GENENTECH
PATIENT FOUNDATION

Prescriber Foundation Form

Instructions

GenentechPatientFoundation.com
Genentech Patient Foundation: (888) 941-3331
Fax: (833) 999-4363

Are you eligible?

The Genentech Patient Foundation gives free medicine to people who are:

Uninsured
With income under $150,000

OR

Insured Without Coverage for a Genentech medicine*
With income under $150,000

OR

Insured With Coverage for a Genentech medicine
- With unaffordable out-of-pocket costs
- Who have pursued other forms of financial assistance
- With household size and income within the criteria listed to the right

Household Size	Annual Income
1	Less than $75,000
2	Less than $100,000
3	Less than $125,000
4	Less than $150,000

For all patient types, add $25,000 for each extra person in households larger than 4 people.

If none of the ***three situations*** apply or you are unsure of your insurance coverage, Access Solutions can help. Access Solutions is a program from Genentech and is committed to helping you understand your insurance coverage and options that might be able to help you pay for your Genentech medicine.

Call **(866) 422-2377** or visit **Genentech-Access.com** for more information.

Prescribed a Genentech Medicine
For a current list of the medications supported by the Genentech Patient Foundation, please visit GenentechPatientFoundation.com or call (888) 941-3331.

Apply for Support

How to Apply

1. Prescriber completes Page 2 of the **Prescriber Foundation Form**
2. Patient completes **Patient Consent Form** (Box 1 & Box 2 required)
   The form is available for download on GenentechPatientFoundation.com
3. Fax both completed forms to **(833) 999-4363**
   *Both forms do not have to be faxed together. The **Prescriber Foundation Form** **must** be faxed at this time. The **Patient Consent Form** can be faxed, completed online, or submitted via text.*

What to expect after applying?

Once an eligibility determination has been made, both the patient and prescriber will be contacted to discuss the application outcome and any next steps.

*The Genentech Patient Foundation does not provide free medicine in the instance of an administrative error or a coverage restriction such as a step edit. Some exceptions may apply.

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Prescriber to Complete

GenentechPatientFoundation.com
Genentech Patient Foundation: (888) 941-3331
Fax: (833) 999-4363
***Required field** M-US-00000344(v1.0) 10/19

Step 1 Patient Eligibility

***Please check one** (refer to page 1 for details on each type):

- ☐ Uninsured
- ☐ **Insured** but lacks coverage
- ☐ **Insured** with coverage but medicine is unaffordable

If patient is insured, attach insurance card(s) or demographics sheet with insurance information

If unsure of patient's insurance status, please contact Access Solutions at (866) 422-2377

Step 2 Patient Information

***First Name:** _____ ***Last Name:** _____
***Date of Birth:** ____/____/____ Gender: ☐ Male ☐ Female
***Street:** _____ Apt: _____
***City:** _____ ***State:** _____ ***ZIP:** _____
Phone: (____) _____- _____ Phone Type: ☐ Cell ☐ Home
Preferred Language: ☐ English ☐ Spanish ☐ Other: _____
☐ Do not contact patient Alternate Contact: _____
Alt Contact Phone: (____) _____- _____ Phone Type: ☐ Cell ☐ Home

Step 3 Treatment Information

***Genentech Medication(s):** _____ ***Primary Diagnosis Code:** _____
Has Patient Started Therapy? ☐ Yes ☐ No Other Diagnosis Code(s): _____

Step 4 Shipment Information

***Please check one shipment option:**

☐ **Upfront** — patient specific medicine is delivered to patient's home, practice, or site of treatment. *If selected, please **complete Step 5** below.*

☐ **Replacement** — prescriber treats with their own inventory of medicine, which the foundation will replace. *If selected, please **skip Step 5** below.*

Shipment to: ☐ Patient ☐ Prescriber ☐ Site of Treatment (list below)

The information below is only required if receiving Genentech medication shipment to a Site of Treatment.

Site of Treatment Name: _____
Street: _____ Suite: _____
City: _____ State: _____ ZIP: _____
Contact Name: _____
Contact Phone: (____) _____- _____ Contact Fax: (____) _____- _____

Step 5 Prescription Information

If preferred, you may attach a written prescription or submit the prescription electronically. For more information on alternate prescription submission options, please visit GenentechPatientFoundation.com or contact our pharmacy partner, Medvantx at (833) 888-4363.

Genentech Medication(s)	Size/Strength	Quantity	Frequency/Directions (for weight-based medications, please include exact dose or patient weight)	Refills
				☐ 1 year ☐ Other: _____

Drug Allergies: ☐ No Known ☐ Other: _____
Other Medications Prescribed: _____

Step 6 Prescriber Information

***First Name:** _____ ***Last Name:** _____
Practice Name: _____
***Street:** _____ Suite: _____
***City:** _____ ***State:** _____ ***ZIP:** _____ Prescriber NPI† #: _____
Office Contact Name: _____ Contact Phone: (____) _____- _____ Contact Fax: (____) _____- _____

Step 7 Health Care Provider Certification

By signing below, I am agreeing to the following: (A) The Genentech medicine listed above is medically necessary for this patient. **(B)** I have received authorization to release the information above and other protected health information (as defined by HIPAA) to the Genentech Patient Foundation and its affiliates. **(C)** I will not seek reimbursement for free product provided to the patient. **(D)** My patient meets the criteria for the Genentech Patient Foundation. **(E)** I understand that Genentech reserves the right to modify or discontinue the program at any time and to verify the accuracy of information submitted. **(F)** If the indication for which you are prescribing a Genentech product is not listed in the FDA-approved label, you are prescribing the medicine for an "unapproved" use, meaning that the FDA has not approved the efficacy, dosage amount or safety of this medicine when used for such a use. The Genentech Patient Foundation may provide the medicine for your patient, based upon your medical order and within program requirements. **(G)** For insured patients, I understand that the Genentech Patient Foundation does not provide free drug in the instance of an administrative error or a coverage restriction such as a step edit. For certain products where the step edit may not be medically appropriate, as confirmed by the prescribing physician, the Genentech Patient Foundation may consider support following 1 level of appeal. **(H)** For prescribers in states with electronic prescription requirements, such as New York, prescriptions must be submitted via e-prescription directly to the pharmacy along with this enrollment form.

Sign, date & fax to **(833) 999-4363**

***Health Care Provider Signature:** _____ ***Date:** ____/____/____
(Original or stamped signature required)

†National Provider Identifier.