Committed to Helping You Get Your **Genentech Ophthalmology Treatment**, Right From the Start

There may be options to help you afford your Genentech Ophthalmology treatments, no matter what type of health insurance you have.

Genentech
A Member of the Roche Group

GENENTECH OPHTHALMOLOGY CO-PAY PROGRAM

If you have commercial health insurance, and have been prescribed VABYSMO® (faricimab-svoa), SUSVIMO® (ranibizumab injection) or LUCENTIS® (ranibizumab injection) for an FDA-approved indication, you maybe eligible for the Genentech Ophthalmology Co-pay Program.*

WITH THIS PROGRAM, YOU PAY AS LITTLE AS

$0 per drug co-pay,† until the $15,000 annual limit is reached
for **VABYSMO**, **SUSVIMO** and **LUCENTIS**

$0 per drug administration co-pay,† until the $1,000 annual limit is reached:

| Surgical procedure and refill co-pay for **SUSVIMO** | Injection co-pay for **VABYSMO** and **LUCENTIS** |

There are no income requirements for this program.

Make sure you have the following information on hand:

○ Your doctor's name, address and phone number

○ The disease you are being treated for and the Genentech Ophthalmology treatment you have been prescribed

○ Commercial insurance information (insurance type, group number and member ID)

○ Your insurance card (if you have more than one insurer, please have all information available)

The Genentech Ophthalmology Co-pay Program is flexible

→ Once you are enrolled, claims must be submitted within **365 days** from the date of service

→ The Genentech Ophthalmology Co-pay Program will honor claims with a date of service that precedes enrollment by **180 days**

To enroll or learn more, visit EyeOnCopay.com or call (855) 218-5307.

*The Product and Administration Co-pay Programs ("Programs") are 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 medicine. The Programs are not available to patients whose prescriptions are reimbursed under any federal, state, or government-funded insurance programs (included but not limited to Medicare, Medicare Advantage, Medigap, Medicaid, TRICARE, Department of Defense, or Veterans Affairs Programs) or where prohibited by law or by the patient's health insurance provider. If at any time a patient begins receiving prescription drug coverage under any such federal, state or government-funded healthcare programs, the patient will no longer be eligible for the Programs.

INFORMATION ON INDEPENDENT CO-PAY ASSISTANCE FOUNDATIONS

An independent co-pay assistance foundation[‡] is a charitable organization that gives financial assistance for medicines. **If you have public or commercial health insurance**, you may qualify for help from an independent co-pay assistance foundation.

Independent co-pay assistance foundations have their own rules for eligibility and how much they will pay.

• For example, some independent co-pay assistance foundations only support patients with Medicare Part D

There might be more than one independent co-pay assistance foundation that can help you. If one can't help, another one might be able to.

You can visit **VABYSMO.com**, **SUSVIMO.com** or **LUCENTIS.com**
to view a list of independent co-pay assistance foundations
or call **(833) EYE-GENE**/**(833) 393-4363** to get help.

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Under the Programs, the patient may be required to pay a co-pay for drug costs and a co-pay for administration costs. The final amount owed by a patient may be as little as $0 for the Genentech medicine or administration of the Genentech medicine (see Program specific details available at the Program website). The total patient out-of-pocket cost is dependent on the patient's health insurance plan. The Programs assist with the cost of the Genentech medicine and the administration of the Genentech medicine only. It does not assist with the cost of other administrations, medicines, procedures or office visit fees. After reaching the maximum Programs' benefit amounts, the patient will be responsible for all remaining out-of-pocket expenses. The amount of the Programs' benefits cannot exceed the patient's out-of-pocket expenses for the cost of the Genentech medicine or administration fees for the Genentech medicine.

All participants are responsible for reporting the receipt of all Programs' benefits as required by any insurer or by law. The Programs are only valid in the United States and U.S. Territories and are void where prohibited by law. The Drug Co-pay Program shall follow state restrictions in relation to AB-rated generic equivalents (e.g., MA, CA) where applicable. The Administration Co-pay Program is not valid for patients who reside or receive treatment in a restricted state (e.g. Massachusetts or Rhode Island). No party may seek reimbursement for all or any part of the benefit received through the Programs. The value of the Programs is intended exclusively for the benefit of the patient. The funds made available through the Programs may only be used to reduce the out-of-pocket costs for the patient enrolled in the Programs. The Programs are not intended for the benefit of third parties, including without limitation third party payers, pharmacy benefit managers, or their agents. If Genentech determines that a third party has implemented programs that adjust patient cost-sharing obligations based on the availability of support under the Programs and/or excludes the assistance provided under the Programs from counting towards the patient's deductible or out-of-pocket cost limitations, Genentech may impose a per fill cap on the cost-sharing assistance available under the Programs. Submission of true and accurate information is a requirement for eligibility and Genentech reserves the right to disqualify patients who do not comply with Genentech Program Terms and Conditions. Genentech reserves the right to rescind, revoke or amend the Programs without notice at any time.

