



My Patient Solutions[®] for Health Care Practices

USER GUIDE





Additional features for practices that prescribe OCREVUS® (ocrelizumab)

Manage infusion dates

View treatment coordination milestones

Co-pay Assistance

Genentech Patient

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Foundation

If you have questions about My Patient Solutions:



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

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.

ACCESS >> SOLUTIONS John Smith HOME ENROLL FIND PATIENTS ALERTS MESSAGES Settings Resources MPS for Infusion Sites My Patient Solutions[®] My Patient Solutions is an online tool to help you enroll and manage your Genentech Access Solutions service requests. It allows you the flexibility to work with Genentech Access Solutions when it's convenient for you. Q + Manage Alerts Enroll Find Messages Patients Contact us Home Privacy Policy Terms & Conditions Genentech © Copyright 2019 Genentech USA, Inc. All rights reserved. This site is intended for US residents only. The Access Solutions logo is a registered trademark of Genentech, Inc.

Manage your settings

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



G Update User and Practice Settings (cont)

Manage your settings (cont)

JOE35 # 30L0	HUME ENRO	LL FIND PATIENTS A	LENIS MESSAGES		
	Settings				
	MY SETTINGS PRACTICE	SETTINGS PAPERLESS SET	TINGS		
	First Name Traci	Last Name Yeager	Email traciyeageruat@gmail.com	Role in Practice Medical Doctor	
	Phone Number (456) 789-8765	Fax Number (555) 444-2222	Administrator Enabled		
	EDIT PROFILE				
	NOTIFICATION PREFERENCE Select notification preferences be	S low to indicate what alerts would y	ou like to receive via email.		
	✓ My Messages ✓ All Practice Messages				
	BI Completion				
	LOCATION PREFERENCES Select location preferences below be able to locate all of your practi	to filter your practice view by locat ce's patients through the search fea	ion. This will limit the patients that appear o ture.	n your patient list. You will still	
	↑ Street Address	↑ City	↑ State	↑ ZIP Code	
	1.000				

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

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	Settings										
	MY SETTINGS PR	ACTICE SETTINGS PA	PERLESS SETTINGS								
	Practice update requests can 422-2377.	ake up to two business days to pr	ocess. If you would like m	ore information, pl	lease call Genentech /	Access Sol	lutions at (866)	ACCESS	/(866)		
	USERS							e			
	EXISTING USERS	↑ Fmail	↑ Phone Number	↑ Administ	rator 🔿 Stat	115	个 En	abled			
	Traci Yeager	traciyeageruat@gmail.co m	(456) 789-8765	-0	Active			(
	Elias Mink	eliasminktest@gmail.com	(345) 678-9876		Active		-				
					Rows per page:	5 🕶	1 - 2 of 2	<	>		
	PENDING USERS										
	↑ Name	↑ Email	↑ Phor	e Number					_		
					Rows per page:	5 🕶	0 - 0 of 0	<	>		
	LOCATIONS							(
	EXISTING LOCATIO	NS									
	↑ Street Address	↑ City	↑ State		0	↑ En	abled				

- 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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Contact us Home Privacy Policy Terms & Conditions © Copyright 2021 Genentech USA, Inc. All rights reserved. This site is intended for US residents only. The Access Solutions logo is a registered trademark of Genentech, Inc.
Go to PAPERLESS SETTINGS
Select PAPERLESS ENABLED for each program for which you

 Select PAPERLESS ENABLED for each program for which you do not wish to receive faxes

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



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.

Rows per page: 5 ▼ 1 - 5 of 17 < > Ð PRESCRIBERS EXISTING PRESCRIBERS ↑ Prescriber License # ↑ Prescriber Type ↑ Email ↑ eSignature ↑ Enabled ↑ Name ↑ NPI# Aagaard, Eva ******* 455656 Medical Docto isa.abbott@r ABBOTT, LISA 77777777777 888888888 Medical Doctor ABERNATHY DEBORAH Medical Doctor 1234567890 54321 ABOUDA, AMBROSEA 8484949858 45645 Medical Docto AFROZE, ANEES 7787765654 787788690 Physician's As Rows per page: 5 ▼ 1 - 5 of 46 < PENDING PRESCRIBERS ↑ Prescriber License # ↑ Prescriber Type ↑ Name 个 NPI # ↑ Emai eSignature Carrizales, Gerardo 9876543009 765ww Medical Doctor iarek.test@gmail.com INVITE EDMUNDS, MARK 9595695696 73458945 Medical Doctor markedmunds@mailinator.com Invited Fischer, Ronald 1234567890 12345 Medical Doctor Invited test@test.com Friday, Friday 1341234123 12341234234 Medical Docto INVITE som@som.com Gupta, Akhi 1143 A123456789 Medical Doctor iarek.test@gmail.com Invited Rows per page: 5 ▼ 1 - 5 of 22 < >

Invite a prescriber to use eSignature

- 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



Invite a prescriber to use eSignature (cont)

Aink, Elias	8978675645	CA	Medical Doctor	eliasminktest@gm	Enabled		
leager Tra	Invite Prescriber				×		
eager, ma	Prescriber Email is r	equired, if you would lik	ke to invite the Prescrib	per to use eSign.			
	First Name	Last Name	NPI #	Prescriber	License #	4	
	Traci	Yeager	5678765432	VA			
	Prescriber Type		_				
PENDING	Medical Doctor	Email Address					
h Nama						insturo	
radine				CANCEL	SUBMIT	mature	
				CANCEL	SODIMIT		
				Rows per page: 5	▼ 0-0 of 0	<	

- 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

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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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Sign up for eSignature (prescribers only) (cont)



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





Sign up for eSignature (prescribers only) (cont)

KBA Verification		
Please follow the instruction	ons below.	
A Member of the Rache 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.	
Next	Agree to: * Click here to sign Date Signed: Provider Participant Signature Please Print Name: *	
	⊕	×
Language English: US	© 2017 Adobe Systems Incorporated. All rights reserved. Terms Privacy Cookies Consume	r Disclosure Trust

- 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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Manage your proxies (prescribers only)

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	Settings				
	MY SETTINGS PRA	CTICE SETTINGS ESIGN PROXIE	S PAPERLESS SETTINGS		
					_
	MY ESIGN PROXIES				
	PRACTICE FOUR				
	Iohn Dec	inhados@amail.com	(652) 456 2526	Trenabled	-
	Peter Clark	peterclark@email.com	3435463543		

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





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

	Enroll	
	SERVICE ELIGIBILITY TYPE OF SERVICE PATIENT INFORMATION ENROLLMENT CONFIRMATION	
	Fill out the form fields below to complete the Prescriber Form. PATIENT	
	Date of Birth Last Name First Name	
	Gender 🗸 Insured	
	PRODUCTS	
	Product ADD PRODUCT	
	DIAGNOSIS CODE	
	PRIMARY DIAGNOSIS Diagnosis Code X	
	ADD DIAGNOSIS CODE	
	NEXT	
Contact us Home Privacy Polic	Terms & Conditions	Genentech

- 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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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 <u>Genentech Patient Foundation</u>, you will be taken to the Prescriber Foundation Form

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

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Appeals Support Question	<
Enrol Have you received a denial claim or denied authorization/pre-determination for your patient?	
Ves	
SERV O 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	
rer CANCEL SUBMIT	
co	
О васк	
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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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Complete the Prescriber Service Form or Prescriber Foundation Form (cont)

SERVICE ELIGIBILITY	TYPE OF SERVICE PATIENT INFORMATION ENROLLMENT CONFIRMATION
Fill out the form fields be	elow to complete the Prescriber Form.
PATIENT	
Street	APT/UNIT (Optional)
City	State – ZIP
Phone	Type 🚽 🗌 Do not contact patient
Preferred Language English	Email (Optional)

- 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)



Submit the form using eSignature



- The Prescriber Service Form may require a signature to complete submission
- The Prescriber Foundation Form always requires a prescriber signature
- To use <u>eSignatures</u>:
 - Select APPLY ESIGN (prescribers and proxies only)
 - You will be prompted to apply your eSignature to the form

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Submit the form without using eSignature

SERVICE ELIGIBILITY		T INFORMATION ENROLLMENT CONFIRMATION	
Your enrollmen have questions Name: John Do	t request has been submitted. T please contact Genentech Acc e	The request will be processed within 1-2 business days. If ess Solutions at (866) 4ACCESS/(866) 422-2377.	you
Patient ID: PAT-	535399		
Patient C	Consent Required	Prescriber Signature Required	
Genentech Access behalf of your pati Consent. You can paperless Patient Patient Consent fo Solutions.	ent without a signed and dated Patient email a link to the patient to complete a Consent. You may also download the r the patient to sign and fax to Access	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.	
Genentech Access behalf of your pati Consent. You can paperless Patient Patient Consent for Solutions.	ent without a signed and dated Patient email a link to the patient to complete a Consent. You may also download the r the patient to sign and fax to Access	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.	

- 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





• See Message Your Genentech Access Solutions Specialist for more information

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SERVICE ELIGIBILITY TYP	PE OF SERVICE	PATIENT INFORM	ATION ENROLLMENT CONFIRMATION	
Fill out the form fields below to c	omplete the Prescribe	r Form.		
PATIENT				
Street		A A	PT/UNIT (Optional)	
City	State	• • Z	IP	
Phone	Туре	.] Do not contact patient	
Preferred Language English		il (Optional)		
ADD PHONE ADD ALTERN	ATIVE CONTACT			
PATIENT CONSENT				

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



Send a link to the paperless Patient Consent Form

E ELIGIBILITY TYPE OF SE	RVICE PATIENT INFORMATION	ENROLLMENT CONFIRMATION	
Email Patient Consent	to Patient		×
Please complete the fields guardian.	below to email a link to the paperless Pa	atient Consent to the patient or his c	or her
Patient First Name	Patient Last Name	Date of Birth	
John	Smith	01/01/1990	
	Who will be signing the Patient Consent?	MM/DD/YYYY	
Enspryng-English	Patient	▼ Signer Email	
Evrysdi-English			
Ocrevus-English	ent or his or her guardian that em	ail communications from Genentec	h Access
Ocrevus-Spanish		CANCEL	SUBMIT
Respiratory-English		N 👤 DOWNLOAD & SIGN	
Venclexta-English			
Other-English	t Type		

- Select EMAIL TO PATIENT from the ENROLLMENT CONFIRMATION SCREEN to send your patient a link to the paperless Patient Consent Form
 - This link may also be sent from the Patient List (under the ACTIONS dropdown menu) or within the patient's profile

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



- 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 <u>Genentech-Access.com/PatientConsent</u>
 - Certain brands have different forms. Any brand-specific Patient Consent Form can be found at Forms and Documents on <u>Genentech-Access.com</u>

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Access the paperless Patient Consent Form

