

Financial Support Options

Your care team will order your treatment for you and help you navigate the health insurance coverage, costs, and financial support options. Genentech resources are available to your care team, your caregiver, and you.

After your doctor prescribes treatment, here are some programs that can help based on your unique needs.

glofitamab-gxblm
injection for intravenous use 2.5 mg | 10 mg



GENENTECH ACCESS SOLUTIONS

Helps you understand health insurance coverage, costs, and financial support options. Access Solutions works with your doctor and health insurance company to help you get the treatment you have been prescribed.

Financial assistance options include:

- Genentech Oncology Co-pay Assistance Program
- Independent co-pay assistance foundations
- Genentech Patient Foundation



Call to speak to a representative at **888-249-4918**, Monday through Friday, 6 AM-5 PM PST, or visit **Genentech-Access.com/patient** to learn how **Genentech Access Solutions** may be able to help.



THE GENENTECH ONCOLOGY CO-PAY ASSISTANCE PROGRAM

The Oncology Co-pay Assistance Program helps people with commercial health insurance, which might be a plan you get through your employer or one you purchased through a health insurance marketplace like **HealthCare.gov**. To qualify, you must also meet other criteria.*

To learn more about this program, call **855-692-6729** or visit **copayassistancenow.com**.



NO INCOME REQUIREMENTS



PATIENTS PAY AS LITTLE AS \$0+ FOR TREATMENT



YEARLY BENEFIT LIMIT OF CO-PAY PROGRAM IS \$25K

*The Co-pay Program ("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 medicine. The Program is 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 Program.

Under the Program, the patient may be required to pay a co-pay. The final amount owed by a patient may be as little as \$0 for 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 Program assists with the cost of the Genentech medicine only. It does not assist with the cost of other medicines, procedures or office visit fees. After reaching the maximum annual Program benefit amount, the patient will be responsible for all remaining out-of-pocket expenses. The Program benefit amount cannot exceed the patient's out-of-pocket expenses for the Genentech medicine.

All participants are responsible for reporting the receipt of all Program benefits as required by any insurer or by law. The Program is only valid in the United States and U.S. Territories, is void where prohibited by law and shall follow state restrictions in relation to AB-rated generic equivalents (e.g., MA, CA) where applicable. No party may seek reimbursement for all or any part of the benefit received through the Program. The value of the Program is intended exclusively for the benefit of the patient. The funds made available through the Program may only be used to reduce the out-of-pocket costs for the patient enrolled in the Program. The Program is 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 a program that adjusts patient cost-sharing obligations based on the availability of support under the Program and/or excludes the Approved for Use Co-Pay Terms: January 2025 assistance provided under the Program 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 Program. 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 Program 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.

*This includes people who have been prescribed more than 1 Genentech Oncology medicine for an FDA-approved use.

Please see additional information on the reverse side.

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INDEPENDENT CO-PAY ASSISTANCE FOUNDATIONS*

Independent co-pay assistance foundations are charitable organizations that provide financial assistance for medicines. They help patients with **public or commercial health insurance**. You do not need to be enrolled in Genentech Access Solutions to be referred to an independent co-pay assistance foundation.

To get a list of independent co-pay assistance foundations, call **866-422-2377** or visit **Genentech-Access.com/patient**.

*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.



THE GENENTECH PATIENT FOUNDATION

If you do not have health insurance coverage or your insurance doesn't cover enough of the costs of your treatment, the Genentech Patient Foundation gives you your Genentech medicine for free if you're eligible.

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

‡We encourage insured patients to try other financial assistance options before applying for help from the Genentech Patient Foundation, if possible. Genentech reserves the right to modify or discontinue the program at any time and to verify the accuracy of information submitted.

ELIGIBILITY CRITERIA†

UNINSURED PATIENTS
with incomes under \$150,000

OR

INSURED PATIENTS WITHOUT COVERAGE
for a Genentech medicine
with incomes under \$150,000

OR

INSURED PATIENTS WITH COVERAGE
for a Genentech medicine‡

- With unaffordable out-of-pocket costs
- Who have used all forms of available financial assistance
- With household size and income within certain guidelines, available at **GenentechPatientFoundation.com**

TO ENROLL IN GENENTECH ACCESS SOLUTIONS

Your doctor must complete a form called the Prescriber Service Form, and you will fill out the Patient Consent Form. Your doctor may give you the form, or you can find the Patient Consent Form at **Genentech-Access.com/PatientConsent**. Once we have both forms, we can begin working with you and your doctor's office.

For more information, visit **Genentech-Access.com/patient**.



STILL HAVE QUESTIONS?

Call the Genentech Patient Resource Center at **877-GENENTECH (436-3683)** Monday through Friday, 6 AM-5 PM PST, with questions or to get started.

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