

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 \$0 out of pocket for LIBTAYO^a



Program benefits

Patients may pay \$0 out of pocket for LIBTAYO, which includes any product-specific copay, coinsurance, and insurance deductibles^a—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)^a

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

Additional information about these important patient support programs
 is available at LIBTAYOhcp.com

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

^a500% of the FPL in 2018 was \$60,700 for a household of 1; \$82,300 for a household of 2; \$103,900 for a household of 3; and \$125,500 for a household of 4. For households exceeding 4 members, add \$21,600 for each additional member.¹

Reference: 1. Office of the Assistant Secretary for Planning and Evaluation. Poverty guidelines. US Department of Health and Human Services website. <https://aspe.hhs.gov/poverty-guidelines>. Accessed September 6, 2018.

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.