

# The LIBTAYO Surround Copay Program for commercially insured patients

Eligible **commercially insured** patients **pay \$0** out of pocket for LIBTAYO<sup>a</sup>



### Program benefits

Patients pay \$0 out of pocket for LIBTAYO, which includes any product-specific copay, coinsurance, and insurance deductibles<sup>a</sup>—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:

#### Insurance

- ✓ Patients must have **commercial** or **private** insurance, which includes state or federal employee plans and health insurance exchanges

**Note:** Patients who do not have commercial or private insurance, are cash paying, or those who have government-funded insurance are **not** eligible

#### Residency

- ✓ Patients are residents of the United States or its territories or possessions

**There is no income requirement to qualify for this program**

## Example of a patient's out-of-pocket responsibilities with the LIBTAYO Surround Copay Program<sup>a</sup>

Your patient's private insurance requires a copay or coinsurance for LIBTAYO. With the LIBTAYO Surround Copay Program:

The LIBTAYO Surround Copay Program reimburses the patient's out-of-pocket expenses for LIBTAYO, which includes any product-specific copay, coinsurance, and insurance deductibles, until the patient exceeds the

**\$25,000 per-year limit**

Your patient is responsible for any product-specific costs beyond the per-year limit, subject to the insurance plan's requirement, in addition to non-product-specific expenses related to supplies, procedures, or physician-related services

## How to secure copay assistance through LIBTAYO Surround

There are 2 options to enroll patients in the LIBTAYO Surround 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

- ✓ Your office or patient can call LIBTAYO Surround at **1-877-LIBTAYO** (1-877-542-8296) **Option 1**, Monday–Friday, 8 AM–8 PM Eastern time. A LIBTAYO Surround Reimbursement Specialist will guide the caller through the eligibility requirements and enrollment process
- ✓ Be sure to have the following patient information:
  - Patient contact information
  - Commercial insurance information, including payer and plan names, policy and group numbers, and phone numbers

## Tips for submitting a claim through the LIBTAYO Surround Copay Program

- ✓ Include documentation that reflects the charges for the LIBTAYO purchase, as well as reimbursement from the payer
  - LIBTAYO Surround Healthcare Provider Representation Form (one time only)
  - Centers for Medicare and Medicaid Services 1500 or 1450 claim form (which includes the national drug code)
  - Explanation of benefits from the patient's health insurer

The LIBTAYO Surround Copay Program will disburse funds in approximately 7 to 14 business days of review and approval. All requests for reimbursement must be submitted within 120 days of the date of service

## LIBTAYO Surround Copay Program frequently asked questions (FAQs)

You and your patients may have questions about the LIBTAYO Surround Copay Program. Please refer to the following FAQs to help answer additional inquiries.

### Q How can patients apply for the LIBTAYO Surround Copay Program?

There are 2 ways to enroll in the LIBTAYO Surround Copay Program:

- ✓ Your office staff can complete the LIBTAYO Surround Enrollment Form and check *Copay Assistance* in Section 1
- ✓ Your office staff or patient can call LIBTAYO Surround at **1-877-LIBTAYO** (1-877-542-8296) **Option 1**, Monday–Friday, 8 AM–8 PM Eastern time. A LIBTAYO Surround Reimbursement Specialist will guide the caller through the eligibility requirements and enrollment process

### Q How will my patients know if they are enrolled in the LIBTAYO Surround Copay Program?

A LIBTAYO Surround Reimbursement Specialist will send a confirmation letter to your office and your patient upon approval of your patient's enrollment in the program.


### Q How does the LIBTAYO Surround Copay Program process claims?

Your office should include any documentation that reflects the charges for the LIBTAYO purchase, as well as reimbursement from the payer.

The LIBTAYO Surround Copay Program will disburse funds in approximately 7 to 14 business days of review and approval. Please note that all requests for reimbursement must be submitted within 120 days of the date of service.

### Q What will happen if I don't submit reimbursement claims during my patients' eligibility period?

After your patients' eligibility period ends, they will be unenrolled from the LIBTAYO Surround Copay Program. Once this occurs, you or your patients must request to be re-enrolled in the LIBTAYO Surround program.



## LIBTAYO Surround Copay Program frequently asked questions (FAQs) (cont'd)

### Q Which out-of-pocket expenses are covered by the LIBTAYO Surround Copay Program?

Patients enrolled in the program pay \$0 out of pocket for LIBTAYO, including any LIBTAYO-specific copays, coinsurance, and deductibles—up to \$25,000 in assistance per year. Patients are responsible for any additional copay cost that exceeds the program assistance limit.

### Q Which out-of-pocket expenses are not covered by the LIBTAYO Surround Copay Program?

Non-product-specific copays, coinsurance, or insurance deductibles are not covered by this program.



**LIBTAYO Surround helps facilitate**  
patient access to LIBTAYO and  
navigate the health insurance process

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**For more information, call LIBTAYO Surround at 1-877-LIBTAYO (1-877-542-8296) Option 1, Monday–Friday, 8 AM–8 PM Eastern time, or visit [LIBTAYOhcp.com](http://LIBTAYOhcp.com)**

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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.