

If you have private (commercial) insurance and need assistance with your out-of-pocket costs for LIBTAYO...

The LIBTAYO Surround

COPAY PROGRAM

may be right for you



You may be eligible to pay as little as \$0 out of pocket for LIBTAYO



Program benefits

You 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



Your out-of-pocket responsibility

You are responsible for any out-of-pocket cost for LIBTAYO that is more than the program assistance limit of \$25,000 per year. The LIBTAYO Surround Copay Program does not cover non-product-specific expenses related to supplies, procedures, or physician-related services



Eligibility requirements

You may be eligible for the LIBTAYO Surround Copay Program if you meet the following criteria:

Insurance

- ✓ You must have private (commercial) insurance

Residency

- ✓ You must be a resident of the United States or its territories or possessions

Other conditions may apply.

There is no income requirement to qualify for this program

*This program is not valid for prescriptions covered by or submitted for reimbursement under Medicare, Medicaid, Veterans Affairs/Department of Defense, TRICARE, or similar federal or state programs. Not a debit card program. The program does not cover or provide support for supplies, procedures, or any physician-related service associated with LIBTAYO. General non-product-specific copays, coinsurance, or insurance deductibles are not covered. Additional program conditions apply. See LIBTAYO.com for more information.



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

LIBTAYO Surround is here to help



A LIBTAYO Surround Nurse Advocate can guide you through the program's eligibility requirements and help you with the enrollment process

There are 2 ways to apply:

- Complete the LIBTAYO Surround Enrollment Form, with help from your doctor's office staff
- Call LIBTAYO Surround at 1.877.LIBTAYO (1.877.542.8296) Option 1
A Nurse Advocate is available to assist you 24 hours a day, 7 days a week

A close-up image of the LIBTAYO Surround Enrollment Form. The form is white with black text and includes sections for Patient Information, Insurance Information, and Signature. The text on the form includes "LIBTAYO SURROUND Enrollment Form", "Please make sure to fill out all fields completely and fax all pages to 1.833.853.8382", "SECTION 1 Patient Information", "SECTION 2 Insurance Information", and "I have read and agree to the Authorization to Disclose My Health Information in Section 12".

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

Your physician is your trusted source of information about your condition and treatment



LIBTAYO Surround can help you find information about assistance with your out-of-pocket costs for LIBTAYO

For more information, call LIBTAYO Surround at 1.877.LIBTAYO (1.877.542.8296) Option 1, or visit LIBTAYO.com

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

REGENERON SANOFI GENZYME 

©2019 Regeneron Pharmaceuticals, Inc., and sanofi-aventis U.S. LLC. All rights reserved. LIB.19.10.0022 10/19



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