

# Patient Tracking Worksheet

This worksheet is designed to help you and your office staff track the status of your patients' LIBTAYO prescription and keep a record of the communications you receive from your patients' health insurers and LIBTAYO Surround. **You can follow 2 patients per worksheet (1 per side), allowing you to quickly reference their information when needed.**

**Patient Name** (Last, First) \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

LIBTAYO Surround Enrollment Form sent to LIBTAYO Surround      Patient ID \_\_\_\_\_       Male  Female

Payer Name \_\_\_\_\_ Payer Phone \_\_\_\_\_

Payer Fax \_\_\_\_\_ Payer ID \_\_\_\_\_

**Prior authorization (PA) status:**  Sent to \_\_\_\_\_ on \_\_\_\_/\_\_\_\_/\_\_\_\_  
Health plan contact name

PA approved       PA denied      Reason for denial \_\_\_\_\_

**Appeal status (if applicable):**  Sent to \_\_\_\_\_ on \_\_\_\_/\_\_\_\_/\_\_\_\_  
Health plan contact name

Appeal approved       Appeal denied      Reason for denial \_\_\_\_\_

**Commercial Copay Program status (if applicable):**  Submitted to LIBTAYO Surround by \_\_\_\_\_  
Office contact name

on \_\_\_\_/\_\_\_\_/\_\_\_\_       Patient approved on \_\_\_\_/\_\_\_\_/\_\_\_\_       Patient denied on \_\_\_\_/\_\_\_\_/\_\_\_\_

Reason for denial \_\_\_\_\_

**Patient Assistance Program status (if applicable):**  Submitted to LIBTAYO Surround by \_\_\_\_\_  
Office contact name

on \_\_\_\_/\_\_\_\_/\_\_\_\_       Patient approved on \_\_\_\_/\_\_\_\_/\_\_\_\_       Patient denied on \_\_\_\_/\_\_\_\_/\_\_\_\_

Reason for denial \_\_\_\_\_

**LIBTAYO order and fulfillment status:**  Order for LIBTAYO sent to \_\_\_\_\_ on \_\_\_\_/\_\_\_\_/\_\_\_\_  
Distributor or specialty pharmacy

Order received on \_\_\_\_/\_\_\_\_/\_\_\_\_

**Notes:** \_\_\_\_\_

# Patient Tracking Worksheet (cont'd)

**Patient Name** (Last, First) \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

LIBTAYO Surround Enrollment Form sent to LIBTAYO Surround Patient ID \_\_\_\_\_  Male  Female

Payer Name \_\_\_\_\_ Payer Phone \_\_\_\_\_

Payer Fax \_\_\_\_\_ Payer ID \_\_\_\_\_

**Prior authorization (PA) status:**  Sent to \_\_\_\_\_ on \_\_\_\_/\_\_\_\_/\_\_\_\_  
Health plan contact name

PA approved  PA denied Reason for denial \_\_\_\_\_

**Appeal status (if applicable):**  Sent to \_\_\_\_\_ on \_\_\_\_/\_\_\_\_/\_\_\_\_  
Health plan contact name

Appeal approved  Appeal denied Reason for denial \_\_\_\_\_

**Commercial Copay Program status (if applicable):**  Submitted to LIBTAYO Surround by \_\_\_\_\_  
Office contact name

on \_\_\_\_/\_\_\_\_/\_\_\_\_  Patient approved on \_\_\_\_/\_\_\_\_/\_\_\_\_  Patient denied on \_\_\_\_/\_\_\_\_/\_\_\_\_

Reason for denial \_\_\_\_\_

**Patient Assistance Program status (if applicable):**  Submitted to LIBTAYO Surround by \_\_\_\_\_  
Office contact name

on \_\_\_\_/\_\_\_\_/\_\_\_\_  Patient approved on \_\_\_\_/\_\_\_\_/\_\_\_\_  Patient denied on \_\_\_\_/\_\_\_\_/\_\_\_\_

Reason for denial \_\_\_\_\_

**LIBTAYO order and fulfillment status:**  Order for LIBTAYO sent to \_\_\_\_\_ on \_\_\_\_/\_\_\_\_/\_\_\_\_  
Distributor or specialty pharmacy

Order received on \_\_\_\_/\_\_\_\_/\_\_\_\_

**Notes:** \_\_\_\_\_

This blank form is provided for healthcare provider office use. It may contain sensitive information and should be handled accordingly.

For any questions or concerns, or to report side effects with a Regeneron 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**

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