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Pa	tient Information	(to be completed by pa	tient or their legally au	thorized per	rson)
t *Firs	t name: *	,*La	st name: *		
Hom	e phone [†] :		Cell phone [†] :		
😐 Ol Emai	K to leave a detailed l: *	message? OK to send Preferred	a text message? Date o language: Date Sp	of birth (MM/DD oanish 😐 Othe	00000 er:
Alter	nate Contact (option	al) Full name:			
Relat	tionship: Select		* Phone [†] :		
REQUIRED	Sign and date here (A pa Person signing (if not patient)	* Clickhe *Signature of Patien arent or guardian must sign Print first name	re to sign tt/Authorized Person for patients under 18 years Print last name	s of age) (M Select Relation:	/ / Date signed IM/DD/YYYY)
2	Financial Eligibility By completing this section	Information: Complete fo	r Genentech Patient Fou I conditions of the Genentech P	Indation only Patient Foundation	on outlined on page 1.
	Household size (inc \$75,000 - \$100,	cluding you): 000	Annual household ,000 9\$125,001 - \$	income: 0 150,000 0	Under \$75,000 Over \$150,000
Sig	n and date here	Click he	re to sign		1 1
	(A	Signature of Patien parent or guardian must sign	t/Authorized Person for patients under 18 years of	of age) (N	Date signed MM/DD/YYYY)
3	Patient consent to research and commeded for me to p	enroll in optional disease nunication that may be co articipate in these progra	specific education, sup onsidered marketing. I u ms.	port program nderstand m	ns, market y PII may be

- 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



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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
 - 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

inroll		
SERVICE ELIGIBILITY	TYPE OF SERVICE PATIENT INFORMATION ENROLLMENT CONFIRMATION	
Fill out the form fields be	elow to complete the Prescriber Form.	
PATIENT IS THIS T	HE PATIENT YOU'RE LOOKING FOR?	
0 [·] Mi The informatio	on you've entered matches an existing patient. Is this the patient you're looking for?	
G Th	Date of Birth 08/04/1936	
PRO CANCEL	NO, I'M ENROLLING A NEW PATIENT YES, THIS IS THE PATIENT	
Product	ADD PRODUCT	
DIAGNOSIS CODE		
PRIMARY DIAGN	OSIS Diagnosis Code X	

- 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



Re-enroll Patients (cont)

Via the patient profile screen

ACCESS » SOLUTIONS	HOME ENR	OLL FIND PAT	TIENTS ALERTS	MESSAG	ES ^O				John Smith	Ŧ
	← Patient Sn	nith, John	SEND MESSAGE	🖻 MES	SSAGES	•		RE-ENROLL	1	
	PATIENT INFO	ORMATION			PATIEN	NT CONSENT ST	ATUS			
	Patient ID PAT-2047 Address 123 Main St USA, AZ 93445	Date of Birth 08/04/1936	Gender Male		Patient Cor Valie Patient Cor 01/21/2	nsent Status d nsent Expiration 022	Patient Consent I	Form Options D PATIENT		
	SERVICE REC	QUESTS								
	↑ ID	↑ Туре		↑ Cre	eated By	↓ Last Modified Date	↑ Status	↑ Next Steps		
	00017252	Benefits Investigation	/Prior Authorization	Genen Access	itech s Solutions	06/27/2017	Action Required	Action required		
	00017253	Co-pay Assistance		Genen Access	tech s Solutions	03/23/2017	Submitted	Action required		
	<u>00017254</u>	Appeals Support		Genen Access	itech s Solutions	03/23/2017	Action Required	Action required		
						Rows per page:	5 💌 1 - 3 of 3	3 < >		
	MEDICAL									
	DIAGNOSIS COD Primary Diagno	E\$ sis C50.51	Malignant neoplas	m of lowe	er-outer qua	adrant of breast, fema	le			
	INSURANCE									

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



Re-enroll Patients (cont)

Directly from the patient list

» SOLUTIONS	HOME ENROLL	FIND PATIE	NTS ALERTS	MESSAGE	ES				John Smith 💌
Patient	S					ENR	OLL NEW	PATIENT	
FIND PA	TIENT ALL PATIENTS	BENEFITS REVER	IFICATION/RECER	reminder					
Filter Options		arch		Pat	tients: 1 - 20 of 45	3 EXPORT C	USTOMIZE	TABLE	
Next Steps	\uparrow Name	↑ Enrollment Date	↑ Prescriber	Patient Consent Status	Patient ↑ Consent Expiration	↑ Payer(s)	Re- enroll	Actions	
Prescriber	JANE CARLSON	08/23/2019	DAVID MANN	•		Medicare FL	â		
Eccation	JOHN BAKER	09/19/2019	ANNE DIAZ	8		FALLON HEALTH (CORPORATE)	â		
SR Status	SALLY SMITH	10/24/2019	DAVID MANN	8		Medicare CA AETNA BETTER HEALTH	Ê		
Product	MARY WRIGHT	10/17/2019	MIKE MALONE	•		ABARCA HEALTH	Ê	*	
Payer	STEVE WORTH	10/24/2019	DAVID MANN	8		AETNA BETTER HEALTH	â		
Clear	KEVIN JONES	10/23/2019	DAVID MANN	0	10/25/2021	UNITED AMERICAN INSURANCE COMPANY - (CORPORATE)	Ê	×	
	ELLEN STONE	10/23/2019	DAVID MANN	0	10/22/2022	UNITED ADMINISTRATIVE SERVICES Medicare AK	Ê	•	
	JANET FREEMAN	10/21/2019	DAVID MANN	8		4YOURCHOICE	â		
		10/00/07				FALLON HEALTH	-		

Select the $\stackrel{\textcircled{}}{\boxminus}$ icon under RE-ENROLL for the appropriate patient.

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Re-enroll Patients (cont)

Directly from the patient list (cont)

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 Last Name First Name 08/04/1936 John Smith MM/DD/YYYY	
Gender Male – Insured	
Product LUCENTIS* (ranibizumab injection) - ADD PRODUCT	
DIAGNOSIS CODE	
Diagnosis Code PRIMARY DIAGNOSIS H34.8122 Central retinal vein occlusion, left eye, stable	
ADD DIAGNOSIS CODE	
NEXT	

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





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 John Smith ACCESS >> SOLUTIONS FIND PATIENTS ALERTS MESSAGES HOME ENROLL My Patient Solutions[®] My Patient Solutions is an online tool to help you enroll and manage your Genentech Access Solutions service requests. It allows you the flexibility to work with Genentech Access Solutions when it's convenient for you. + Q Manage Alerts Find Enroll Messages Patients Contact us Home Privacy Policy Terms & Conditions Genentech © Copyright 2019 Genentech USA, Inc. All rights reserved. This site is intended for US residents only. The Access Solutions logo is a registered trademark of Genentech, Inc.

- 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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Search for patients (cont)

Enter a search term in one or more fields to search more than one field. Last Name First Name Date of Birth SEARCH CLEAR Smith John 08/04/1936 Phone CLEAR	
Last Name First Name Date of Birth Smith John 08/04/1936 Phone	
MM/DD/YYYY	
↑ Name ↑ Enrollment Date ↑ Prescriber ↑ Consent Re-enroll Action: Status	s
Smith, John 05/30/2019 Smith, John	
Rows per page: 20 ▼ 1-1 of 1 < >	

- 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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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

Patien	ts						END		PATIENT
ratien	15						ENF	IOLL NEW	PALIENT
FIND PA	ATIENT ALL PATIE	NTS BENE	FITS REVERIFIC	ATION/RECERT	REMINDER				
Filter Options		Q Search					Pat	ients: 1 - 20	of 368
Next Steps				EXP	DRT CHANG	GE PRESCRIBER/	ADDRESS	CUSTOMIZI	ETABLE
sr ≡+	个 Name	↑ Patient ID	\downarrow Enrollment Date	↑ Prescriber	Patient ↑ Consent Status	Patient ↑ Consent Expiration	↑ Payer(s)	Re- enroll	Actions
Prescriber	a the second second				1-27		Astes		
Location	8 Rodriguez, Maria	PAT-1014876	04/28/2021	Traci Yeager	•		Advantage	8	×
SR Status	Johnson, James	PAT-1014871	04/28/2021	Elias Mink	0	04/04/2026		Ê	*
Product	Lopez, Angel	PAT-1014851	04/24/2021	Traci Yeager	•		Medicare CA	Ê	*
Primary Plan	McSorely, Fallon	PAT-1014850	04/23/2021	Traci Yeager	•			Ê	*
≡+ Secondary	Brown, Joe	PAT-1014839	04/22/2021	Elias Mink	•		Medicare CA	Ê	*
Plan =+	Barber, Henry	PAT-1014838	04/22/2021	Traci Yeager	•		AETNA INC - (CORPORATE)	*
Payer +	Bender, Kelly	PAT-1014837	04/22/2021	Elias Mink	•		Medicare CA	Ê	-
iii=	() Chen, Sandie	PAT-1014826	04/22/2021	Elias Mink	•		Medicare CA	Ê	
Great					1			-	

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





Customize your patient list (cont)

Pa	Custo	mize Patient List View	o view the t	abla		X ATIENT	
	Column	Options	o view tile t	Column	s in Table		
Filt	00 00 00	Active Site of Treatment - for Ocrevus Only				368	
Op	** ** **	Next Anticipated Date of Treatment - for Ocrevus Only		0 0 0 0 0 0	Patient ID	ABLE	
	0.0 0.0 0.0	Last Date of Treatment - for Ocrevus Only		0 0 0 0 0 0	Enrollment Date		
Pre	** ** **	Prescriber Form Expiration		0 0 0 0 0 0	Prescriber	Actions	
Los	0 0 0 0 0 0	PA Expiration Date		0 0 0 0 0 0	Patient Consent Status	-	
SR	0.0 0.0 0.0	Copay Card Enrollment Status - for Ocrevus & BioOncology Only	→	0 0 0 0 0 0	Patient Consent Expiration	-	
Pn	0.0 0.0 0.0	Buy and Bill Availability		0 0 0 0 0 0	Payer(s)	~	
	**	Speciality Pharmacy Availability		00 00 00	Prior Authorization Required	-	
PT	0.0 0.0 0.0	Reason for Selecting Specialty Pharmacy		00 00 00	Last Benefits Investigation Date	-	
Sec	00 00 00	Fulfillment Date					
P	0.0 0.0 0.0	Treatment Cycle - for Ocrevus Only					
					CANCEL S	AVE	

- 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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Clear		PAI-1012291	05/14/2021	Williams	•		
	Kiln, Christie	PAT-1012223	05/12/2021	Lorna Williams	•		
	Curry, Michael	PAT-1012208	05/12/2021	Lorna Williams	•		
	Friedman, Norma	PAT-1012172	05/11/2021	Lorna Williams	0		
	Addams, Jerry	PAT-1012163	05/10/2021	Gertrude South	•	AETNA BETTER HEALTH	
	9 Flores, Julia	PAT-1012162	05/10/2021	Lorna Williams	0		
	0 Wolf, Stan	PAT-1012156	05/10/2021	Lorna Williams	0	ABARCA HEALTH	
	Oiaz, Maria	PAT-1012152	05/10/2021	Lorna Williams	•		
	Kelly, Chris	PAT-1012151	05/10/2021	Lorna Williams	•		
	🚺 Kane, Sara	PAT-1012150	05/10/2021	Lorna Williams	0		
	() Green, Janet	PAT-1012131	05/10/2021	Lorna Williams	0		
	() Smith, John	PAT-1012130	05/10/2021	Lorna Williams	0		-
					Rows per page: 20 👻	1-20 of 311 🔇 🗲	
Iome Privacy Policy Term	s & Conditions						Genentech
021 Genentech USA, Inc. A	I rights reserved. This site is in	tended for US resider	nts only.				A Member of the Roche Group

