XOLAIR®	
Medication name	*Omalizumab*
Medication classification	Anti-IgE antibody
Prescription assistance program	**Prescription Hope:** National advocacy program that utilizes direct access to many pharmaceutical company sponsored patient assistance programs
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:
	  ○ Individuals earning around $30,000 per year
	  ○ Couples earning around $50,000 per year
	  ○ 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:
	  ○ If you are on Medicare, you must submit a *copy* of your most recent Social Security New Benefit Amount Statement
	  ○ 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:
	  ○ 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

	each applicable drug manufacturer to make the eligibility determination • 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

XOLAIR®	
Medication name	*Omalizumab*
Medication classification	Anti-IgE antibody
Offer	**Co-pay card program**
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 Mailing address: Customer Interaction Center Novartis Pharmaceuticals Corporation One Health Plaza East Hanover, NJ 07936-1080 http://www.xolair.com/allergic-asthma/financial-support-options.html
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

	• 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.)
Terms and conditions and cost	• 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