GENENTECH RHEUMATOLOGY CO-PAY CARD PROGRAM  
PATIENT INFORMATION RELEASE FORM

This information does not take the place of talking to your healthcare provider about either your medical condition or your treatment with ACTEMRA. Talk with your healthcare provider if you have any questions about your treatment with ACTEMRA.

INDICATION
ACTEMRA is a prescription medicine called an interleukin-6 (IL-6) receptor antagonist. ACTEMRA is used to treat:
- Adults with moderately to severely active rheumatoid arthritis (RA) after at least one other medicine called a disease modifying antirheumatic drug (DMARD) has been used and did not work well
- Patients with active polyarticular juvenile idiopathic arthritis (PJIA) or active systemic juvenile idiopathic arthritis (SJIA) 2 years of age and older

ACTEMRA is not approved for subcutaneous use in people with PJIA or SJIA.

IMPORTANT SIDE EFFECT INFORMATION

Some people have serious infections while taking ACTEMRA, including tuberculosis (TB) and infections caused by bacteria, fungi, or viruses that can spread throughout the body. Some people have died from these infections.

Other serious side effects of ACTEMRA include tears (perforation) of the stomach and intestines, changes in blood test results (including low neutrophil count, low platelet count, increase in certain liver function tests, and increase in blood cholesterol levels), hepatitis B infection becoming an active infection again, and nervous system problems.

ACTEMRA affects the immune system and may increase your risk of certain cancers. Serious allergic reactions, including death, can happen with ACTEMRA. These reactions may happen with any infusion or injection of ACTEMRA, even if they did not occur with an earlier infusion or injection. If a patient had hives, a rash, or experienced flushing after injecting, he or she should tell a doctor or nurse before his or her next injection. Patients must also tell their doctor if they have had a previous reaction to ACTEMRA. Patients should not take ACTEMRA if they are allergic to it or any of its ingredients.

Common side effects with ACTEMRA in patients with RA include upper respiratory tract infections (common cold, sinus infections), headache, increased blood pressure (hypertension), and injection site reactions.

Common side effects with ACTEMRA in patients with PJIA or SJIA include upper respiratory tract infections (sinus infections), headache, nasopharyngitis (common cold), and diarrhea.

In general, the types of adverse drug reactions in patients with PJIA were consistent with those seen in SJIA patients.

Patients must tell their healthcare provider if they plan to become pregnant or are pregnant. It is not known if ACTEMRA will harm an unborn baby. Genentech has a registry for pregnant women who take ACTEMRA. Patients who are pregnant or become pregnant while taking ACTEMRA must contact the registry at 1-877-311-8972 and talk to their healthcare provider.

Patients must call their healthcare provider for medical advice about any side effects. You may report side effects to the FDA at 1-800-FDA-1088 or www.FDA.gov/medwatch. You may also report side effects to Genentech at 1-888-835-2555.

Please see accompanying full Prescribing Information, including Boxed Warning and Medication Guide, for additional Important Safety Information.
Dear Patient or Guardian:

Please read this form carefully. It tells you about using the Genentech Rheumatology Co-pay Card Program. You have to fill out and sign the form to enroll in the program. Please note: if the patient is under 18 years old, this form must be filled out and signed by a parent or guardian who is aged 18 years or older. Give the signed form to your doctor’s office manager. The office manager can fax it to us at (800) 334-3030.

If you have any questions about this form, talk to your doctor’s office manager or call (800) ACTEMRA (800-228-3672).

ABOUT THE GENENTECH RHEUMATOLOGY CO-PAY CARD PROGRAM

If the patient can answer “yes” to any of these questions, the program CANNOT be used:

- Is the patient using ACTEMRA for something besides the approved rheumatoid arthritis (RA), systemic juvenile idiopathic arthritis (SJIA) or polyarticular juvenile idiopathic arthritis (PJIA) indications?
- For RA, is the patient younger than age 18?
- Does the patient have a health plan provided by the federal or state government?
  Some examples are Medicare, Medicare Advantage, Medicaid, CHIP and TRICARE
- Does the patient get free ACTEMRA from the Genentech® Access to Care Foundation or other sources?
- Does the patient live in a state where co-pay cards are prohibited?

This program is a free service for qualified patients.

For us to help, we need to look at, use and disclose the patient’s personal health information (PHI). The doctor and health plan may disclose the patient’s PHI to us only with written consent. Once this form is signed and it is sent back to us, we can start to provide these services. We can provide the patient or guardian with a copy of this release. The patient or guardian needs to ask us for this first before we can send the copy.

