

# 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, or as required by their insurance plans. 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 2 ways to enroll in the Copay Program:



### LIBTAYO Surround Enrollment Form

- Check the box in Section 1 of the LIBTAYO Surround Enrollment Form marked *Financial Assistance*
- Complete the Enrollment Form and fax it to 1.833.853.8362 **OR** submit online at [LIBTAYOSurroundPortal.com](http://LIBTAYOSurroundPortal.com)



### 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 2 of the LIBTAYO Surround Enrollment Form for Patient Certifications in Section 9 and Authorization to Use/Disclose Health Information 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 2020 was \$63,800 for a household of 1; \$86,200 for a household of 2; \$108,600 for a household of 3; and \$131,000 for a household of 4. For households exceeding 4 members, add \$22,400 for each additional member. These poverty guidelines are for the 48 contiguous states and the District of Columbia and do not include Alaska or Hawaii.<sup>1</sup>

**Reference:** 1. Office of the Assistant Secretary for Planning and Evaluation. Poverty guidelines. US Department of Health and Human Services. Accessed November 30, 2020. <https://aspe.hhs.gov/poverty-guidelines>

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**<sup>®</sup>  
(cemiplimab-rwlc)  
Injection 350 mg