

(http://www.kadcyla.com/)



SELECT ANOTHER PRODUCT

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Genentech BioOncology® Co-pay Card Program

CHOOSE AN OPTION BELOW:

The patient has a copay card and would like to enroll now ()

The patient doesn't have a copay card but would like to enroll to receive one ()

The patient would like to renew an existing copay card benefit ()

The patient is already enrolled in the BioOncology copay card program and would like to activate the benefit for another Genentech BioOncology[®] medication ()



9 A.M. - 8 P.M. ET, MONDAY THROUGH FRIDAY

(855) MYCOPAY or (855) 692 - 6729 (tel:+1-692-6729)



WHAT THE CARD COVERS

The card covers
At least 80% of the out-of-pocket costs for each Genentech cancer treatment (per prescription or infusion)
You pay
20% (but no more than \$100) of the out-of-pocket costs for each Genentech cancer treatment (per prescription or infusion)
Card Limit
Up to \$24,000 per year [‡]
That means that if your out-of-pocket costs are \$100, the card covers \$80 and you pay the other \$20.
‡ If your yearly household income is >\$100,000, your yearly card limit is \$9,000. You are required to provide a verbal
statement to verify your income at the time of enrollment and may be asked to provide financial documentation at a
later date. Privacy (http://www.gene.com/privacy-policy) Terms & Conditions (http://www.gene.com/terms-conditions)



Contact Us (http://www.genentech-access.com/hcp/contactus)

Genentech (http://www.gene.com/gene/index.jsp)

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