

The OCREVUS Co-pay Program

GET HELP WITH YOUR DRUG AND INFUSION COSTS



This program can help with the costs
of both your OCREVUS drug and OCREVUS infusion.



HELP WITH OCREVUS COSTS

Help with costs for OCREVUS

If you meet the eligibility criteria on the next page, you can get help with your OCREVUS drug costs.*



You may pay as little as **\$5** for each OCREVUS treatment.

Please note: Depending on your insurance plan, you may owe more.

- You receive up to **\$20,000** every 12 months to help with your OCREVUS drug costs

You will receive **one** card to help with both your OCREVUS drug and infusion costs.



*This program helps with the costs of OCREVUS only. It does not help with the cost of other medicines you take at the same time as OCREVUS or with facility fees.

Please see page 4 for eligibility criteria and pages 6 to 9 for more terms and conditions.





Help with costs for your infusion

If you meet the eligibility criteria on the next page, you can get help with your infusion costs* for OCREVUS.



You may pay as little as **\$5** for each infusion.

Please note: Depending on your insurance plan, you may owe more.

- You receive up to **\$1500** in the first year and up to **\$1000** each year after to help with your infusion costs

FOR MORE INFORMATION OR TO ENROLL:



Call **(844) OCREVUS** (844-627-3887)



Visit **OCREVUS.com/Copay**

LEARN IF WE CAN HELP YOU

YOU ARE ELIGIBLE FOR HELP WITH
OCREVUS DRUG COSTS IF YOU:

- ☐ Have been prescribed OCREVUS for an FDA-approved indication
- ☐ Are 18 years of age or older
- ☐ Have commercial* (private or nongovernmental) insurance. This includes plans available through state and federal health insurance exchanges
- ☐ Do **not** receive support for OCREVUS from the Genentech Patient Foundation or any independent co-pay assistance foundations
- ☐ Are **not** a government beneficiary and/or a participant in a federal or state-funded health insurance program (eg, Medicare, Medicare Advantage, Medigap, Medicaid, VA, DoD, TRICARE)

*Commercial insurance includes plans you receive from your job or plans you buy from the Health Insurance Marketplace. Government programs like Medicare and Medicaid are not commercial insurance.

Please see pages 6 to 9 for more terms and conditions.



YOU ARE ELIGIBLE FOR HELP WITH
INFUSION COSTS IF YOU:

- ☐ Have been prescribed OCREVUS for an FDA-approved indication
- ☐ Are 18 years of age or older
- ☐ Have commercial* (private or nongovernmental) insurance. This includes plans available through state and federal health insurance exchanges
- ☐ Do **not** receive support for OCREVUS from any independent co-pay assistance foundations[†]
- ☐ Are **not** a government beneficiary and/or a participant in a federal or state-funded health insurance program (eg, Medicare, Medicare Advantage, Medigap, Medicaid, VA, DoD, TRICARE)
- ☐ Do **not** live or get treatments in a restricted state (Massachusetts, Michigan, Rhode Island)

[†]You may be able to use the OCREVUS Co-pay Program for your infusion costs if you are receiving OCREVUS from the Genentech Patient Foundation.

FOR MORE INFORMATION OR TO ENROLL:



Call **(844) OCREVUS** (844-627-3887)



Visit **OCREVUS.com/Copay**

OCREVUS®
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TERMS AND CONDITIONS

For help with drug costs

This OCREVUS Co-pay Program is valid ONLY for patients with commercial (private or non-governmental) insurance who have a valid prescription for a Food and Drug Administration (FDA)-approved indication of a Genentech medication. Patients using Medicare, Medicaid, Medigap, Veteran's Affairs (VA), Department of Defense (DoD), TRICARE or any other federal or state government program (collectively, "Government Programs") to pay for their medications are not eligible. The program is not valid for medications that are eligible to be reimbursed in their entirety by private insurance plans or other programs.

Under the program, the patient will pay a co-pay. After reaching the maximum program benefit, the patient will be responsible for all remaining out-of-pocket expenses. This program is not health insurance or a benefit plan. The program does not obligate the use of any specific product or provider. Patients receiving assistance from charitable assistance programs (such as Genentech Patient Foundation) are not eligible. The co-pay benefit cannot be combined with any other rebate, free trial or similar offer for the medication. No party may seek reimbursement for all or any part of the benefit received through this program.

The program may be accepted by participating pharmacies, physician offices or hospitals. Once a patient is enrolled, this program will not honor claims with date of service or medication dispensing that precede program enrollment by more than 180 days. Use of this program must be consistent with all relevant health insurance requirements. Participating patients, pharmacies, physician offices and hospitals are responsible for reporting the receipt of all program benefits as required by any insurer or by law. Program benefits may not be sold, purchased, traded or offered for sale.

