

Thank you for downloading this prescription assistance document from NeedyMeds. We hope this program will help you get the medicine you need.

REMEMBER — Send your completed application to the address on the form, NOT to NeedyMeds.

Did you know that NeedyMeds has thousands of other free resources?

Here's a look at more ways we can help you save money on medicine and healthcare costs. Each one can be found under the "**Healthcare Savings**" tab on our website:

- **Diagnosis-Based Assistance** — NeedyMeds lists thousands of assistance programs for almost any health condition. If you are going through chemo treatment for cancer, there are programs that can help with wig costs and scalp-cooling products. We also list resources for free diabetes testing supplies, caregiver lodging support, and much more.
- **Free, Low-Cost, and Sliding Scale Clinics** — This popular collection contains information on 18,000+ free, low-cost, and sliding scale medical, dental, mental health and substance abuse clinics across the U.S. It's a great resource if you need affordable medical treatment and don't know where to go.
- **Coupons, Rebates & More** — You can use the NeedyMeds website to find 2,600+ cost-saving opportunities for both prescription and over-the-counter drugs and medical supplies.
- **Medical Transportation** — Need help getting to the doctor's office or medical facility? You may be eligible for financial assistance if you meet certain requirements.

NeedyMeds also offers information on diagnosis-based camps and retreats, recreational programs, scholarships, government programs, \$4 generic drug programs, and more.

Finally, I want to tell you about the NeedyMeds Drug Discount Card. Thousands of people use this free, anonymous, and easy-to-use tool to get the best price on their medications. Use the card to get discounts on lab tests and also to save 40% on durable medical equipment. To date, our drug discount card has saved patients over \$300,000,000. Check out the following page to learn more.

Feel free to call our toll-free helpline if you have any questions. We can be reached at 1-800-503-6897 Monday-Friday, 9am-5pm Eastern Time.

Thank you for using NeedyMeds. Please let us know if we can do anything else to help you afford the costs of your healthcare.



Rich Sagall, MD
President, NeedyMeds

Clip the card and save



DRUG DISCOUNT CARD

BIN: 020750
RX PCN: NMeds
RX GRP: PDFPDF
ID: NMNA019309901930

Customer Care
1-888-602-2978

This is a drug discount program, not an insurance plan.

NeedyMeds Drug Discount Card
www.needymeds.org

Patient: You may use this card at any of over 65,000 participating pharmacies to save on all prescription medicines. You cannot use this card with Medicare including part D, Medicaid, or any other state or federal programs unless you choose not to use your government-sponsored program. In addition, you cannot use this card with any health insurance program, but you can use it in place of your insurance if the card offers a better price. For questions call 1-888-602-2978 or visit www.drugdiscountcardinfo.com.

Pharmacist: Administered by Medical Security Company, LLC, Tucson, AZ.

Pharmacy Help Desk: 1-800-404-1031.



- Save up to 80% on medications*
- Use at over 65,000 pharmacies nationwide including all major chains
- Share the card with friends and family

- Use the card as often as needed
- Free, no fees or registration
- Never expires

What will receive a discount?

All prescription medications are eligible for savings, including over-the-counter medicines and medical supplies written as a prescription, as well as human-equivalent pet medications with a prescription by a veterinarian.

Save up to 40% off durable medical equipment, including canes, crutches, splints, incontinence supplies and more. You can also save on diabetic supplies such as glucose meters, test strips, lancets and diabetic shoes. Visit www.needymeds.org/dme to learn more.

You can also save an extra 5% on affordable lab tests and online results. No doctor's order or insurance needed. Visit www.needymeds.org/L2L for more information.

What if I have insurance?

Anyone can use the card, but it can't be combined with state or federal insurance. You can use the card instead of insurance if:

- A drug isn't covered by your insurance
- Your insurance has no drug coverage
- You have a high drug deductible
- You have met a low medicine cap
- The card offers a better price than your copay
- You are in the Medicare Part D donut hole

To obtain a plastic drug discount card, send a self-addressed, stamped envelope to:

NeedyMeds Drug Discount Card
50 Whittemore St.
Gloucester, MA 01930

The card is not valid in combination with insurance plans, including Medicare, Medicaid or any state or federal prescription insurance. The card can be used only if you decide not to use your government-sponsored drug plan for your purchases.

* Average savings of 60%, with potential savings of up to 80% or more (based on 2018 national program savings data). All prescription medications are eligible for savings.

This is a drug discount program, not an insurance plan. Discounts are available exclusively through participating pharmacies. The range of the discounts will vary depending on the type of prescription and the pharmacy chosen. This program does not make payments directly to pharmacies. Users are required to pay for all prescription purchases. Cannot be used in conjunction with insurance. You may call 1-888-602-2978 with questions or concerns or to obtain further information.

Who is 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
- With household size and income within the criteria listed to the right

If none of the **3 situations** apply or you are unsure of your patient's health insurance coverage, Genentech Access Solutions can help. Genentech Access Solutions provides helpful access and reimbursement support to assist your patients and practice.

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

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.



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

Apply for Support

How to apply

The prescriber completes Page 2 of the **Prescriber Foundation Form** and the patient completes the **Patient Consent Form** (Box 1 and Box 2 required).

	Prescriber Foundation Form	Patient Consent Form
Where to find	GenentechPatientFoundation.com	Genentech-Access.com/PatientConsent
How to submit	<ul style="list-style-type: none"> Quick Enroll My Patient Solutions® for Health Care Practices Fax to (833) 999-4363 	<ul style="list-style-type: none"> E-Submit Text a photo My Patient Solutions for Health Care Practices Fax to (833) 999-4363

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 assists patients living in the United States who are being treated by a physician licensed in the United States. The Genentech Patient Foundation does not collect or require citizenship information.

[†]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.

[‡]We encourage insured patients to pursue other financial assistance options prior to applying for help from the Genentech Patient Foundation, if possible.

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 Genentech 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. Electronic prescriptions can be submitted through an e-prescribing software or an electronic medical record that has been certified by Surescripts. Query for Medvantx or AmeriPharm in Sioux Falls, SD 57014. NPI-1073692745 or NCPDP-4351968.

Genentech Medication(s)	Size/Strength	Quantity	Frequency/Directions (for weight-based medications, please include exact dose or patient weight)	Refills
				<input type="checkbox"/> 1 year <input type="checkbox"/> 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 and fax to (833) 999-4363 *Health Care Provider Signature: _____ *Date: ____/____/____
(Original or stamped signature required)

[†]National Provider Identifier.