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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FIND P	ATIENT ALL PAT	IENTS BENE	FITS REVERIFIC	ATION/RECERT	REMINDER					
Filter		Q Search					Patie	ints: 1 - 20	of 368	
Next Steps				EXPO	ORT CHANG	GE PRESCRIBER/	ADDRESS C	USTOMIZI	TABLE	
-+	_									
SR =+	↑ Na ne	↑ Patient ID	↓ Enrollment Date	↑ Prescriber	Patient ↑ Consent Status	Patient	↑ Payer(s)	Re- entoll	Actions	
Prescriber					No. 1					
Location	🔋 Fodriguez, Maria	PAT-1014876	04/28/2021	Traci Yeager	•		Aetna Advantage	Ê	×	
≡+ SR Status	ohnson, James	PAT-1014871	04/28/2021	Elias Mink	0	04/04/2026		8	×	
=+ Product	🚯 Lopez, Angel	PAT-1014851	04/24/2021	Traci Yeager	•		Medicare CA	â	×	
=+ Primary	IcSorely, Fallon	PAT-1014850	04/23/2021	Traci Yeager	•			Ê	*	
Plan ≡+	8 Frown, Joe	PAT-1014839	04/22/2021	Elias Mink	•		Medicare CA	Û	•	
Secondary Plan	Barber, Henry	PAT-1014838	04/22/2021	Traci Yeager	•		AETNA INC - (CORPORATE)	8	•	
Payer	6 ender, Kelly	PAT-1014837	04/22/2021	Elias Mink	•		Medicare CA	â	•	
ÛF.	() Chen, Sandie	PAT-1014826	04/22/2021	Elias Mink	•		Medicare CA	B		

- 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 constant) icons; the constant 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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Patien	ts					ENROL	L NEW PATIEN	т
FIND PA	ATIENT ALL PATIE	ENTS BENE	EFITS REVERIFIC	ATION/RECERT	REMINDER			
Filter Options		Q Search				Patient	s: 1 - 20 of 368	
Next Steps				EXP	ORT CHANG	E PRESCRIBER/ADDRESS CUS	TOMIZE TABLE	
sr ≡+	↑ Name	↑ Patient ID	↓ Enrollment Date	↑ Prescriber	Patient ↑ Consent Status	Patient ↑ Consent ↑ Payer(s) Expiration	Re- enroll Action	19
Prescriber	B Rodriguez, Maria	PAT-1014876	04/28/2021	Traci Yeager	•		<u>.</u>	
Location	Johnson, James	PAT-1014871	04/28/2021	Elias Mink	۲	UPLOAD Patient Con Email Patient Conser	sent Form	
Product	Opez, Angel	PAT-1014851	04/24/2021	Traci Yeager	•	Hide Patient from Lis	t	
=+ Primary	O McSorely, Fallon	PAT-1014850	04/23/2021	Traci Yeager	•	Update Subscriber ID Seed Measure		
Plan =+	Brown, Joe	PAT-1014839	04/22/2021	Elias Mink	•	Medicare CA		
Secondary Plan	Barber, Henry	PAT-1014838	04/22/2021	Traci Yeager	•	AETNA INC - (CORPORATE)	ê -	
Payer	Bender, Kelly	PAT-1014837	04/22/2021	Elias Mink	•	Medicare CA	ê -	
<u>a</u> -	Chen, Sandie	PAT-1014826	04/22/2021	Elias Mink	•	Medicare CA	ê -	

- 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

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— Update the Subscriber ID for a

- Send a message to your Genentech

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patient's insurance



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Patien	ts						ENR	OLL NEW	PATIENT	
	anatoria santa contra				and the second second					
FIND P/	ATIENT ALL PATIE	NTS BENE	FITS REVERIFIC	ATION/RECERT	REMINDER					
Filter Options		Q Search					Patie	nts: 1 - 20	of 368	
Next Steps				EXPO	RT CHANG	GE PRESCRIBER/	ADDRESS CI	USTOMIZE	TABLE	
SR	dent in the		Enrollment	to territoria de la composición de la c	Patient	Patient		Rei		
=+	∱ Name	↑ Patient ID	Date	↑ Prescriber	个 Consent Status	↑ Consent Expiration	☆ Payer(s)	entoll	Actions	
Prescriber				2.50			Aetna	-		
Location	🥹 Rodriguez, Maria	PAI-1014876	04/28/2021	Traci Yeager	•		Advantage	8	*	
- + SR Status	Johnson, James	PAT-1014871	04/28/2021	Elias Mink	0	04/04/2026		Ê	*	
=+	Lopez, Angel	PAT-1014851	04/24/2021	Traci Yeager	•		Medicare CA	â	*	
=+								-		
Primary Plan	McSorely, Fallon	PAT-1014850	04/23/2021	Traci Yeager	•			E	*	
≡+	Brown, Joe	PAT-1014839	04/22/2021	Elias Mink	•		Medicare CA	Ê	*	
Secondary Plan	Barber, Henry	PAT-1014838	04/22/2021	Traci Yeager	•		AETNA INC -	B		
Payer					12.5		(CONFORME)			
=+	Bender, Kelly	PAT-1014837	04/22/2021	Elias Mink	•		Medicare CA	Û	*	
	() Chen, Sandie	PAT-1014826	04/22/2021	Elias Mink	•		Medicare CA	8	*	
Clear										

- 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

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Р	atients							ENF	OLL NEW	PATIENT	
										-	
	FIND PATIE	INT ALL PATIE	NTS BENE	FITS REVERIFIC	ATION/RECERT	REMINDER					
F	ilter :		O Search					Pat	ents: 1 - 20	of 368	
0	ptions		Section								
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	SR					Detions	Dations				
	=+	↑ Name	↑ Patient ID	+ Enrollment Date	↑ Prescriber	个 Consent Status	↑ Consent Expiration	个 Payer(s)	Re- entoll	Actions	
P	rescriber										
	=+	B Rodriguez, Maria	PAT-1014876	04/28/2021	Traci Yeager	•		Aetna Advantage	Ê		
L	ocation										
s	R Status	Johnson, James	PAT-1014871	04/28/2021	Elias Mink	0	04/04/2026		Ê	*	
	=+		212.01.022		2.57			5.2 5-	-		
	Product	Lopez, Angel	PAT-1014851	04/24/2021	Traci Yeager	•		Medicare CA	E	*	
	=+	McSorely, Fallon	PAT-1014850	04/23/2021	Traci Yeager	0			Ê		
1	Primary Plan								-		
	-+	Brown, Joe	PAT-1014839	04/22/2021	Elias Mink	•		Medicare CA	Ê	*	
S	econdary Plan					1225					
	=+	Barber, Henry	PAT-1014838	04/22/2021	Traci Yeager	•		(CORPORATE		*	
	Payer	Bender, Kelly	PAT-1014837	04/22/2021	Elias Mink			Medicare CA	e		
	<u>=</u> -	Chas Gradia	DAT 1014926	04/22/2021	Elize Mink			Medicare CA	e	-	

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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LUTIONS HOME E	NROLL FIND	PATIENTS	ALERTS ME	SSAGES				
Patients						ENF	ROLL NEW	PATIENT
FIND PATIENT ALL P	ATIENTS BENE	FITS REVERIFIC	ATION/RECERT	REMINDER				
FILTER OPTIONS	Search					Pat	ents: 1 - 20	of 368
Select options below to filter pati table	ent		EXPO	ORT CHANG	GE PRESCRIBER/	ADDRESS	CUSTOMIZ	E TABLE
Next Step	▼ ↑ Patient ID	\downarrow Enrollment Date	↑ Prescriber	Patient ↑ Consent Status	Patient ↑ Consent Expiration	↑ Payer(s)	Re- enroll	Actions
Service Request Type	·	04/08/0821	Trad Verser			Aetna	÷	_
Prescriber	*	04/28/2021	fract reager			Advantage		
	PAT-1014871	04/28/2021	Elias Mink	S	04/04/2026			*
Location	PAT-1014851	04/24/2021	Traci Yeager	•		Medicare CA	Ê	*
Service Request Status	* PAT-1014850	04/23/2021	Traci Yeager	•			Ê	-
Product	+ PAT-1014839	04/22/2021	Elias Mink	•		Medicare CA	Ê	*
Primary Plan Type	PAT-1014838	04/22/2021	Traci Yeager	•		AETNA INC - (CORPORATE) 🔒	
Secondary Plan Type	PAT-1014837	04/22/2021	Elias Mink	٠		Medicare CA	Ê	•
Dener	PAT-1014826	04/22/2021	Elias Mink	•		Medicare CA	Ê	*
Payer	PAT-1014820	04/22/2021	Elias Mink	•		Medicare CA	Ê	•
CLEAR ALL APPLY							~	

- Filter your patient list by:
 - Next step
 - Service request type
 - Prescriber
- Apply the filters you have selected
- Location
- Service request status
- Product

- Primary plan type
- Secondary plan type
- Payer

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Patien	ts						ENR	OLL NEW	PATIENT		
FIND P	ATIENT ALL PATIE	NTS BENE	FITS REVERIFIC	ATION/RECERT	REMINDER						
Filter Options		Q Search					F	atients: 1 -	9 of 9		
Next Steps				EXPO	ORT CHAN	GE PRESCRIBER/	ADDRESS C	USTOMIZE	E TABLE		
sr ≡✓	∱ Name	个 Patient ID	↓ Enrollment ↓ Date	↑ Prescriber	Patient ↑ Consent Status	Patient ↑ Consent Expiration	↑ Payer(s)	Re- enroll	Actions		
Prescriber		DAT 101 (020	04/02/2021	Terri Manager			AETNA INC -	A			
Location	e Roonguez, Maria	PAI-1014838	04/22/2021	Traci reager	-		(CORPORATE)				
SR Status	🤨 Johnson, James	PAT-1014813	04/21/2021	Traci Yeager	•		(CORPORATE)	B	*		
Product	Lopez, Angel	PAT-1012701	02/24/2021	Traci Yeager	•		Medicare CA	Ê			
Primary	McSorely, Fallon	PAT-1012340	02/12/2021	Traci Yeager	•		Medicare CA	Ê	•		
=+	Brown, Joe	PAT-1012299	02/11/2021	Traci Yeager	•		Medicare CA	۵	*		
Plan	Barber, Henry	PAT-1012298	02/11/2021	Traci Yeager	•		Medicare CA	Ê			
Payer =+	Bender, Kelly	PAT-1012297	02/11/2021	Traci Yeager	•		Medicare CA	Ê	•		
	Chen, Sandie	PAT-1012289	02/10/2021	Traci Yeager	•		Medicare CA	Ê	Ŧ		
Clear	Alhayek, Aml	PAT-1012285	02/10/2021	Traci Yeager	•		Medicare CA	Ê.			

