoint, which was defined as the change from baseline in BCVA at week 24, measured by the ETDRS Letter Score. The primary endpoint analysis was a non-inferiority comparison for the mean change in BCVA between the aflibercept and VABYSMO arms, where the lower bound of the 95% confidence interval for the mean change in BCVA could not be lower than minus 4 letters to declare non-inferiority.

Detailed results for both BALATON and COMINO studies are shown in Table 4, Figure 5, and Figure 6 below.

**Table 4: Primary Endpoint Results at Week 24 in the BALATON and COMINO Studies**

	BALATON		COMINO	
	VABYSMO N = 276	Aflibercept N = 277	VABYSMO N = 366	Aflibercept N = 363
Mean change in BCVA as measured by ETDRS letter score from baseline (95% CI)	16.9 (15.7, 18.1)	17.5 (16.3, 18.6)	16.9 (15.4, 18.3)	17.3 (15.9, 18.8)
Difference in LS mean (95% CI)	-0.6 (-2.2, 1.1)		-0.4 (-2.5, 1.6)	

BCVA: Best Corrected Visual Acuity

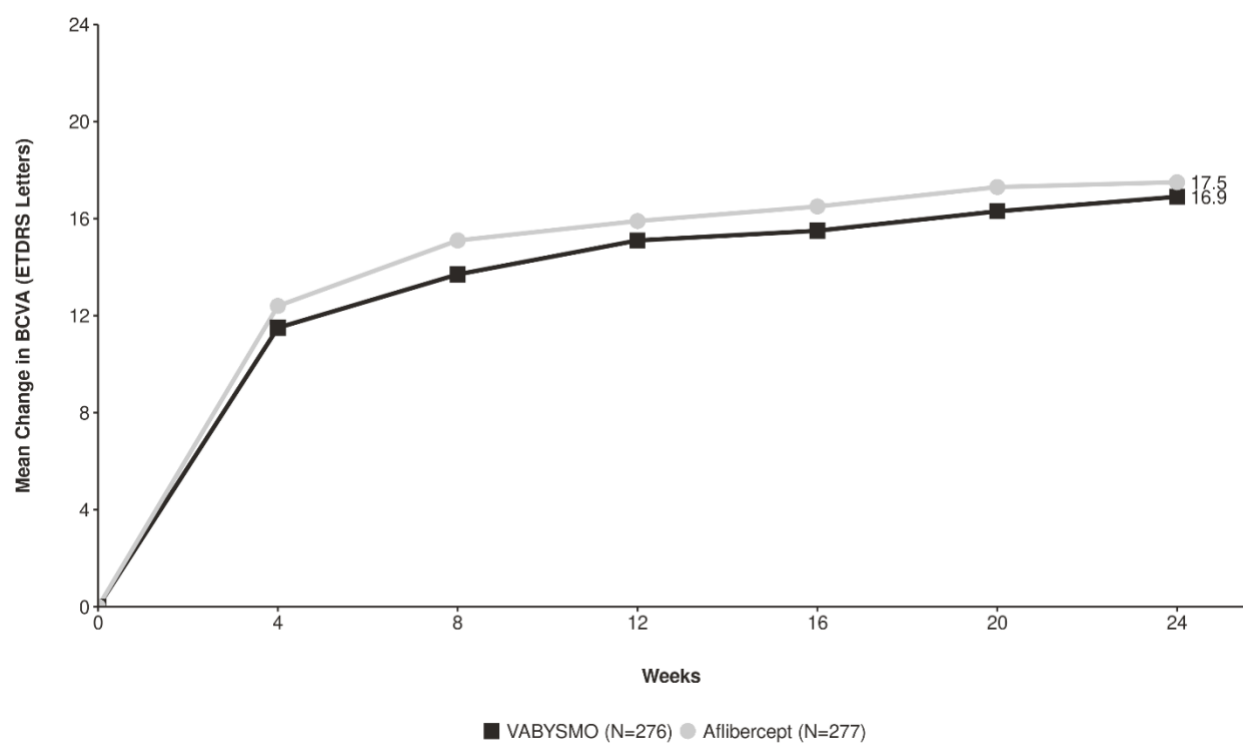
ETDRS: Early Treatment Diabetic Retinopathy Study

