

FINANCIAL SUPPORT FOR YOUR ELIGIBLE PATIENTS



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

 AS LITTLE AS
\$5 FOR OCREVUS DRUG COSTS

 AS LITTLE AS
\$5 FOR INFUSION COSTS



Indications

OCREVUS is indicated for the treatment of:

- Relapsing forms of multiple sclerosis (MS), to include clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease, in adults
- Primary progressive MS, in adults.

For additional safety information, please see the accompanying full [Prescribing Information](#) and [Medication Guide](#).

HELP WITH OCREVUS DRUG COSTS

The OCREVUS Co-pay Program may help eligible commercially insured patients who have been prescribed OCREVUS with their drug costs.



Patient pays as little as **\$5** for OCREVUS drug costs*

- Benefit limit is \$20,000 per year
- There are no income restrictions

*Depending on how the health insurance plan applies manufacturer co-pay assistance for out-of-pocket costs or if they match the maximum benefit of the program, patients may owe more than \$5.

PATIENTS ARE ELIGIBLE IF THEY:

- 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 other 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)



Patients will receive **one card** which they can use to help with their costs for both OCREVUS drug and infusion.

Please see pages 8 and 9 for terms and conditions.

HELP WITH OCREVUS INFUSION COSTS



The OCREVUS Co-pay Program may help eligible commercially insured patients who have been prescribed OCREVUS with their infusion costs.



Patient pays as little as **\$5** for infusion costs*

- **Benefit limit is \$1500 for the first year and \$1000 for each subsequent year**
- **There are no income restrictions**

*Depending on how the health insurance plan applies manufacturer co-pay assistance for out-of-pocket costs or if they match the maximum benefit of the program, patients may owe more than \$5.

PATIENTS ARE ELIGIBLE IF THEY:

- 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)

†Your patients may be able to use the OCREVUS Co-pay Program for their infusion costs if they are receiving OCREVUS from the Genentech Patient Foundation.

FOR MORE INFORMATION ABOUT THIS PROGRAM:



Call **(844) OCREVUS** (844-627-3887)
to request assistance from your Patient Navigator



Visit **OCREVUS.com/Copay**

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ocrelizumab



HOW TO APPLY

PRACTICE REGISTRATION

Practices must complete a one-time registration so they may process OCREVUS Co-pay Program payments.



Call **(844) MS-COPAY (844-672-6729)**
Monday through Friday, 9 AM to 8 PM ET



Visit **OCREVUS.com/Copay**

PATIENT APPLICATION

To apply to the OCREVUS Co-pay Program, patients who have been prescribed OCREVUS can:



Call **(844) OCREVUS (844-627-3887)** Monday through Friday, 9 AM to 8 PM ET to request assistance from a Patient Navigator



Visit **OCREVUS.com/Copay**

They will have to answer a few questions to confirm they are eligible for the program and whether they would like assistance with drug costs, infusion costs or both.



OCREVUS Co-pay Program Brochures are available for distribution to your patients to help them apply. To request them, contact your OCREVUS representative.

USING THE CARD



The OCREVUS Co-pay Program for drug or infusion assistance may be used in a community practice, infusion center or hospital. For drug assistance only, the program may also be used with specialty pharmacies. Enrolled patients will receive a welcome letter with one card to cover their drug and infusion costs.*



Fax a copy of the detailed Explanation of Benefits (EOB) to **(855) MS-COPAY (855-672-6729)** or upload it at **OCREVUS.com/Copay**.†

- A detailed EOB includes insurance carrier name and logo, name of the plan, patient's responsibility, date of service, and drug code broken out by name, J-code, or National Drug Code (NDC)
- EOBs should be submitted within 545 days of the date of service
- 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



The OCREVUS Co-pay Program verifies the patient's information and notifies your practice when the card is loaded with the proper amount.



Once the card is loaded, it can be used to pay the patient's co-pay. The patient may owe as little as \$5 for drug costs and/or \$5 for infusion costs, depending on the health insurance plan's policy.

*Multiple payment methods from the OCREVUS Co-pay Program include the process shown here, as well as reimbursement by check and electronic funds transfer. Infusion assistance is available via the following forms of payment: credit card, OCREVUS prepaid Mastercard®, check to patient, check to practice, electronic fund transfer, and payer ID. For more information, please contact your OCREVUS representative.

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

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SAMPLE CODING FOR OCREVUS

The sample codes are provided as a reference for submitting detailed EOBs to the OCREVUS Co-pay Program.*

TYPE		CODE	DESCRIPTION
ICD-10-CM		G35	Multiple sclerosis
HCPCS		J2350	Injection, ocrelizumab, 1 mg
NDC	10-digit	50242-150-01	ocrelizumab, 300 mg vial
	11-digit	50242-0150-01	ocrelizumab, 300 mg vial
CPT†		96413	Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug
		96415	Chemotherapy administration, intravenous infusion technique; each additional hour (List separately in addition to code for primary procedure)
		96365	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour
		96366	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)

CPT=Current Procedural Terminology. CPT Copyright 2017 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

HCPCS=Healthcare Common Procedure Coding System.

ICD-10-CM=International Classification of Diseases, 10th Revision, Clinical Modification.

NDC=National Drug Code.

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

†For payers who do not yet recognize OCREVUS as approved for chemotherapy administration codes 96413 and 96415, other administration codes, such as 96365 and 96366, may be used depending on individual payer policy.¹

These codes are not all-inclusive; appropriate codes can vary by patient, setting of care and payer. Correct coding is the responsibility of the provider submitting the claim for the item or service. Please check with the payer to verify codes and special billing requirements. Genentech does not make any representation or guarantee concerning reimbursement or coverage for any service or item.

Reference: 1. Centers for Medicare & Medicaid Services. *Medicare Claims Processing Manual*. Chapter 12 – Physicians/Nonphysician Practitioners. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c12.pdf>. Revised May 31, 2018. Accessed May 21, 2020.



IMPORTANT SAFETY INFORMATION



Contraindications

OCREVUS is contraindicated in patients with active hepatitis B virus infection and in patients with a history of life-threatening infusion reaction to OCREVUS.

Warnings and Precautions

Infusion reactions:

Management recommendations for infusion reactions depend on the type and severity of the reaction. Permanently discontinue OCREVUS if a life-threatening or disabling infusion reaction occurs.

Infections:

Delay OCREVUS administration in patients with an active infection until the infection is resolved. Vaccination with live-attenuated or live vaccines is not recommended during treatment with OCREVUS and after discontinuation, until B-cell repletion.

Malignancies:

An increased risk of malignancy, including breast cancer, may exist with OCREVUS.

Most Common Adverse Reactions

RMS: The most common adverse reactions ($\geq 10\%$ and $> \text{REBIF}$): upper respiratory tract infections and infusion reactions.

PPMS: The most common adverse reactions ($\geq 10\%$ and $> \text{placebo}$): upper respiratory tract infections, infusion reactions, skin infections, and lower respiratory tract infections.

For additional safety information, please see the accompanying full [Prescribing Information](#) and [Medication Guide](#).

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TERMS AND CONDITIONS FOR DRUG ASSISTANCE

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 INFUSION ASSISTANCE

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 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.

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