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





Export a report of your patient list

Pa	atients	S					ENROL	L NEW PATIENT
	FIND PAT	TIENT ALL PATIE	ENTS BENEFITS REV	ERIFICATION/RECE	RT REMIND	ER		
Fil	ilter ptions	EFILTER OPTION	Q Search				Pati	ients: 1 - 9 of 9
Ne	ext Steps			E	PORT	CHANGE PRESCRIB	ER/ADDRESS CUS	TOMIZE TABLE
	SR	∱ Name	↑ Patient ID ↓ Enrol Date	Iment	Pat r ∱Cor Sta	tient Patient nsent ∱ Consent tus Expiratio	↑ Payer(s)	Re- Actions
Pre	rescriber			ð -		Excel export MPS	Q.	Search Sheet
Lo	ocation	😗 Rodriguez, Maria	Home Insert Page L	ayout Formulas L 1 • 11 • A+ A+ • • • • • A • A •	= = = = = =	w View . %·	Conditional Formatting *	· Q ·
	=,	-	D1 \$ × √ fx		•2 •2 •	Ø.	/ Cell Styles *	
SR	R Status	Johnson, James	A	8	c	D	6	F
P	Product	Lopez, Angel	2 Location 3 Service Request Status	821 N. Eutaw St. 303 Baltimore, MD 21201 Open				
	=,		5					
P	Primary	McSorely, Fallon	6 Name 7 Doe, Jane	Enrollment Date 5/30/2019	Prescriber John Smith	Patient Consent Status Not on File	Patient Consent Expiration	Payers UNITED MEDICAL ALLIANCE
	Plan		8 Fisher, Joe	5/28/2019	John Smith	Pending	\$/22/2022	BCBS Association
	=+	Brown, Joe	10 Santiago, Amaya	5/23/2019	John Smith	Valid	5/23/2022	AETNA BETTER HEALTH - NEW /
			11 Meier, Edwin	5/23/2019	John Smith	Pending		S&S HEALTHCARE STRATEGIES
Sec	econdary		12 Baist, Sue	5/23/2019	John Smith	Pending		S&S HEALTHCARE STRATEGIES
	Plan	A Rather Honor	13 Sellitto, Mia	5/23/2019	John Smith	Not on File		ABARCA HEALTH
	=+	Barbar, namy	15 Michaels, Jennifer	5/23/2019	John Smith	Valid	5/23/2022	S&S HEALTHCARE STRATEGIES
			16 Jones, Paul	5/22/2019	John Smith	Pending		S&S HEALTHCARE STRATEGIES
	Payer		17					
		U Bender, Kelly	18 Total records exported: 10					
			19					
	÷-	Chen, Sandie	Confidentiality Notice: This privileged. Be aware that an	report contains informa ny disclosure, copying, d	tion from Ger istribution or	nentech Access Solutions use of the contents of thi	that is confidential or s information is strictly	
		-	20 prohibited.					

- 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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Search for a specific patient in the patient list

Patient	ts						ENF	ROLL NEW	PATIENT	
FIND PA	TIENT ALL PATIE	NTS BENE	FITS REVERIFIC	CATION/RECERT F	REMINDER		_			
Filter Options		Q Search						Patients: 1	- 9 of 9	
Next Steps				EXPO	RT CHAN	IGE PRESCRIBER/	ADDRESS (CUSTOMIZ	E TABLE	
SR	∱ Name	↑ Patient ID	↓ Enrollment ↓ Date	↑ Prescriber	Patient ↑ Consent Status	Patient ↑ Consent Expiration	↑ Payer(s)	Re- enroll	Actions	
Prescriber					13470.1411					
Location	\rm Rodriguez, Maria	PAT-1014838	04/22/2021	Traci Yeager	•		AETNA INC - (CORPORATE) 🔒	*	
SR Status	9 Johnson, James	PAT-1014813	04/21/2021	Traci Yeager	•		AETNA INC - (CORPORATE)		
Product	Lopez, Angel	PAT-1012701	02/24/2021	Traci Yeager	•		Medicare CA	Ê	•	
Primary	McSorely, Fallon	PAT-1012340	02/12/2021	Traci Yeager	•		Medicare CA	Ê	•	
Plan ≡+	Brown, Joe	PAT-1012299	02/11/2021	Traci Yeager	•		Medicare CA	۵		
Secondary Plan	Barber, Henry	PAT-1012298	02/11/2021	Traci Yeager	•		Medicare CA	â	•	
Payer	Bender, Kelly	PAT-1012297	02/11/2021	Traci Yeager	•		Medicare CA	Ê		
Ť.	0 Chen, Sandie	PAT-1012289	02/10/2021	Traci Yeager	•		Medicare CA	Ê		

- 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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Change prescriber/address

ESS » SOLUTIONS	HOME ENRO	LL FIND	PATIENTS	ALERTS MESS	AGES				fol
Patien	ts					ENR	OLL NEW	PATIENT	
SIMO R					MINDER				
Filter Option:	By submitting this another	s request, you	u will transfe	er all patients f	rom one Pres	criber/Address to	×	-9 of 9	
Next Step	FROM Prescriber				ber		*	TE TABLE	
Prescribe	FROM Address			 TO Addres 	s		*	Actions	
Location						CANCEL SUE	BMIT	•	
Product	Lopez, Angel	PAT-1012701	02/24/2021	Traci Yeager	•	Medicare CA	Ê		
Primary Plan	McSorely, Fallon	PAT-1012340	02/12/2021	Traci Yeager	•	Medicare CA	Ê	•	
=+	\rm Brown, Joe	PAT-1012299	02/11/2021	Traci Yeager	•	Medicare CA	ê	*	
Secondary Plan =+	Barber, Henry	PAT-1012298	02/11/2021	Traci Yeager	•	Medicare CA	â	*	
Payer	 Bender, Kelly 	PAT-1012297	02/11/2021	Traci Yeager	•	Medicare CA	8	*	
<u>ات</u>	Chen, Sandie	PAT-1012289	02/10/2021	Traci Yeager	•	Medicare CA	8		
Clear					1.2		1000		

- 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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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 <u>Treatment Coordination Milestones</u> and <u>Manage Infusion Dates</u> for more information.

Submit a Patient Consent Form from the patient profile

CP Patient Dee, Jane Dee, Maximum PATIENT INFORMATION Patient 0 dee of laint Gender PATIENT 4876 12/12/1951 Female Image: Consent Status Patient 0 Image: Consent Status						
PATIENT INFORMATION Patient ID Date of Binh Gender PATIENT 014876 12/12/1951 Female address: 123 Main St PleasentVille, NY 10001 SERVICE REQUESTS Image: I	←Patient Do	e, Jane SENC	D MESSAGE		RE-ENROLL	
Patters ID Date of Birth PATI-1014876 12/12/1951 Address Patters ID Patters ID Patters ID Patters ID Patters ID Patters ID Patters ID Patters ID Patters ID Patters ID Patters ID Patters ID Patters ID Patters ID Patters ID Patters ID Patters ID Patters ID <p< td=""><td>PATIENT INFO</td><td>RMATION</td><td></td><td>PATIENT CONSENT</td><td>STATUS</td><td></td></p<>	PATIENT INFO	RMATION		PATIENT CONSENT	STATUS	
SERVICE REQUESTS Type Enrollment Date Status Next Steps Rows per page: 5 * 0 · 0 of 0 > MEDICAL DIAGNOSIS CODES	Patient ID PAT-1014876 Address 123 Main St Pleasentville, NY 1	Date of Birth 12/12/1951	Gender Female	Patient Consent Status Not on File Patient Consent Expiration	Patient Consent Form Options	
Rows per page: 5 * 0.0 of 0 < > MEDICAL DIAGNOSIS CODES Primary Diagnosis B00.0 Eczema herpeticum PRESCRIPTION PRESCRIPTION						
MEDICAL DIAGNOSIS CODES Primary Diagnosis B00.0 Eczema herpeticum PRESCRIPTION	SERVICE REQU	JESTS			↑ Status ↑ Next Steps	
DIAGNOSIS CODES Primary Diagnosis B00.0 Eczema herpeticum	SERVICE REQU	JESTS [†] ↑ Type			↑ Status ↑ Next Steps ge: 5 ▼ 0 - 0 of 0 < >	
PRESCRIPTION	SERVICE REQU	JESTS ↑ Type			↑ Status ↑ Next Steps ge: 5 0-0 of 0 >	
	SERVICE REQU TO MEDICAL DIAGNOSIS CODE Primary Diagno	JESTS Type S sis B00.0 F	Eczema herpeticum		↑ Status ↑ Next Steps ge: 5 ≠ 0.0 of 0 < >	
Product Prescription Type Dosage Dispense Frequency of Administration Refill(s)	SERVICE REQU TO TO MEDICAL DIAGNOSIS CODE Primary Diagno PRESCRIPTION	JESTS Type S sis B00.0 f	Eczema herpeticum		↑ Status ↑ Next Steps ge: 5 ★ 0.0 of 0 < >	

- 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

JTIONS	HOME EN	ROLL FIND PATIENTS ALER	TS MESSAGES		John Smith 👻
	← Patient S	mith, John	IGE 🖻 MESSAGES	RE-ENROLL	
	PATIENT INF	ORMATION	PATIENT CONSENT S	TATUS	
	Patient ID PAT-2047	Date of Birth Gender 08/04/1936 Male	Patient Consent Status	Patient Consent Form Options UPLOAD DOWNLOAD	
	Address 123 Main St USA, AZ 93445		Patient Consent Expiration 01/21/2022	EMAIL TO PATIENT	
		OUESTS			
_		↑ Туре	↑ Created By ↓ Last Modified Date	e ↑ Status ↑ Next Steps	_
	00017252 00017253	Benefits Investigation/Prior Authorization Co-pay Assistance	Genentech Access Solutions 06/27/2017 Genentech Access Solutions 03/23/2017	Action Required Action required Submitted Action required	
L	<u>00017254</u>	Appeals Support	Genentech 03/23/2017 Access Solutions	Action Required Action required	J
	MEDICAL		rona por page	, 50,5 /	
	DIAGNOSIS COL	DES			
	Primary Diagn	osis C50.51 Malignant ne	oplasm of lower-outer quadrant of breast, fer	nale	
	INSURANCE				

- Determine which service requests require action
 - Any service request requiring action will be highlighted with a \bigcirc 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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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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Access the messaging feature from the patient profile

LUTIONS HOME	ENROLL FIND PA	TIENTS ALERTS	MESSAGES			
←Patient	Smith, John	SEND MESSAGE	MESSAGES	•		RE-ENROLL
PATIENT	INFORMATION		PATIEN	IT CONSENT ST	ATUS	
Patient ID PAT-2047 Address 123 Main S USA, AZ 93	Date of Birth 08/04/1936 4 445	Gender Male	Patient Con Patient Con 01/21/20	sent Status I sent Expiration 022	Patient Consent F	orm Options D PATIENT
SERVICE	REQUESTS					
↑ ID	↑ Туре		↑ Created By	↓ Last Modified Date	↑ Status	↑ Next Steps
<u> 00017252</u>	Benefits Investigation	n/Prior Authorization	Genentech Access Solutions	06/27/2017	Action Required	Action required
<u>00017253</u>	Co-pay Assistance		Genentech Access Solutions	03/23/2017	Submitted	Action required
9 <u>00017254</u>	Appeals Support		Genentech Access Solutions	03/23/2017	Action Required	Action required
				Rows per page:	5 💌 1 - 3 of 3	< >
MEDICAL DIAGNOSIS Primary D INSURA	- 3 CODES Diagnosis C50.61	Malignant neoplas	m of lower-outer qua	drant of breast, fema	le	