Additional terms and conditions apply. Please visit the co-pay Program website for the full list of Terms and Conditions.

[†]The final amount owed by patients may be as little as $0, but may vary based on health insurance plan policies regarding manufacturer co-pay assistance programs.

[‡]Independent co-pay assistance foundations have their own rules for eligibility. Genentech has no involvement or influence in independent foundation decision-making or eligibility criteria and does not know if a foundation will be able to help you. We can only refer you to a foundation that supports your disease state. Genentech does not endorse or show preference for any particular foundation. The foundations we refer you to may not be the only ones that might be able to help you.

GENENTECH PATIENT FOUNDATION

If you don't have insurance coverage or have financial concerns and meet eligibility criteria, you may be able to get free treatments from the Genentech Patient Foundation.

Am I Eligible?

Genentech Patient Foundation eligibility depends on your health insurance and financial situation. You may qualify if you are in 1 of the 3 groups below.

1. "I have **no insurance**."

For a household of 1 to 4 people, total yearly income is under $150,000.

- For households with more than 4 people, add $25,000 to the yearly income limit for each additional person

2. "I **have insurance**, but it doesn't cover my Genentech medicine."

3. "I **have insurance** that covers my Genentech medicine, but the out-of-pocket maximum set by my health insurance plan is more than 7.5% of my yearly income."

Household size	Yearly income
1 person	Under $75,000
2 people	Under $100,000
3 people	Under $125,000
4 people	Under $150,000

For households with more than 4 people, add $25,000 to the yearly income limit for each additional person.

Not sure if you're eligible?
- Call **(888) 941-3331** to speak with a live Foundation Specialist
  – We offer support in many different languages
- You can also visit **GenentechPatientFoundation.com** for more information

Genentech reserves the right to modify or discontinue the program at any time and to verify the accuracy of information submitted.

This program is intended to assist patients who are living in the United States and are being treated by a US-licensed physician. We do not collect or require citizenship/immigration information.

Patients whose health insurance plan or employer requires them to go through a third-party Alternative Funding Program (AFP) and apply to the Genentech Patient Foundation as a condition of, requirement for, or prerequisite to coverage of a Genentech medicine will not be eligible for assistance from the Genentech Patient Foundation.

GENENTECH OPHTHALMOLOGY ACCESS SOLUTIONS

Genentech Ophthalmology Access Solutions is dedicated to helping you understand your health insurance coverage and assistance options. This can help you access the Ophthalmology treatment your doctor prescribed.

We work with your doctor, surgical coordinator, health insurance company and specialty pharmacy to help you get your Genentech Ophthalmology treatment.

We have programs that can help based on your unique needs.

(Checkmark indicates which options you may qualify for based on your coverage status. Please refer to eligibility criteria and program requirements.)

	COMMERCIAL Insurance	PUBLIC Insurance	NO Insurance
Genentech Ophthalmology Co-pay Program*	✓		
Genentech Patient Foundation[†]	✓	✓	✓

If you have public or commercial health insurance, you may qualify for help from an independent co-pay assistance foundation.[‡]

Commercial insurance is a health insurance plan you get from a private health insurance company. This can be insurance from your job, from a plan you bought yourself or from a Health Insurance Marketplace. Medicare and Medicaid are not considered commercial insurance.

Public insurance is a health insurance plan you get from the federal or state government. This includes Medicare, Medicaid, TRICARE and DoD/VA insurance.

*Eligibility criteria and benefit limits apply. Not valid for patients whose prescriptions are reimbursed under any federal or state government programs to pay for their medicine and/or administration of their Genentech medicine. Patients must be taking the Genentech medicine for an FDA-approved indication. Please visit the Co-pay Program website for the full list of Terms and Conditions.

