

LIBTAYO Surround financial assistance programs

This handout provides information about the LIBTAYO Surround Copay Program for eligible commercially insured patients and the LIBTAYO Surround Patient Assistance Program (PAP) for eligible patients who are uninsured or who lack coverage for LIBTAYO.

Copay Program

Commercially insured patients may be eligible to **pay as little as \$0** out of pocket for LIBTAYO*



Program benefits

Patients may pay as little as \$0 out of pocket for LIBTAYO, which includes any product-specific copay, coinsurance, and insurance deductibles*—up to \$25,000 in assistance per year



Patient out-of-pocket responsibility

Patients are responsible for any out-of-pocket cost for LIBTAYO that exceeds the program assistance limit of \$25,000 per year, in addition to non-product-specific expenses related to supplies, procedures, or physician-related services. Conditions apply



Patient eligibility

Patients are eligible for the LIBTAYO Surround Copay Program if they meet the following criteria:

- ✓ Must have **commercial** or **private** insurance
- ✓ Must be a resident of the United States or its territories or possessions

There is no income requirement to qualify for this program

Eligible patients can secure copay assistance through LIBTAYO Surround.
There are two ways to enroll in the Copay Program:



LIBTAYO Surround Enrollment Form

- Check the box in Section 1 of the LIBTAYO Surround Enrollment Form marked *Copay Assistance*
- Complete the enrollment form and fax it to 1.833.853.8362



Phone

- Physician offices or patients can call LIBTAYO Surround at **1.877.LIBTAYO** (1.877.542.8296) **Option 1**, Monday–Friday, 8 AM–8 PM Eastern time

Patient Assistance Program

Patient eligibility for the LIBTAYO Surround PAP



Insurance

A patient who is uninsured, lacks coverage for LIBTAYO, or has Medicare Part B with no supplemental insurance coverage



Residency

A resident of the United States or its territories or possessions



Enrollment in LIBTAYO Surround

A patient signature must be obtained in Section 9 of the LIBTAYO Surround Enrollment Form and the HIPAA Authorization in Section 10



Income

A patient must have an annual gross household income that does not exceed the greater of:

\$100,000

or

500% of the federal poverty level (FPL)*

If patients meet these eligibility criteria, they **may qualify for the LIBTAYO Surround PAP and receive LIBTAYO at no cost**

Patients without insurance coverage or patients with inadequate insurance coverage who need assistance with out-of-pocket medication costs may be eligible for alternate funding sources for LIBTAYO

For more information, call your local field Reimbursement Manager or LIBTAYO Surround at 1.877.LIBTAYO (1.877.542.8296) Option 1, Monday–Friday, 8 AM–8 PM Eastern time, or visit LIBTAYOhcp.com

*500% of the FPL in 2019 was \$62,450 for a household of 1; \$84,550 for a household of 2; \$106,650 for a household of 3; and \$128,750 for a household of 4. For households exceeding 4 members, add \$22,100 for each additional member.¹

Reference: 1. Poverty guidelines. Office of the Assistant Secretary for Planning and Evaluation. US Department of Health and Human Services website. <https://aspe.hhs.gov/poverty-guidelines>. Accessed September 6, 2019.

For any questions or concerns, or to report side effects with a Regeneron and Sanofi product for patients enrolled in LIBTAYO Surround, please contact LIBTAYO Surround at **1.877.LIBTAYO (1.877.542.8296) Option 1**, Monday–Friday, 8 AM–8 PM Eastern time.

REGENERON SANOFI GENZYME 

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LIBTAYO[®]
(cemiplimab-rwlc)
Injection 350 mg