- 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



Access the messaging feature from the patient list

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Patient	ts					ENROLL NEW PATIENT
FIND PA	TIENT ALL PATIE	NTS BENE	FITS REVERIFIC	CATION/RECERT F	REMINDER	
Filter Options Next Steps	I≡ FILTER OPTION	Q Search		EXPO	RT CHANG	Patients: 1 - 20 of 368 GE PRESCRIBER/ADDRESS CUSTOMIZE TABLE
SR =+ Prescriber	↑ Name	↑ Patient ID	\downarrow Enrollment Date	↑ Prescriber	Patient ↑ Consent Status	Patient ↑ Consent ↑ Payer(s) Re- Actions Expiration
E+	8 Rodriguez, Maria	PAT-1014876	04/28/2021	Traci Yeager	•	1 UPLOAD Patient Consent Form
E+ SR Status	Johnson, James	PAT-1014871	04/28/2021	Elias Mink	0	Email Patient Consent to Patient
Product	Lopez, Angel	PAT-1014851	04/24/2021	Traci Yeager	•	Hide Patient from List
Frimary	McSorely, Fallon	PAT-1014850	04/23/2021	Traci Yeager	•	 Send Message
Plan						·

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

MY MESSAGES	ALL ACCOUNT MESSAGES	MPS HOME	
		MY PATIENT SOLUTIONS®	
	4.00	Colutions will concern to usur inquire within 4-3 husiness down	
	Please note: Response	ess solutions will respond to your inquiry within 1-2 dusiness days.	
	Tiodos Hoto, Nooporto		
		SEND A MESSAGE	
ENT			
earch by First Name or I	Last Name		Q
ID IECT			
SCRIPTION			
			1
		SUBMIT	
		Sound	
		JOLANIT	
		JOANN	
		JOURNI	
		SOUNIT	

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

SSIN SOLUTIONS' Search			SEARCH	单 🚨 JOHN SMITH 🔻
MY MESSAGES ALL ACCOU	NT MESSAGES ARCHIVED MESSAGES	MPS HOME		
CHIVE MESSAGE(S)				
LAST MESSAGE DATE/TIME ↓	✓ Change of insurance for patient	✓ STATUS	✓ LAST Smith	~
8/1/2018 2:14 PM	Prior authorization question	Sent	John Smith	<u>^</u>
8/1/2018 2:13 PM	Medicare coverage for my patient	Sent	John Smith	
7/30/2018 1:29 PM	Patient concerns about cost	Sent	John Smith	
7/30/2018 1:28 PM	Correction on Prescriber Service Form	Sent	John Smith	
7/30/2018 1:26 PM	Coverage question for patient	Sent	John Smith	
7/28/2018 4:07 PM	Coverage question for patient Jane Doe	Sent	John Smith	
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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Check messages sent between anyone in the practice and the Genentech Access Solutions or Genentech Patient Foundation Specialist

MY MESSAGES ALL ACCOUNT MESSAGES ARCHIVED MESSAGES MPS HOME ARCHIVE MESSAGE ALL ACCOUNT MESSAGES ARCHIVED MESSAGES MPS HOME ARCHIVE MESSAGE DATE/TIME ↓ × SUBJECT × STATUS × LAST MESSAGE SENT BY × 1 BX/2018 2:14 PM Change of insurance for patient Sent John Smith 2 BX/2018 2:13 PM Prior authorization question Sent John Smith 3 730/2018 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 Jane Doe Sent John Smith 6 7/28/2018 4:07 PM Change of insurance for patient Sent John Smith 7 7/28/2018 4:05 PM Correction on Prescriber Service Form Sent John Smith 8 7/28/2018 4:05 PM Patient Inferred to infusion center Sent John Smith <t< th=""><th>ACCESS » SOLUTIC</th><th>ONS[.]</th><th>Search</th><th></th><th></th><th></th><th></th><th>SEARCH</th><th></th><th>JOHN</th><th></th></t<>	ACCESS » SOLUTIC	ONS [.]	Search					SEARCH		JOHN	
MY MESSAGES ALL ACCOUNT MESSAGES ARCHIVE MESSAGES MPS HOME ARCHIVE 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 question 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 Jane Doe Sent John Smith 6 7/28/2018 4:07 PM Change of insurance for patient Sent John Smith 7 7/28/2018 4:05 PM Patient referred to influsion center Sent John Smith 9 7/28/2018 4:05 PM Patient Michael Hill coverage denied Sent John Smith 9 7/28/2018 3:56 PM Patient turning 65 soon; assistance options Sent John Smith		_						_			
ARCHIVE MESSAGE(S) LAST MESSAGE DATE/TIME \$ > SUBJECT > STATUS > LAST MESSAGE SENT BY > 1 8/V2018 2:13 PM Change of Insurance for patient Sent John Smin > 2 8/V2018 2:13 PM Prior authorization question Sent John Smin > > 3 7/30/2018 1:29 PM Medicare coverage for my patient Sent John Smin > > 4 7/30/2018 1:28 PM Patient concerns about cost Sent John Smin > > 5 7/30/2018 1:26 PM Coverage question for patient Jane Doe Sent John Smin > > 6 7/28/2018 4:07 PM Change of insurance for patient Sent John Smin > > 7 7/28/2018 4:05 PM Correction on Prescriber Service Form Sent John Smin > > 8 7/28/2018 4:05 PM Patient meterred to infusion center Sent John Smin > > 9 7/28/2018 4:05 PM Patient Michael Hill coverage denied Sent John Smin > > 10 7/28/2018 3:56 PM Patient Micha	MY MESS	SAGES	ALL ACCOUNT MESSAGES	ARCHIVED MESSAGES	MPS HO	ME					
LAST MESSAGE DATE/TIME I V SUBJECT V STATUS LAST MESSAGE SENT BY V 1 8/1/2018 2:14 PM Change of insurance for patient Sent John Smith Image: Comparison of the comparison	ARCHIVE MESS	SAGE(S)									
1 8/1/2018 2:14 PM Change of insurance for patient Sent John Smith 2 8/1/2018 2:13 PM Prior authorization question 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 Jane Doe Sent John Smith 6 7/28/2018 4:07 PM Change of insurance for patient Sent John Smith 7 7/28/2018 4:06 PM Correction on Prescriber Service Form Sent John Smith 8 7/28/2018 4:05 PM Patient referred to infusion center Sent John Smith 9 7/28/2018 4:05 PM Patient michael Hill coverage denied Sent John Smith 9 7/28/2018 4:05 PM Patient furning 65 soon; assistance options Sent John Smith 10 7/28/2018 3:56 PM Patient turning 65 soon; assistance options Sent John Smith	LAST N	MESSAGE	DATE/TIME 🕹 🗸 SUBJECT		~	STATUS	~	LAST MESSAGE SEM	NT BY	~	
2St//2018 2:13 PMPrior authorization questionSentJohn Smith37/30/2018 1:29 PMMedicare coverage for my patientSentJohn Smith47/30/2018 1:28 PMPatient concerns about costSentJohn Smith57/30/2018 1:26 PMCoverage question for patient Jane DoeSentJohn Smith67/28/2018 4:07 PMChange of insurance for patientSentJohn Smith77/28/2018 4:05 PMCorrection on Prescriber Service FormSentJohn Smith87/28/2018 4:05 PMPatient referred to infusion centerSentJohn Smith97/28/2018 4:05 PMPatient michael Hill coverage deniedSentJohn Smith107/28/2018 3:56 PMPatient turning 65 soon; assistance optionsSentJohn Smith	1 8/1/201	18 2:14 PM	Change of	insurance for patient		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 Jane Doe Sent John Smith 6 7/28/2018 4:07 PM Change of insurance for patient Sent John Smith 7 7/28/2018 4:05 PM Correction on Prescriber Service Form Sent John Smith 8 7/28/2018 4:05 PM Patient referred to infusion center Sent John Smith 9 7/28/2018 4:05 PM Patient Michael Hill coverage denied Sent John Smith 10 7/28/2018 3:56 PM Patient turning 65 soon; assistance options Sent John Smith	2 8/1/201	18 2:13 PM	Prior autho	rization question		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 Jane Doe Sent John Smith 6 7/28/2018 4:07 PM Change of insurance for patient Sent John Smith 7 7/28/2018 4:05 PM Correction on Prescriber Service Form Sent John Smith 8 7/28/2018 4:05 PM Patient referred to infusion center Sent John Smith 9 7/28/2018 4:05 PM Patient Michael Hill coverage denied Sent John Smith 10 7/28/2018 3:56 PM Patient turning 65 soon; assistance options Sent John Smith	3 7/30/20	018 1:29 Pt	M Medicare o	coverage for my patient		Sent		John Smith			
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10 7/28/2018 3:56 PM Patient turning 65 soon; assistance options Sent John Smith	9 7/28/20	018 4:03 P	M Patient Mi	chael Hill coverage denied		Sent		John Smith			
	10 7/28/20	018 3:56 P	M Patient tur	ning 65 soon; assistance options	s	Sent		John Smith			
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Select ALL ACCOUNT MESSAGES from the navigation bar.