CI: Confidence Interval

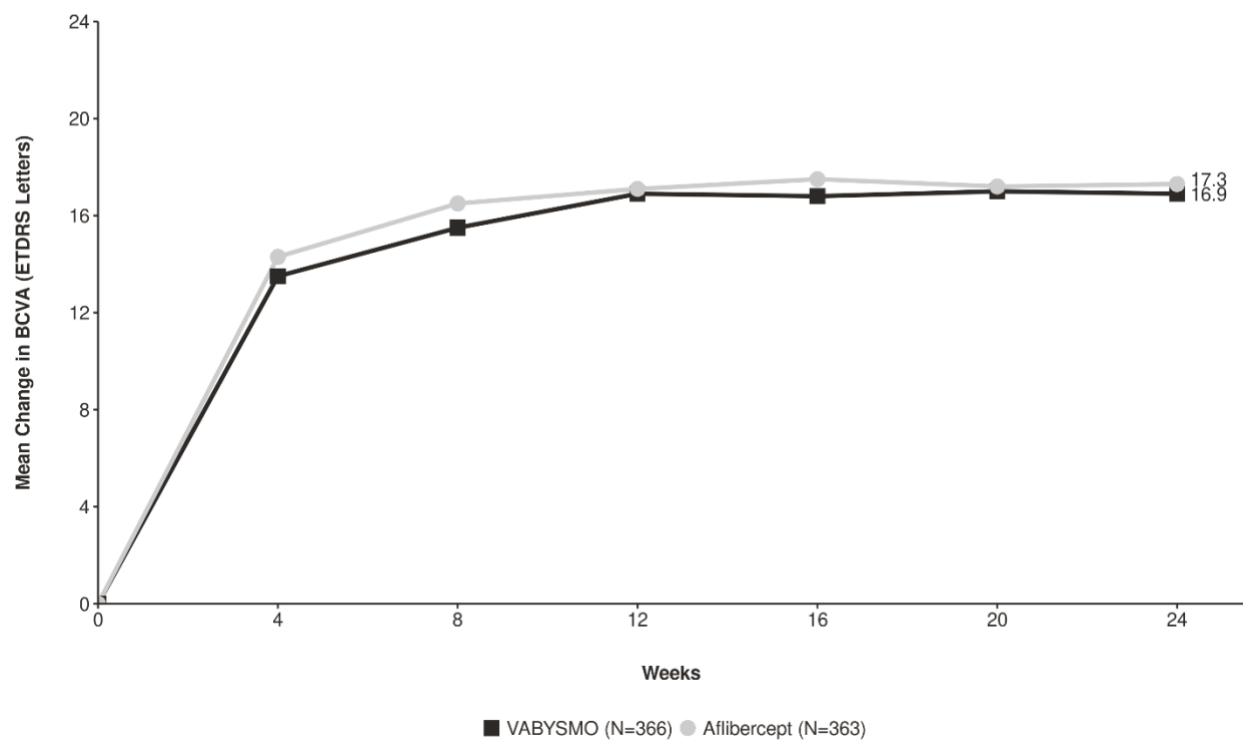
LS: Least Square



**Figure 5: Mean Change in Visual Acuity from Baseline to Week 24 in BALATON**



**Figure 6: Mean Change in Visual Acuity from Baseline to Week 24 in COMINO**



## 16 HOW SUPPLIED/STORAGE AND HANDLING

### 16.1 How Supplied

VABYSMO (faricimab-svoa) injection is supplied as a clear to opalescent, colorless to brownish-yellow solution as 6 mg (0.05 mL of 120 mg/mL solution) in a single-dose prefilled syringe or single-dose vial. Each prefilled syringe or vial is for treatment of a single eye.

VABYSMO is supplied in the following presentations:

NDC NUMBER	CARTON TYPE	CARTON CONTENTS
50242-096-06	Prefilled Syringe	one 6 mg (0.05 mL of 120 mg/mL solution) single-dose prefilled glass syringe, in a sealed tray  one sterile injection filter needle (30-gauge x ½ inch, 0.30 mm x 12.7 mm, Extra Thin Wall)  one Prescribing Information
50242-096-01	Vial	one 6 mg (0.05 mL of 120 mg/mL solution) single-dose glass vial  one sterile 5-micron blunt transfer filter needle (18-gauge x 1½ inch, 1.2 mm x 40 mm)  one Prescribing Information

### 16.2 Storage and Handling

Store VABYSMO in the refrigerator between 2°C to 8°C (36°F to 46°F). Do not freeze. Do not shake. Keep the sealed tray containing the prefilled syringe or the vial in the original carton to protect from light.

Prior to use, the unopened prefilled syringe or glass vial of VABYSMO may be kept at room temperature, 20°C to 25°C (68°F to 77°F), for up to 24 hours. Ensure that the injection is given immediately after preparation of the dose.

## 17 PATIENT COUNSELING INFORMATION

Advise patients that in the days following VABYSMO administration, patients are at risk of developing endophthalmitis, retinal detachment, intraocular inflammation and retinal vasculitis with or without retinal vascular occlusion. If the eye becomes red, sensitive to light, painful, or develops a change in vision, advise the patient to seek immediate care from an ophthalmologist [see *Warnings and Precautions* (5)].

Patients may experience temporary visual disturbances after an intravitreal injection with VABYSMO and the associated eye examinations [see *Adverse Reactions* (6)]. Advise patients not to drive or use machinery until visual function has recovered sufficiently.

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VABYSMO® [faricimab-svoa]

Manufactured by:

**Genentech, Inc.**

A Member of the Roche Group

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South San Francisco, CA 94080-4990

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