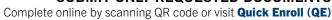


## Prescriber Service Form

## SUBMIT ONLY REQUESTED DOCUMENTS





(venetoclax tablets)

Required field (\*) M-US-00005342(v4.0)

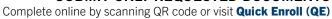
Step 1 Patient Informa	ation							
SERVICES REQUESTED	*First name:			*Last n	_*Last name:			
(Check all that apply):	*Date of birth	*Date of birth (MM/DD/YYYY):/		<b>*Gender:</b> □ Male □ Female				
☐ Benefits Investigation (BI) &		*Street:					_ Apt:	
Prior Authorization (PA) Suppor	*City:			*State:*ZIP:				
□ Co-pay Referrals	Home phone:	Home phone: ( ) -			Cell pho	ne: (	)	-
<ul><li>Genentech co-pay card</li><li>Co-pay assistance foundation</li></ul>	□ DO NOT C	□ DO NOT CONTACT PATIENT Email:						
. ,	Patient prefer	Patient preferred language: ☐ English ☐ Spanish ☐ Other:						
□ Appeals Support		Alternate contact name:						
	Relationship:	Relationship:			Alt phor	ne: (	)	-
Step 2 Insurance Info	rmation							
If patient is uninsured, please c If insured, please fill out the info						call (888)	941-333	31 for assistance.
Is the patient insured?   Yes   No		? □ Yes □ No	-					
is the patient insured: Lifes Life	PRIMARY INSU				INSURANCE			
Insurance name	PRIIVIART INSC	JRANCE	SECC	INDART	INSURANCE		FILE	ARMACT BENEFIT
Subscriber name (if not patient)								
Subscriber/Policy ID #								
Group #								
Insurance phone								
OL A DELL'AL MENO	NEVTA TI							
	LEXTA Therapy							
List medications used in co VENCLEXTA for a regimen	Note: VENCLEXTA has a limited distribution network. See details at							
investigation:		Genentech-Access.com/VENCLEXTA or call (888) 249-4918 for support.						
☐ See attached medication list		Dispense VENCLEXTA through:						
		☐ Specialty pharmacy (SP) ☐ Onsite pharmacy						
	Preferred SP:							
		Infused Site	of Treatn	nent (if	not prescri	ber):		
		☐ Physician's	s office	□норі	D □ Alteri	nate treat	ment c	enter
		Name:						
		Tax ID:				NPI #: _		
Step 4 Diagnosis and	Clinical Informati	on						
Diagnosis Code		Clinical Information						
To the highest level of specificity, pr	ovide:	Has treatmen	nt started?	□ Yes	□No	Date of	treatme	nt:/
*Primary diagnosis code:		Line of therap	DY:	☐ First	☐ Second	☐Third	or grea	ter
			,	••	2220		. 3.00	
Secondary diagnosis code:		I						

Please continue to Step 5 on the next page.



## **Prescriber Service Form**

## SUBMIT ONLY REQUESTED DOCUMENTS





for VENCLEXTA®

(venetoclax tablet	rs)	Required field (*) M-US-00005342(v4.0)						
Step 5 Patie	nt Information (please re-enter)							
*First name:	*Last name:	*Date of birth (MM/DD/YYYY):/						
Step 6 Pres	criber Information							
		*Last name:						
*Street:		*Suite:						
*City:		*State:*ZIP:						
Prescriber NPI #:	Group NPI #:	Prescriber tax ID #:						
		Office contact email:						
Office contact phone: (	) -	Office contact fax: (						
information we may collect a		your personal information, a complete description of the personal Genentech, and your rights under your state's privacy laws concerning your ivacy-policy.						
Step 7 Pres	cription Information for VENCLEXTA only							
*Please fill out the prescri	ption information for the indication that app	olies.						
	CLL/SLL	AML						
Step 1: Ramp-up Dosing  Starting pack (Contains 4 v	veekly wallet blister packs. Take as directed on Pl.)							
Treatment Week	Dosing Instruction From PI	Step 2: Maintenance  Daily dose: mg   Dispense: 1-month supply Refill: 1 time						
Week 1	20 mg	Daily dose ing   Dispense. 1-month supply   Tremi. 1 time						
Week 2	50 mg	Other Dosing						
Week 3	100 mg	Step 1: Ramp-up Dosing						
Week 4	200 mg	Specify dose ramp up:						
Dispense: 1-month supply		Dispense: 1-month supply Refill: 1 time						
Step 2: Maintenance  Daily dose: mg   D	Dispense: 1-month supply ☐ Refill: 1 time	Step 2: Maintenance  Daily dose: mg   Dispense: 1-month supply Refill: 1 time						
eligible for a SureSta past 3 weeks, we will ☐ Yes, consider thi For full eligibility crite	ider your patient for this option: If your patient do rt supply while awaiting insurance verification. Sur follow up for 1 refill. Your VENCLEXTA represent s patient for SureStart in the event of a payer	enentech-pro.com/starter or speak to your VENCLEXTA representative.						
Step 8 Healt	th Care Provider Certification							
By signing this form, I certiphysician. (b) If the indication for an "unapproved" use, mea authorization to release the ir of 1996 [HIPAA]) to Genented reimbursement support, assisted) I will not attempt to seek by the above-named patient (BI), benefits re-verification, paservice, we will perform BI// been received. (g) For pres	fy: (a) The above therapy is medically necessary is for which you are prescribing a Genentech programing that the FDA has not approved the efficacy offermation above and other protected health inforch, Inc., Genentech Access Solutions, the contrasting in initiating or continuing therapy, as a breal eimbursement for free product provided to the pathe prescription described herein. (e) The services or authorization support (PA), co-pay card and PA services on behalf of the patient. (f) No action	or for this patient and the treatment decision has been made by the prescribing uct is not listed in the FDA-approved label, you are prescribing the medication, dosage amount or safety of this medication for such a use. (c) I received the fination (as defined by the Health Insurance Portability and Accountability Act countability and the patient of the purpose of requesting in treatment would negatively impact the patient's therapeutic outcome and attent. I request Genentech Access Solutions convey to the pharmacy chosen by you are requesting on behalf of the patient may include benefits investigation co-pay assistance foundation referral. In the absence of a checkbox selecting in on these services will be taken until the patient consent document has in requirements, such as New York, prescriptions must be submitted on						
Sign, date & fax to								
Sign, date & fax to (877) 313-2659	*Prescriber's Signature:	*Date:/ /(Original or stamped signature required)						

AML=acute myeloid leukemia; CLL=chronic lymphocytic leukemia; NPI=National Provider Identifier; PI=prescribing information; SLL=small lymphocytic lymphoma. VENCLEXTA® is a registered trademark of AbbVie, Inc.

abbyie Genentech