The patient or their guardian must be 18 years or older to receive program assistance. This program is only valid in the United States and U.S. Territories. This program is void where prohibited by law and shall follow state restrictions in relation to AB-rated generic equivalents (e.g., MA, CA) where applicable. Program eligibility is contingent upon the patient's ability to meet and maintain all requirements set forth by the program. Genentech reserves the right to rescind, revoke or amend the program without notice at any time.

TERMS AND CONDITIONS

For help with infusion costs

By using the OCREVUS Infusion Co-pay Program, the patient acknowledges and confirms that at the time of usage, (s)he is currently eligible and meets the criteria set forth in the terms and conditions described below. If you choose to enroll in the OCREVUS Drug Co-pay Program, you must enroll into that program separately and meet all eligibility criteria.

This Infusion Co-pay Program is valid ONLY for patients with commercial (private or non-governmental) insurance. Patients using Medicare, Medicaid, or any other federal or state government-funded program (collectively, "Government Programs") to pay for their medications are not eligible. Patients who start utilizing any Government coverage during their enrollment period will no longer be eligible for the program. The Infusion Co-pay Program is not valid for Massachusetts, Michigan, or Rhode Island residents.

This Infusion Co-pay Program is not health insurance or a benefit plan. Distribution or use of the Infusion Co-pay Card does not obligate use or continuing use of any specific product or provider. The patient or guardian is responsible for reporting the receipt of all Infusion Co-pay Program benefits or reimbursement received, to any insurer, health plan, or other third party who pays for or reimburses any part of the prescription filled using the Infusion Co-pay Program, as may be required.

The Infusion Co-pay Program is valid for medications the patient receives for free from Genentech. The Infusion Co-pay Program is not valid for medications the patient receives for free or is otherwise subsidized by a non-Genentech charitable organization or healthcare plan. The patient, guardian, prescriber, hospital, and any other person using or administering the Infusion Co-pay Program agree not to seek reimbursement for any part of the benefit received by the recipient through the offer.

The Infusion Co-pay Program will be accepted by participating physician offices or hospitals. To qualify for the benefits of this Infusion Co-pay Program, the patient may be required to pay out-of-pocket expenses for each infusion. The amount of the Infusion Co-pay benefit cannot exceed the patient's out-of-pocket expenses for the cost of infusion with OCREVUS. Once enrolled, this Infusion Co-pay Program will not honor claims with date of service or medication dispensing that precede program enrollment by more than 180 days. This Infusion Co-pay Program is only available with a valid prescription for OCREVUS and cannot be combined with any other rebate/coupon, free trial, or similar offer for the specified prescription, except the OCREVUS Drug Co-pay Program.

Use of this Infusion Co-pay Program must be consistent with all relevant health insurance requirements and payer agreements. Participating patients, physician offices, and hospitals are obligated to inform third-party payers about the use of the Infusion Co-pay Program as provided for under the applicable insurance or as otherwise required by contract or law. The Infusion Co-pay Program may not be sold, purchased, traded or offered for sale, purchase or trade. The Infusion Co-pay Program is limited to 1 per person during this offering period and is not transferable. This program expires within 12 months from enrollment. This program is not valid where prohibited by law.

The patient or their guardian must be 18 years or older to receive Infusion Co-pay Program assistance. This Infusion Co-pay Program is: (1) Void if the card is reproduced; (2) Void where prohibited by law; (3) only valid in the United States and U.S. Territories; and (4) only valid for infusion with OCREVUS. Healthcare providers may not advertise or otherwise use the program as a means of promoting their services or Genentech's products to patients. Genentech, Inc. reserves the right to rescind, revoke, or amend the program without notice at any time.

HOW TO ENROLL:

To enroll in the OCREVUS Co-pay Program:



Call **(844) OCREVUS (844-627-3887)**
to get help from a Patient Navigator



Visit **OCREVUS.com/Copay**

You will:

- Have to answer a few questions to confirm that you are eligible for the program
- Be able to sign up for help with drug costs, infusion costs or both

After enrollment, to file a reimbursement claim you will be required to submit an Explanation of Benefits (EOB) statement.*

You or your doctor can either fax the EOB to **(855) MS-COPAY**, upload it at **OCREVUS.com/Copay**, or mail it to **The OCREVUS Co-Pay Program**, 100 Passaic Ave, Suite 245, Fairfield, NJ 07004

- EOBs should be submitted within 545 days from the date that you received infusion services
- Once you are enrolled, claims will not be honored if the date that you received your infusion services or medication dispensing precedes program enrollment by more than 180 days

*An itemized billing statement may also be required if the EOB does not specify drug code.



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