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CES	S N SOLUTIONS	Search					SEARCH	
	MY MESSAGES	ALL ACCOUNT	MESSAGES	ARCHIVED MESSAGES	MPS HOME			
ARC	HIVE MESSAGE(S)							
	LAST MESSAGE	DATE/TIME 🕹 🦄	✓ SUBJECT		✓ STATUS	\sim	LAST MESSAGE SENT BY	\sim
1	8/1/2018 2:14 PM		Change of	insurance for patient	Sent		John Smith	÷
2	8/1/2018 2:13 PM		Prior Autho	rization Update	Sent		John Smith	
3	7/30/2018 1:29 PM	И	Medicare c	overage for my patient	Sent		John Smith	
4	7/30/2018 1:28 PM	и	Patient con	cerns about cost	Sent		John Smith	
5	7/30/2018 1:26 PM	И	Coverage of	uestion for patient	Sent		John Smith	
6	7/28/2018 4:07 Pt	м	Correction	on Prescriber Service Form	Sent		John Smith	
7	7/28/2018 4:06 PI	м	Coverage of	uestion for patient Jane Doe	Sent		John Smith	
8	7/28/2018 4:05 P	м	Patient refe	rred to infusion center	Sent		John Smith	
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- 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 sicon in the top right corner will have a red number icon next to it

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MY MESSAGES ALLACCOUNT MESSAGES ARCHIVED MESSAGES MPS HOME Image: Service Form Correction Status Last Message Date/Time Last Message Sent By Service Form B/5/2019 9:34 PM Image: Service Form Correction Related Patients (1) Prescriber Service Form Correction 8/5/2019 9:34 PM Last Message Sent By PAT-303524 Prescriber Service Form Correction 8/5/2019 9:34 PM John Smith View / Ast Message Sent By View / Most Recent Activity ▼ Q. Search this feed ▼ Image: Service Form Correction 8/5/2019 9:34 PM John Smith ▼ View / Image: Search this feed ▼ ▼ ▼ Image: View / Image: Search this feed ▼ ▼ ▼ ▼ Image: View / Image: View / Image: Search this feed ▼ ▼ ▼	ACCESS >> SOLUTIONS	Search			SEARCH	🐥 😩 JOHN SMITH 🔻
Service Request Status Brid Scale Date/Time Last Message Date/Time Brid Scale Date/Time Br	MY MESSAGES	ALL ACCOUNT MESSAGES	ARCHIVED MESSAGES	MPS HOME		
Ratus Br5/2019 9:34 PM Last Message Sent By Br5/2019 9:34 PM DELECT LAST MESSAGE DATE/TIME LAST MESSAGE SENT BY PATIENT ID SUBJECT LAST MESSAGE DATE/TIME LAST MESSAGE SENT BY PAT-303524 Prescriber Service Form Correction 8/5/2019 9:34 PM John Smith View J bast Recent Activity ▼ Q. Search this feed ▼	Service Request Prescriber Ser	rvice Form Correction				
Related Patients (1) PATIENT ID SUBJECT LAST MESSAGE DATE/TIME LAST MESSAGE SENT BY Prescriber Service Form Correction B/5/2019 9:34 PM John Smith View J view J Search this feed Image: Comment View J Comment	tatus Last Mes ient 8/5/2019	sage Date/Time Last Mes 9 9:34 PM	sage Sent By In Smith			
PATIENT ID SUBJECT LAST MESSAGE DATE/TIME LAST MESSAGE SENT BY Prescriber Service Form Correction 8/5/2019 9:34 PM John Smith Stervice Form. Kathleen Meier's last name was misspelled Meyer. Can we correct this error? Like © Comment	Related Patients	5 (1)				
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ere 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	John Smith 23h ago					
	ere was a typo on my patie	ent's Prescriber Service Form. Kathle	en Meier's last name was misspe	lled Meyer. Can we correct	this error?	

- 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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↑ MY MESSAGES ALL ACCOUNT N	IESSAGES ARCHIVED MESSAGES	MPS HOME		
ARCHIVE MESSAGE(S)				
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	A
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	
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- 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

Unarchive your messages

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CCESS » SOL	UTIONS	Search				SEARCH	• 🕒	
MY MES	SSAGES	ALL ACCOUNT MESSAGES	ARCHIVED MESSAGES	MPS HOME				
UNARCHIVE N	MESSAGE(S)							
	LAST M	ESSAGE DATE/TIME	✓ SUBJECT		✓ STATUS	V LAS	ST MESSAGE SENT BY	~
1	6/4/2019	9, 16:34	Change of insuran	ce for patient	Read	Joh	n Smith	
2	6/3/2019	9, 06:39	Prior Authorization	Update	Sent	Joh	n Smith	
3	5/29/20	19, 06:12	Medicare coverage	e for my patient	Sent	johr	Smith	
4	3/15/201	19, 13:52	Patient concerns a	bout cost	Read	Joh	n Smith	
5	1/28/201	19, 03:34	Coverage question	n for patient	Read	Joh	n Smith	
6	8/18/201	18, 05:51	Correction on Pres	criber Service Form	Sent	Joh	n Smith	
7	2/19/201	18, 16:58	Coverage question	n for patient Jane Doe	Read	Joh	n Smith	
8	2/17/201	18, 02:38	Patient referred to	infusion center	Sent	Joh	n Smith	

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- 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



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

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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.

					RE-ENROLL	
PATI	ENT INFORMA	TION		PATIENT CONSENT ST	TATUS	
Patient PAT-11 Address 123 M USA, J	ID Dat D12555 08 Iain St AZ 93445	te of Birth /04/1936	Gender Male	Patient Consent Status Valid Patient Consent Expiration 02/21/2024	Patient Consent Form Options UPLOAD DOWNLOAD EMAIL TO PATIENT	
S New Revie	Enroliment 8	Site of Treatment(s) Identification and BI Completion	3 Patient Ready for Treatment	Treatment S Treatment Coordinated	nent Ongoing med BLCP/Patient Support	
INFU	ISION/INJECTI	ON HISTORY	First Di	ate of Treatment: 👩 04/22/2021 La	st Date of Treatment: 04/22/2021	
INFU ↓ ID	ISION/INJECTI	ON HISTORY	First D	ate of Treatment: 🚯 04/22/2021 La	e +	
INFU + ID	ISION/INJECTI 321629	ON HISTORY Anticipated I 05/25/2021	First D: Date of Treatment 🜒	ate of Treatment: 1 04/22/2021 La	st Date of Treatment: 04/22/2021	
INFU ID INFCR-	ISION/INJECTI 321629 321628	ON HISTORY Anticipated I 05/25/2021 04/23/2021	First D	ate of Treatment: O4/22/2021 La Actual Date of Treatment Actual Date of Treatment O4/22/2021	st Date of Treatment: 04/22/2021	

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



For OCREVUS[®] (ocrelizumab) only Treatment Coordination Milestones (cont)

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- 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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For OCREVUS® (ocrelizumab) only 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





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

		ID MESSAGE		RE-ENROLL	
PATIENT INF	ORMATION		PATIENT CONSENT S	TATUS	
Patient ID PAT-1012555	Date of Birth 08/04/1936	Gender Male	Patient Consent Status	Patient Consent Form Options	
Address 123 Main St USA, AZ 93445			Patient Consent Expiration 02/21/2024	DOWNLOAD	
New Enrollment Review	Site of Treatment(s) Identification and BI Completion	3 Patient Ready for Treatment	Coordinated 5 Treat	irment Ongoing HCP/Patient Support	
INFUSION/IN	JECTION HISTORY	First Date	e of Treatment: 📵 04/22/2021 La	ast Date of Treatment: 04/22/2021	
↓ ID	↑ Anticipated D	ate of Treatment.	Actual Date of Treatment	•	
	05/25/2021		-		
INFCR-321629			04/22/2021		
INFCR-321629	04/23/2021		04/11/1011		

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



For OCREVUS $^{\circ}$ (ocrelizumab) only Manage Infusion Dates (cont)

Enter infusion dates

←Patient Sn	nith, John >	SEND MESSAGE		RE-ENROLL
		_		
PATIENT INFO	RMATION		PATIENT CONSENT	STATUS
Patient ID	Date of Birth	Gender	Patient Consent Status	Patient Consent Form Options
PAT-1012555	08/04/1936	Male	🤡 Valid	UPLOAD DOWNLOAD
Address			Patient Consent Expiration	EMAIL TO PATIENT
123 Main St USA, AZ 93445			02/21/2024	
New Enrollment Review	Site of Treatment(s) Identification and BI Completion	3 Patient Ready for Treatment	Treatment 5 Tre Coordinated 5 Cor	atment 6 Ongoing http://www.atment Support
INFUSION/IN.	JECTION HISTOR	Y First Da	te of Treatment: 📵 04/22/2021	Last Date of Treatment: 04/22/2021
ψID	个 Anticipate	ed Date of Treatment 🔞	↑ Actual Date of Treatmer	nt 🛛 🔶
		*	÷	\otimes
	05/05/0003		Ť	
INFCR-321629	05/25/2021			
INFCR-321629	05/25/2021		04/22/2021	

- 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 \times and icons





For OCREVUS® (ocrelizumab) only 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

SERVICE ELIGIBILITY TYPE OF SERVICE DATIENT 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.	
BACK NEXT	

- 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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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.

N/A

N/A

Actemra® (tocilizumab) N/A

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



- 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



Service Requests: Starter Programs (cont)

Enroll in a starter program (cont)

Prescriber Verscriber 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) Opsite I	Pharmacy (Ontional)
Preferred Specially Pharmacy (Optional) Offsite P	

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

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View the patient's status

ACCESS >> SOLUTIONS	HOME E	NROLL FIND PAT	IENTS ALERTS N	IESSAGES				John Smith	Ŧ
	←Patient	Smith, John	SEND MESSAG	e 🖪 Mes	SSAGES	R	E-ENROLL		
	PATIENT IN	FORMATION		PA	TIENT CONSENT S	STATUS			
	Patient ID PAT-9963 Address 123 Main St USA, AZ 93445	Date of Birth 08/04/1936	Gender Male	Patie Patie 01/	nt Consent Status Valid nt Consent Expiration 21/2022	Patient Consent Form 0	nt		
	SERVICE RI	EQUESTS							
	↑ ID	↑ Туре		↑ Created B	y ↓ Last Modified Da	ate ↑ Status ↑ I	Vext 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 pag	e: 5 ▼ 1 - 2 of 2	< >		
	MEDICAL								
	DIAGNOSIS CC Primary Diagr	DDES nosis L50.1	Idiopathic urticaria						
	INSURANCE	Ē							
	Rank	Payer Name		Subs	criber ID	Effective Date			

Select the STARTER PROGRAM service request to see a detailed report.



Service Requests: Starter Programs (cont)

View the patient's status (cont)

CESS » SOLUTIONS	HOME ENROLL F	ND PATIENTS ALE	RTS MESSAGES	John Smith 👻
	← Service Request [Details Richards	on, Robert	
	STARTER PROGRAM			
	Service Request ID	Created By	Status	
	00023400	John Smith	Pending Eligibility Determination	
	Enrollment Date	Last Modified Date 07/08/2017		
	000012011	01/00/2011		
	PRODUCT(S)			
	Product Xolair® (omalizumab)			
	Notes: Your patient is eligible to recei- medications Access Solutions Access Solutions will contact t this request please call (866) 4	re medicine while awaiting a will contact your practice to c ne patient to set up a shipme ACCESS/(866) 422-2377, 6a	coverage delay. For office administered oordinate a shipment. For oral medications nt. If you have questions or would like to expedite Im-Spm PT, Monday through Friday.	
	SHIPMENTS			
	Shipment ID Product	Shipment Status	Expected Delivery Airbill # Date	
	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



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.



Service Requests: Co-pay Assistance (cont)

Request a referral to co-pay assistance (cont)

PRESCRIBER	
Prescriber Verscriber Address	T
SERVICE(S)	
PRIOR AUTHORIZATION	
Is prior authorization in place?	
REFERRAL TO CO-PAY ASSISTANCE	
Does the patient have metastatic non-small cell lung cancer (NSCLC) whose tumors have epidermal growth factor receptor (EGFR) exon 19 deletions or	Select Answer 👻
exon 21 (L858R) substitution mutations?	
Does the patient have advanced pancreatic cancer and have not received chemotherapy?	Select Answer 👻
PHARMACY	
Specialty 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.

