<table>
<thead>
<tr>
<th><strong>XOLAIR®</strong></th>
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<tbody>
<tr>
<td><strong>Medication name</strong></td>
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<tr>
<td><strong>Medication classification</strong></td>
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<tr>
<td><strong>Prescription assistance program</strong></td>
</tr>
</tbody>
</table>
| **Contact information and website** | Phone: (877) 296-4673  
Fax: (877) 298-1012  
Mailing address:  
Prescription Hope, Inc.  
P.O.Box 2700  
Westerville, Ohio 43086  
https://prescriptionhope.com/ |
| **Eligibility criteria** | • US resident  
• May be uninsured  
• Restrictions do apply (must complete enrollment application)  
• The average income to qualify for the Prescription Hope pharmacy program:  
  o Individuals earning around $30,000 per year  
  o Couples earning around $50,000 per year  
  o Guidelines increase with each additional member in households earning up to $100,000 per year |
| **Cost and enrollment** | • $50 per month, per medication  
• Complete all required sections of the Prescription Hope enrollment form that is provided on the website above  
• Need to include the following documents if applicable:  
  o If you are on Medicare, you must submit a copy of your most recent Social Security New Benefit Amount Statement  
  o If you applied for Medicaid or have applied for low-income subsidy (LIS), you must submit a copy of the determination letter  
• Completed and signed application with required documents may be completed online, faxed or mailed to:  
  o Prescription Hope, Inc.  
P.O. Box 2700  
Westerville, Ohio 43086  
Fax: (877) 298-1012  
• Prescription Hope does not guarantee your approval for patient assistance programs; it is up to
After enrollment, you can typically expect to receive 90 days’ worth of medication delivered to your home or doctor’s office within 4 to 6 weeks. Refills will be delivered automatically before your current supply runs out. If Prescription Hope cannot help you with a medication, there will never be a fee for that medication.

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| **Contact information and website** | Phone: (866) 496-5247  
Hours: Monday - Friday 8:30 a.m. - 5:00 p.m. ET  
Email: [www.gene.com/contact-us/submit-medical-inquiry](http://www.gene.com/contact-us/submit-medical-inquiry)  
Mailing address:  
Customer Interaction Center  
Novartis Pharmaceuticals Corporation  
One Health Plaza  
East Hanover, NJ 07936-1080  
| **Card activation instructions** | Go to the link provided above to apply for a Xolair co-pay card  
Must provide insurance information  
If you are eligible you will receive a letter containing information needed to use the card |
| **How the card works** | Patients are responsible for first $5 per drug co-pay and the card covers the remaining amount  
Program can provide up to $10,000 over 12 consecutive months  
Must share your co-pay card information to your specialty pharmacy, doctor’s office and the place you receive Xolair in order to have your co-pay charged to the card |
| **Eligibility criteria** | U.S. resident  
Must be 18 years of age or older, if under that age then a legal guardian must manage the card  
Valid only for patients with commercial (private or non-governmental) insurance |
| Terms and conditions and cost | • May not be getting help from the Genentech Access to Care Foundation (GATCF) or any other charitable organization  
• Do not have state or federal healthcare plan (Medicare, Medicaid, Tricare, etc.)  
• Patient or any other party may not seek reimbursement for all or any part of the benefit received  
• Obligation to inform third-party payers about the use of this card as required  
• Card accepted by participating specialty pharmacies, physician offices and hospitals  
• Card limited to one per person and is not transferable  
• Program expires within 12 months from enrollment |

| Expiration date | 12 months after enrollment |