[†]If you have health insurance, you should try to get other types of financial assistance, if available. You also need to meet income requirements. If you do not have insurance, or if your insurance does not cover your Genentech treatment, you must meet a different set of income requirements. Genentech reserves the right to modify or discontinue the program at any time and to verify the accuracy of information submitted.

[‡]Independent co-pay assistance foundations have their own rules for eligibility. Genentech has no involvement or influence in independent foundation decision-making or eligibility criteria and does not know if a foundation will be able to help you. We can only refer you to a foundation that supports your disease state. Genentech does not endorse or show preference for any particular foundation. The foundations we refer you to may not be the only ones that might be able to help you.
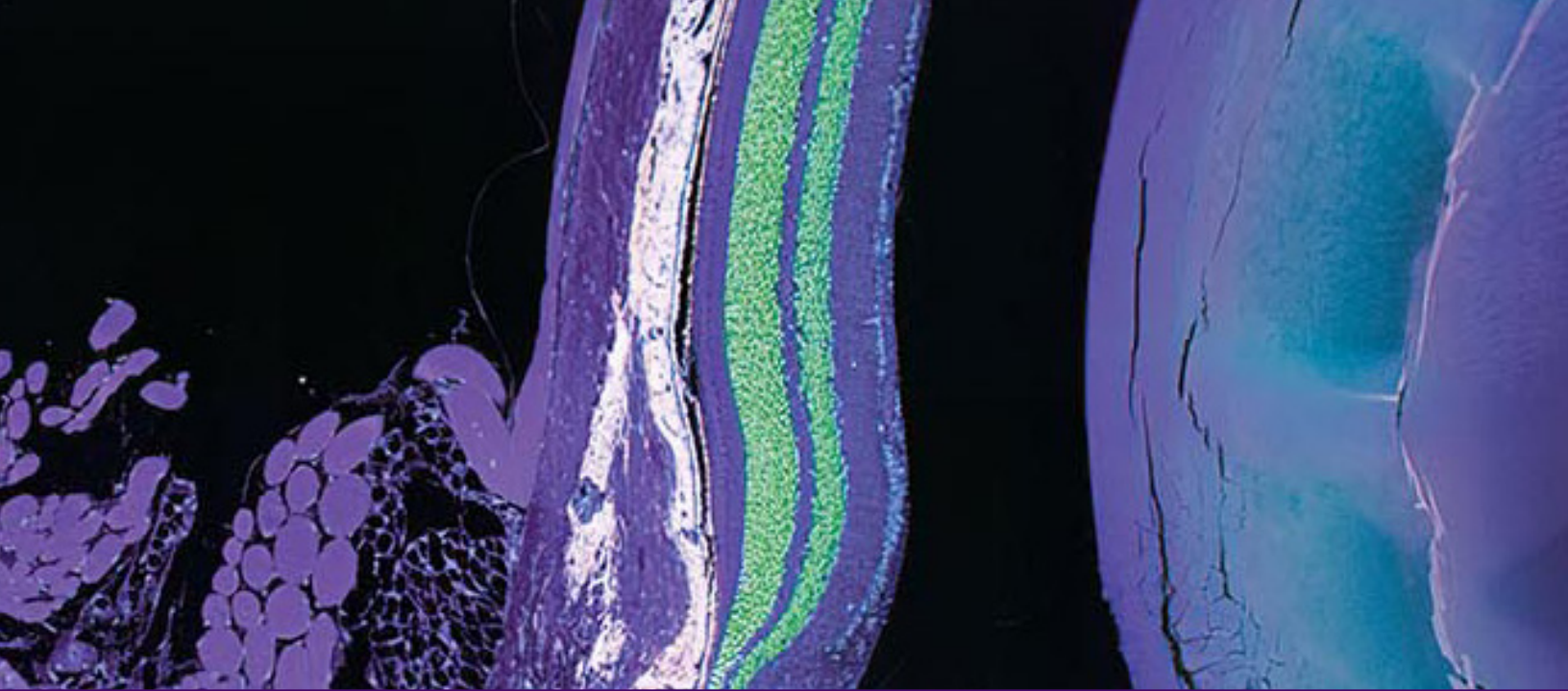
HELPING YOU GET THE TREATMENT YOU NEED SO YOU CAN FOCUS ON WHAT MATTERS MOST

To learn how we can help:

⌖ Visit **VABYSMO.com**, **SUSVIMO.com** or **LUCENTIS.com**

☎ Call **(833) EYE-GENE**/(833) 393-4363

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