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Service Requests: Co-pay Assistance (cont)

View the patient's status

CESS IN SOLUTIONS	HOME ENROLL	FIND PATIENTS ALERTS ME	ESSAGES		John Smith 🔻
	← Patient Smith, .	John SEND MESSAGE	MESSAGES	RE-ENROLL	
	PATIENT INFORM	ATION	PATIENT CONSENT STA	TUS	
	Patient ID Da PAT-2047 08 Address 123 Main St USA, AZ 93445	ate of Birth Gender 8/04/1936 Male	Patient Consent Status Valid Patient Consent Expiration 01/21/2022	Patient Consent Form Options UPLOAD DOWNLOAD EMAIL TO PATIENT	
	SERVICE REQUES	STS			
	↑ ID ↑ T	Гуре	↑ Created By ↓ Last Modified Date	↑ Status ↑ Next Steps	
	00017252 Bene	efits Investigation/Prior Authorization	Genentech 06/27/2017 Access Solutions	Action Required Action required	
	<u>00017253</u> Co-p	pay Assistance	Genentech 03/23/2017 Access Solutions	Submitted Action required	
	<u>00017254</u> Appe	eals Support	Genentech 03/23/2017 Access Solutions	Action Required Action required	
			Rows per page:	5 ▼ 1-3 of 3 < >	
	MEDICAL				
	DIAGNOSIS CODES Primary Diagnosis	C50.51 Malignant neoplasm of	f lower-outer quadrant of breast, femal	e	
	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 🕨 SO	OLUTIONS HOME	ENROLL FIND PATIENTS	G ALERTS	
	← Service Request D	etails Smith. John	1	
		, ,	-	
	REFERRAL TO CO-PAY ASSISTA	NCE		
	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 quest program listed below.	ions about co-pay assistance plea	ase contact the co-pay card	
	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 agree to the rules set forth in the terms website for the full list of terms and con	-pay card programs, the patient must confirm and conditions for the program. Please visit Iditions.	n that they meet the eligibility criteria and the individual co-pay card program's	

- 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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$\hat{\parallel}$ く ひ ふ Account Setup **Service Requests: Genentech Patient Foundation Update Settings** When you enroll a patient, you can request assistance from the Genentech Patient Foundation. If patients are **For Infusion Sites** approved, you can track eligibility and coordinate shipping within My Patient Solutions® for Health Care Practices. (OCREVUS only) eSignature **Request assistance from the Genentech Patient Foundation** Ĥ **Steps for Use** ACCESS >> SOLUTIONS John Smith **Enroll Patients** HOME ENROLL FIND PATIENTS ALERTS MESSAGES Enroll **Re-enroll Patients** SERVICE ELIGIBILITY **Patient List** Fill out the form fields below to complete the Prescriber Form PATIENT **Patient Profile** Date of Birth Last Name First Name MM/DD/YYYY Messaging Gender Insured **Treatment Milestones** (OCREVUS only) PRODUCTS Manage Infusion Dates Product ADD PRODUCT - X (OCREVUS only) DIAGNOSIS CODE **Bls and PAs** PRIMARY DIAGNOSIS Diagnosis Code X **Starter Programs** ADD DIAGNOSIS CODE NEXT **Co-pay Assistance Genentech Patient** Contact us Home Privacy Policy Terms & Conditions Foundation Genentech © Copyright 2019 Genentech USA, Inc. All rights reserved. This site is intended for US resi The Access Solutions logo is a registered trademark of Genentech. In **Appeals Support** Begin enrollment **Reverification**/ Recertification Identify if the patient is insured or not insured Additional Info **Resources FAQs** 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 $\bullet \bullet \bullet \bullet \bullet \bullet \bullet \bullet \bullet$ patients and insured patients without coverage for their medicine must meet a different set of income requirements. Index

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Request assistance from the Genentech Patient Foundation (cont)



- 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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View eligibility information

Developed	Operation Trans	0	Disease	Francis	and Administration	0=Fil/_)	
Product	Prescription Type	Dosage	Dispense	Freque	ncy of Administration	Renu(s)	
Erivedge® (vismodegib)	Standard	150 mg	3 Month(s)	QD		2	
INSURANCE						EDIT	
		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1					
	0	r records indicate	that this patient is a	urrontly unincu	ired		
	00		<i></i>	differitiy diffitise			
	00			unentry uninsu			
GENENTECH	PATIENT FOUND	ATION ASSIST	ANCE	unenty uninsu			
GENENTECH	PATIENT FOUND Product(s)	ATION ASSIST	TANCE Eligibility Date	Shipment Method	Next Steps	Approval / Denial Letter	
GENENTECH	PATIENT FOUND Product(s) Erivedge	ATION ASSIST Status Pending	TANCE Eligibility Date	Shipment Method	Next Steps View Action(s) Required	Approval / Denial Letter N/A	
GENENTECH 1D# 03306303	PATIENT FOUND Product(s) Erivedge	ATION ASSIST Status Pending	CANCE Eligibility Date	Shipment Method	Next Steps View Action(s) Required	Approval / Denial Letter N/A	
GENENTECH	PATIENT FOUND Product(s) Erivedge PATIENT FOUND	ATION ASSIST Status Pending ATION SHIPM	ANCE Eligibility Date	Shipment Method	Next Steps View Action(s) Required	Approval / Denial Letter N/A	
GENENTECH	PATIENT FOUND Product(s) Erivedge PATIENT FOUND	ATION ASSIST Status Pending ATION SHIPM	TANCE Eligibility Date	Shipment Method	Next Steps View Action(s) Required	Approval / Denial Letter N/A	

• 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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Download the approval letter

	-							
	PRESCRIPTION	Prescription Type	Dosage	Dispense	Frequen	cy of Administration	Refill(s)	
	Actemra® (tocilizumab) Intravenous	Standard	150 mg		Once ev	ery 4 weeks	2	
	INSURANCE						EDIT	
	-	c	Our records indica	te that this patient	t is currently uninsu	red.		
	GENENTECH	PATIENT FOUN	DATION ASSI	STANCE				
	ID#	Product(s)	Status	Eligibility Date	Shipment Method	Next Steps	Approval / Denial Letter	
	03305850	Actemra Intravenous	Approved	04/08/2021	Upfront		4 DOWNLOAD	
	GENENTECH	PATIENT FOUN	DATION SHIP	MENT				l i
	To coordinate the f	first Upfront shipm	ent please call (83	33) 888-4363. Refil	II shipments can be	coordinated from	My Patient Solutions.	
Contact us Home Privacy © Copyright 2021 Genenter The Access Solutions logo	Policy Terms & Conditions th USA, Inc. All rights reserv is a registered trademark of	ed. This site is intended Genentech, Inc	for US residents only	6				Genentech A Member of the Roche Group

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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Address missing information/next steps

	PRESCRIPTION							-
	Product Actemra® (tocilizumab)	Prescription Type	Dosage	Dispense	Frequ	ency of Administration	Refill(s)	
	Intravenous							
	INSURANCE						EDIT	l i
		c	Our records indica	te that this patien	t is currently unine	sured.		-
	GENENTECH	PATIENT FOUN	DATION ASSI	STANCE Eligibility	Shipment	Next Steps	Approval / Denial	
	03305850	Actemra Intravenous	Approved	04/08/2021	Upfront	View Action(s) Required		
	GENENTECH	PATIENT FOUN	DATION SHIP	MENT				l I
	To coordinate the	first Upfront shipm	ent please call (83	33) 888-4363. Refi	II shipments can l	be coordinated from	My Patient Solutions.	-
Contact us Home Privac D Copyright 2021 Genente The Access Solutions logr	y Policy Terms & Conditions ich USA, Inc. All rights reserv is a registered trademark o	red. This site is intended f Genentech, Inc	d for US residents only	6				Genentech A Member of the Roche Group
elect the	link in the	Novt St	ans colu	ımn	-			
- This lin	k will only	appear	if an ac	tion is re	equired			

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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Address missing information/next steps (cont)

	Prescriber Form	n				- 11
	Please submit comp	leted Prescriber form.				
	Product	Status	Expiration Date	Reason Incomplete	Details	
GEN	Erivedge	() Incomplete	N/A	Invalid Signature/not Signed Prescriber		
0	DOWNLOAN	D & SIGN Its please fax updated documentati ent shipments please fax updated d	ion to the Medvantx pharmac focumentation to (877) 428-3	y at (833) 999-4363, or contact 1 326, or contact a Foundation Sp	Medvantx directly at (833) 888 ecialist at (888) 941-3331.	e.
GEN					CANCEL SUBMIT	

View the actions required and address them accordingly.

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Coordinate refill shipments

INSURANCE						EDIT	
Rank	Payer Name)	Subscriber ID	Effective	Date	
Primary	GALLAGHER BAS	SETT SERVICE	S, INC	ADSF			
0505055			10711105				
GENENTECH	PATIENT FOUNDA	TION ASS	ISTANCE	Chiamont		Assessed / Denint	
ID#	Product(s)	Status	Date	Shipment Method	Next Steps	Approval / Denial Letter	
03302739	Ocrevus	Approved	01/28/2021	Upfront			
GENENTECH I	PATIENT FOUNDA	TION SHI	PMENT		(COORDINATE SHIPMENT	
Shipment ID	Product		Shipment Status	Expected	Delivery Date	Shipment Tracking Number	1
SH-950108	Ocrevus® (ocrei	lizumab)	Shipped	09/28/20	20	466042122	
SH-950108	Ocrevus® (ocre	lizumab)	Shipped	09/28/20	20	466042122	

• 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.



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 <u>messaging feature</u>
- You may also enroll patients in the Genentech Patient Foundation by downloading and faxing the <u>Prescriber Foundation Form</u> or using Quick Enroll
 - Patients must still complete the Patient Consent Form and fill out Section 2

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Service Requests: Appeals Support (cont)

Request appeals resources (cont)

SERV	Have you received a deni	al claim or denied authorization/pre-	determination to	or your patient?							
JENV	• Yes										
	O No										
сно	If your patient's insurer hap rovide guidance by help appeal.	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 y the insurer's letter of den	our patient, please provide the inform ial or the patient's Explanation of Ben	nation listed belo efits (EOB) lette	ow. This information sho r.	ould be in						
	DI EASE NOTE: All additio				100						
	complete.	onal services and/or next steps will b	e delivered after	the appeals service req	uest is						
	complete.	Denial Reason	e delivered after	the appeals service required by the appeals service required by the appeal of the appe	uest is						
Er	Denial Date	Denial Reason	e delivered after	Denial Reference #	uest is						
E	Denial Date	Denial Reason	e delivered after	Denial Reference #	SUBMIT						
E	Denial Date	Denial Reason	e delivered after	Denial Reference # CANCEL	UEST IS SUBMIT						

- 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

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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		Prescriber Address			Place of Service	
ERVICE(S)						
APPEALS SUPPORT						
Denial Date	Denia	l Reason	Denial Reference	#		
	Deer	Not Meet Pavor	1111			

Confirm this information is correct on the patient information screen.