The patient or guardian does not have to agree to this authorization. But we cannot provide our services without consent. This means the patient or guardian might need to pay for certain medicines.

Please read through this form carefully. For any questions, talk to the doctor’s office manager or call us at the phone number listed on the front of this form.

AUTHORIZATION

1. Information to be disclosed or used

This signed form lets doctors and health plans send the patient’s PHI to the Genentech Rheumatology Co-pay Card Program. This includes:

- All the patient’s health records relating to treatment
- Information about health plan benefits
- The dollar balance left on the total of the lifetime payments covered by the health plan policy (if this applies to the plan)
- Any information having a bearing on the patient’s health or adherence to treatment
All of the above is considered part of the patient’s PHI. This could include information about sexually transmitted diseases, mental health conditions or genetic test results. We are not looking for this information. It might be part of the medical record sent to us.

2. Who may disclose the patient’s PHI

The patient’s PHI may be released by the doctor. It may also be released by the health plan or others who might hold the patient’s PHI.

3. Who may see the patient’s PHI

The patient’s PHI may be seen by the Genentech Rheumatology Co-pay Card Program. This is a program sponsored by Genentech. Its address is 1 DNA Way, Mail Stop #201, South San Francisco, CA 94080-4990. The PHI may also be seen by anyone helping the Genentech Rheumatology Co-pay Card Program perform services, including Genentech employees and any of Genentech’s partners.

4. How may the patient’s PHI be used

The patient’s PHI may be used only in these ways:

• Helping with co-pays for ACTEMRA through the Genentech Rheumatology Co-pay Card Program
• Tracking use of ACTEMRA
• Measuring the help offered by the Genentech Rheumatology Co-pay Card Program

5. Expiration date

This release is in effect for 1 year once it is signed. The patient or guardian may withdraw it in writing at any time.

6. Notices

Once this form is signed, the patient’s PHI might not be covered by any federal law about the use of the PHI or how it is disclosed. There is no guarantee the patient’s PHI might not be released to a third party. This third party might not need to follow the conditions of this release.

The patient or guardian can refuse to sign this form. It may be withdrawn at any time and for any reason. This won’t affect the start or continuing of treatment. It will have no effect on the quality of treatment.

This release stays in effect for 1 year or until it is withdrawn in writing. To withdraw it, the patient or guardian must send a written notice to the Genentech Rheumatology Co-pay Card Program. It can be sent by:

Fax: (800) 334-3030  Mail:  Genentech Rheumatology Co-pay Card Program
271 Rte. 46 West, Building B, Second Floor
Fairfield, NJ 07004

This withdrawal goes into effect once it is received by the Genentech Rheumatology Co-pay Card Program. It will have no impact on the patient’s treatment by the doctor.

If this form is not signed or is withdrawn, the patient or guardian may be responsible for the costs of treatment.

For Important Program Information, please visit RACopay.com.
7. Patient information and signature

I have read and understand the terms of this release form. I have had the chance to ask questions about the use of the personal health information (PHI) and who may see it. By signing this form, I know I am releasing the PHI as discussed in this form. (Please fill in all information below. Be sure to sign and date this form. If you don't, it could hold up the process for helping you with co-pay assistance.)

<table>
<thead>
<tr>
<th>Print patient’s name (required)</th>
<th>Date of birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature of patient or guardian*</td>
<td>Description of authority</td>
</tr>
<tr>
<td>Patient/guardian address</td>
<td>Phone number</td>
</tr>
<tr>
<td>Email address (optional)</td>
<td></td>
</tr>
<tr>
<td>Last 4 digits of card number (if available)</td>
<td>Member ID number (lower left of card)</td>
</tr>
</tbody>
</table>

Please indicate your preferred method of communication:
- [ ] Mail
- [ ] Email

*If the patient is incapacitated (physically or mentally) or under age 18.

8. Doctor’s information

Name
Address
Phone number

9. An optional and free patient support program

I want to enroll in an optional and free patient support program from Genentech. I understand I do not have to sign this part of the form. It plays no role in getting my medicine. It is not part of receiving help from the Genentech Rheumatology Co-pay Card Program. I also know I may cancel my enrollment in the patient support program at any time. Visit www.actemra.com for full program information and privacy policy.

Signature of patient (You must sign here to enroll in the patient support program.) Date

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