



LIBTAYO   
SURROUND<sup>®</sup>

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*When you need extra support...*

LIBTAYO Surround is here to help

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



LIBTAYO   
SURROUND<sup>®</sup>

Your doctor is your trusted source for information about your condition and treatment. But we know you may have other questions.

Our caring *Nurse Advocates* can help

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



# Nurse support

Nurse Advocates are available whenever you need more information

LIBTAYO Surround Nurse Advocates can...



You can speak with a Nurse Advocate at any time of the day.  
Call LIBTAYO Surround at **1.877.LIBTAYO** (1.877.542.8296) Option 1



# Financial support

Our Nurse Advocates may be able to help you find assistance if you have trouble paying for LIBTAYO. They will check to see if you qualify for the following programs.



## Copay Program

You may be eligible to pay as little as **\$0 per month** with the LIBTAYO Surround Copay Program

### You may qualify if you:

- ✓ Have private (commercial) insurance
- ✓ Are a resident of the United States or its territories or possessions

Other conditions may apply.

### The LIBTAYO Surround Copay Program provides\*:

- ✓ Up to \$25,000 in assistance per year for expenses you must pay for LIBTAYO

### You pay:

- ✓ As little as \$0 for LIBTAYO until your expenses reach \$25,000
- ✓ Any additional costs after you reach the program's limit

**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](http://LIBTAYO.com) for more information.



# Financial support

(cont'd)



## Patient Assistance Program

You may be eligible to **receive LIBTAYO at no cost**

### You may qualify if you:

- ✓ Are uninsured, lack coverage for LIBTAYO, or have Medicare Part B with no supplemental insurance coverage
- ✓ Are a resident of the United States or its territories or possessions
- ✓ Have an annual gross household income that does not exceed the greater of \$100,000 or 500% of the federal poverty level (FPL)\*

Other conditions may apply.

**LIBTAYO Surround may also be able to identify other third-party financial assistance resources**

\* 500% of the FPL in 2019 is \$62,450 for a household of 1; \$84,550 for a household of 2; \$106,650 for a household of 3; and \$128,750 for a household of 4. For households exceeding 4 members, add \$22,100 for each additional member. Income eligibility is the greater of \$100,000 or the income amounts listed here.

## Enroll

in LIBTAYO Surround and learn  
more about available support



To enroll, talk to your doctor or call  
LIBTAYO Surround at 1.877.LIBTAYO  
(1.877.542.8296) Option 1, or visit  
LIBTAYO.com

### Speak a language other than English?

We provide assistance in **240 languages** so you can better understand the support we can offer you.