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View the patient's status

CCESS >> SOLUTIONS	HOME EN	ROLL FIND PATIE	INTS ALERTS	MESSAG	GES ⁹				ol	ohn Smith 💌
	← Patient Sr	nith, John 🕞	SEND MESSAGE	🖻 MES	SSAGES	•		RE-ENROLL		
	PATIENT INF	ORMATION			PATIEN	NT CONSENT ST	ATUS			
	Patient ID PAT-2047 Address 123 Main St USA, AZ 93445	Date of Birth 08/04/1936	Gender Male		Patient Cor Valid Patient Cor 01/21/2	isent Status d isent Expiration 022	Patient Consent F	Form Options D PATIENT		
	SERVICE RE	QUESTS								
	↑ ID	↑ Туре		↑ Cre	eated By	\downarrow Last Modified Date	↑ Status	↑ Next Steps		
	<u>00017252</u>	Benefits Investigation/P	rior Authorization	Gener Acces	ntech is Solutions	06/27/2017	Action Required	Action required		
	9 <u>00017253</u>	Co-pay Assistance		Gener Acces	ntech is Solutions	03/23/2017	Submitted	Action required		
	00017254	Appeals Support		Acces	is Solutions	03/23/2017 Rows per page:	Action Required 5 1 - 3 of 3	Action required		
	MEDICAL DIAGNOSIS COL Primary Diagno	DES Isis C50.51	Malignant neoplas	m of lowe	er-outer qua	adrant of breast, fema	le			
	INSURANCE									

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





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

atients		ENROLL NEW PATIENT
FIND PATIENT ALL PATIENTS	BENEFITS REVERIFICATION/RECERT REMINDER	
CHOOSE PROGRAM Rituxan RA RSVP Ocrevus Prescriber	No search results found. Please tr	y again.
Action Reverify New List of Patients		
Select a Period 05/01/2021 - 05/31/2021 -		
Click Search to view/update the list SEARCH		
FILTER OPTIONS		
Select options below to filter Benefits Reverification list		

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



Choose your next action

ACCESS » SOL	UTIONS HOME ENR	OLL FIND PATIENTS ALERTS MESSAGES	John Smith 🔻
	Patients	ENROLL NEW PATIENT	
	FIND PATIENT ALL PATIENTS	BENEFITS REVERIFICATION/RECERT REMINDER	
	CHOOSE PROGRAM		
	 Xolair Reverification 	Choose program options and click Search to see a list of patients.	
	O Xolair Recertification Reminder		
	O 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 your next action from the dropdown menu options for the program you have selected.

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Select date range

CESS > 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	Choose program options and click Search to see a list of patients.
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 an eligibility period
- Select SEARCH
 - A list of patients meeting your criteria is returned

Sort and filter patients to reverify/recertify

ACCESS >> SOLUTIONS	HOME ENROLL F	IND PATIENTS ALERTS M	MESSAGES		John Smith 💌
	Patients			ENROLL NEW PATIENT	
	FIND PATIENT ALL PATIE	ENTS BENEFITS REVERIFICATION/	RECERT REMINDER ADOT D	ASHBOARD	
	CHOOSE PROGRAM	Q Search	Patients: 1 - 1 of 1 EXPORT	CHANGE PRESCRIBER/ADDRESS	
	Reverify New List of Patients	Patient ↑ Name ↑ Status (End of Feb)	↑ Patient ↑ Anti ↑ Consent Date Expiration Trea	cipated ↑ Payer(s) Actions of tment	
	View Submitted Patients View In Progress Patients (read only)	SELECT ALL CLEAR	06/10/2022	Medicare IA -	
	FILTER OPTIONS Select options below to filter Benefits Reverification list	SUBMIT	Rows per pa	OF IOWA ge: 20 ▼ 1-1 of 1 < >	
	Prescriber 👻				
	Location 🗸				
	Patient Consent Status 👻				
	RESET				

- 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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Review treatment date

Patients					ENRC	OLL NEW	PATIENT
FIND PATIENT ALL PAT	IENTS BENEFITS REVERIFICATIO	N/RECERT REMINDER	ADOT DASH	BOARD			
CHOOSE PROGRAM	Q Search	Patients: 1 - 1 of 1	EXPORT	CHANGE	PRESC	RIBER/ADI	DRESS
Lucentis Annual BR Action Reverify New List of Patients	Patient Consent ↑ Status (End of Feb)	↑ Patient Consent Expiration	↑ Anticipa Date of Treatme	ted ↑	Payer(s)	A	ctions
Click Search to view/update the list SEARCH	SELECT ALL CLEAR	06/10/2022	01/12/2021	I			
FILTER OPTIONS			S M	т	w	T F	s
Select options below to filter Benefits Reverification list	SUBMIT		Jan 2021	>		1	2
			3 4	5	6	7 8	9
Prescriber 💌			10 11	12	13	14 6 of 7	16
Location			17 18	19	20	21 22	23
Location			24 25	26	27	28 29	30
Patient Consent Status 👻			31				
			Feb 2021	>			
Primary Plan Type 👻							

- 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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Select which patients to reverify/recertify

ACCESS >> SOLUTIONS HOME ENROLL F	IND PATIENTS ALERTS	MESSAGES		John Smith 💌
Patients			ENROLL NEW PATIENT	
FIND PATIENT ALL PATH	ENTS BENEFITS REVERIFICA	TION/RECERT REMINDER	ADOT DASHBOARD	
CHOOSE PROGRAM	Q Search	Patients: 1 - 1 of 1	EXPORT CHANGE PRESCRIBER/ADDRESS	
Lucentis Annual BR Action Reverify New List of Patients	Patient Consent ↑ Status (End of Feb) SELECT ALL CLEAR	Patient ↑ Consent Expiration	↑ Anticipated ↑ Payer(s) Actions Date of Treatment	
Click Search to view/update the list SEARCH	Smith, John	06/10/2022	01/12/2021 Medicare IA -	
FILTER OPTIONS			OF IOWA	
Select options below to filter Benefits Reverification list	SUBMIT		Rows per page: 20 💌 1 - 1 of 1 < >	
Prescriber 👻				
Location				
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RESET				

- 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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The ACTIONS dropdown menu

ACCESS >> SOLUTIONS	HOME	ENROLL	FIND	PATIENTS	ALERTS	MESSAGES		John Smith 👻
	Patients						ENROLL NEW PATIENT	
	FIND PATIENT	ALL P/	ATIENTS	BENEFITS	S REVERIFICAT	TION/RECERT REMINDER	ADOT DASHBOARD	
	CHOOSE PROG	RAM	٩	Search		Patients: 1 - 1 of 1	EXPORT CHANGE PRESCRIBER/ADDRESS	
	Action Reverify New List o	of Patients	SEL	↑ Name	Patient Consent Status (End of Feb)	↑ Patient Consent Expiration	Anticipated ↑ Payer(s) Actions Date of Treatment	
	Click Search to view	w/update the li	st	Jones, Evan	Sector 11 1	06/10/2022	Upload Patient Consent Form	
	FILTER OPTION	IS w to filter					Email Patient Consent to Patient	
	Benefits Reverificat	tion list	SU	BMIT			Download Patient Consent Form	
	Prescriber		•				Edit Insurance Remove from BR List	
	Location	,	<u>, </u>				> Send Message	
	Patient Consent St	atus -	r					
	Primary Plan Type		-					
	RESET							

- 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

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





FAQs



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.



Resources (cont)

View additional resources (cont)



- 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 <u>Enroll Patients</u> 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 <u>Genentech-Access.com/PatientConsent</u> 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

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

Patient Consent Form has expired

- !) = Incomplete
- = Re-enroll a patient

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IF YOU HAVE QUESTIONS About My Patient Solutions[®] for Health Care Practices:

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Contact your Genentech reimbursement representative

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

Visit Genentech-Access.com/MPS



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Access Solutions

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.

$VABYSMO^{\circledast}$ (faricimab-svoa) injection, for intravitreal use Initial U.S. Approval: 2022

-RECENT MAJOR CHANGES-

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

-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)

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

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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)
- 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
- 2.6 Preparation for Administration Vial
- 2.7 Injection Procedure

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- 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
- 5.3 Thromboembolic Events
- 5.4 Retinal Vasculitis and/or Retinal Vascular Occlusion

ADVERSE REACTIONS

- 6.1 Clinical Trials Experience
- 6.2 Postmarketing Experience

(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)

<u>Macular Edema Following Retinal Vein Occlusion (RVO)</u>

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 (\geq 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.

See 17 for PATIENT COUNSELING INFORMATION.

Revised: 7/2024

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- 8.2 Lactation
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- 8.4 Pediatric Use
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 - 16.2 Storage and Handling
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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 ¹/₂-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 1¹/₂-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 ± 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 days \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 ± 7 days, monthly) for 6 months.

2.5 Preparation for Administration - Prefilled Syringe



Prefilled Syringe Description





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

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 -[]

 $(36^{\circ}F \text{ to } 46^{\circ}F).$

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.

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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 1¹/₂ 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 $\frac{1}{2}$ 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.



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



4 Aseptically and firmly attach the included 18-gauge x 1¹/₂ inch transfer filter needle onto a 1 mL Luer lock syringe (see **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**).



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.



- 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 ¹/₂ inch injection needle onto the Luer lock syringe (see **Figure O**).



- **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**).



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.



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)]*.

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 ^a	3%			1%			
Intraocular pressure increased	3%	4%	1%	2%	3%	3%	
Eye pain	3%	3%	< 1%	3%	3%	< 1%	
Intraocular inflammation ^b	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%	
^a AMD only							

Table 1: Common Adverse Reactions (≥ 1%)

^b 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_{max}) 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 Fc γ 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), Lmethionine (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 (Cmax) are estimated to occur approximately 2 days post-dose. Mean (±SD) free faricimab (unbound to VEGF-A and Ang-2) plasma Cmax 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 Cockroft-Gault equation: 15 to 89 mL/min/1.73 m²). 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 \pm 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 noninferiority 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.

	TEN	AYA	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)			

Table 2: Primary Endpoint Results^a in the TENAYA and LUCERNE Studies

^a 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 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.

	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°	-0.7°		1.5 (-0.1, 3.2)	0.5 (-1.1, 2.1)		1.5°	0.7°	

Table 3: Efficacy Results at Year 1^a and at Year 2^b in the YOSEMITE and RHINE Studies

^aAverage of Weeks 48, 52, 56

^aAverage of Weeks 48, 52, 56 ^bAverage of Weeks 92, 96, 100 ^cA 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

VABYSMO Variable (N=313) A VABYSMO Q8W (N=315) Aflibercept Q8W (N=312)

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



VABYSMO Variable (N=319) A VABYSMO Q8W (N=317) Aflibercept Q8W (N=315)

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.

	BALA	TON	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)			

Table 4: Primary	Endpoint	Results at	Week 24 in	the BALAT	ON and C	OMINO Studies
	1					

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

VABYSMO (N=276) Aflibercept (N=277)

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



VABYSMO (N=366) Aflibercept (N=363)

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.

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 $\frac{1}{2}$
		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 viai
		one sterile 5-micron blunt transfer filter needle (18-
		gauge x 1 ¹ / ₂ inch, 1.2 mm x 40 mm)
		one Prescribing Information

VABYSMO is supplied in the following presentations:

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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