

Your Cotellic[®] (cobimetinib)/Zelboraf[®] (vemurafenib) ACTION PLAN

(to be filled out by a member of your oncology team)

Patient Name _____ Date _____
Full Name *Today's Date*

Side effects discussed _____

Key points _____

GENENTECH RESOURCES: Financial Assistance

- Cotellic and Zelboraf Access Solutions
888-249-4918
<http://www.genentech-access.com/cotellic/patients>

COTELLIC[®] (cobimetinib)/ ZELBORAF[®] (vemurafenib) Patient Resources

For more information about this therapy and support:

- Nursing Hotline
855-MY-COTELLIC (855-692-6835)