LIBTAYO SURROUND®

Patient support program

LIBTAYO®
(cemiplimab-rwlc)
Injection 350 mg

LIBTAYO SURROUND®

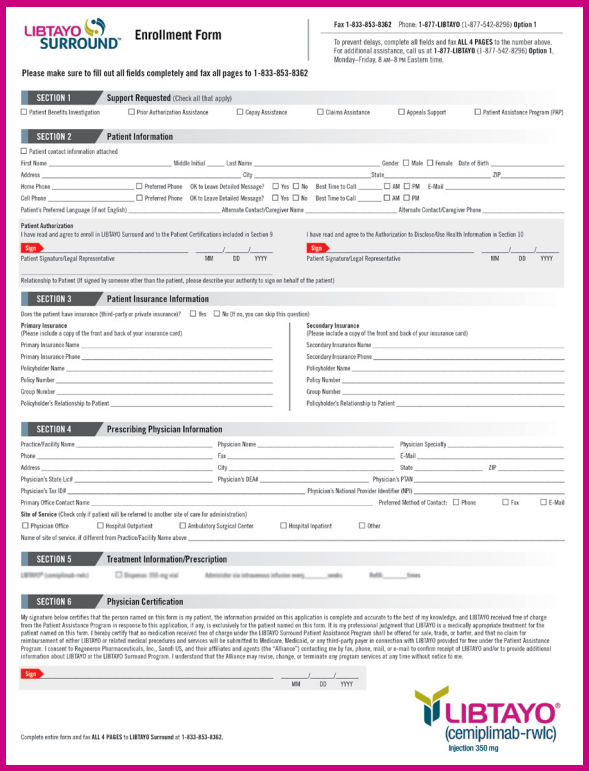
The LIBTAYO Surround Enrollment Form is

the key to unlocking support services

Download
Enrollment Forms at **LIBTAYOhcp.com**

OR

Connect
with your local field Reimbursement Manager, who can provide you with a LIBTAYO Surround Enrollment Form tear pad



LIBTAYO SURROUND® Enrollment Form

Fax 1-833-853-8362 Phone: 1-877-LIBTAYO (1-877-542-8296) Option 1

To prevent delays, complete all fields and fax ALL 4 PAGES to the number above. For additional assistance, call us at 1-877-LIBTAYO (1-877-542-8296) Option 1, Monday–Friday, 8 am–8 pm Eastern time.

Please make sure to fill out all fields completely and fax all pages to 1-833-853-8362

SECTION 1 Support Requested (Check all that apply)

☐ Patient Benefits Investigation ☐ Prior Authorization Assistance ☐ Copay Assistance ☐ Claims Assistance ☐ Appeals Support ☐ Patient Assistance Program (PAP)

SECTION 2 Patient Information

☐ Patient contact information attached

First Name _____ Middle Initial _____ Last Name _____ Gender ☐ Male ☐ Female Date of Birth _____

Address _____ City _____ State _____ ZIP _____

Home Phone _____ ☐ Preferred Phone OK to Leave Detailed Message? ☐ Yes ☐ No Best Time to Call _____ ☐ AM ☐ PM E-Mail _____

Cell Phone _____ ☐ Preferred Phone OK to Leave Detailed Message? ☐ Yes ☐ No Best Time to Call _____ ☐ AM ☐ PM

Patient's Preferred Language (if not English) _____ Alternate Contact/Caregiver Name _____ Alternate Contact/Caregiver Phone _____

Patient Authorization

I have read and agree to enroll in LIBTAYO Surround and to the Patient Certifications included in Section 9

Sign _____ ___/___/___
Patient Signature/Legal Representative MM DD YYYY

I have read and agree to the Authorization to Disclose/Use Health Information in Section 10

Sign _____ ___/___/___
Patient Signature/Legal Representative MM DD YYYY

Relationship to Patient (if signed by someone other than the patient, please describe your authority to sign on behalf of the patient)

SECTION 3 Patient Insurance Information

Does the patient have insurance (third-party or private insurance)? ☐ Yes ☐ No (If no, you can skip this section)

Primary Insurance
(Please include a copy of the front and back of your insurance card)

Primary Insurance Name _____
Primary Insurance Phone _____
Policyholder Name _____
Policy Number _____
Group Number _____
Policyholder's Relationship to Patient _____

Secondary Insurance
(Please include a copy of the front and back of your insurance card)

Secondary Insurance Name _____
Secondary Insurance Phone _____
Policyholder Name _____
Policy Number _____
Group Number _____
Policyholder's Relationship to Patient _____

SECTION 4 Prescribing Physician Information

Practice/Facility Name _____ Physician Name _____ Physician Specialty _____
Phone _____ Fax _____ E-Mail _____
Address _____ City _____ State _____ ZIP _____
Physician's State Lic# _____ Physician's DEA# _____ Physician's PTAN _____
Physician's Tax ID# _____ Physician's National Provider Identifier (NPI) _____
Primary Office Contact Name _____ Preferred Method of Contact: ☐ Phone ☐ Fax ☐ E-Mail

Site of Service (Check only if patient will be referred to another site of care for administration)
☐ Physician Office ☐ Hospital Outpatient ☐ Ambulatory Surgical Center ☐ Hospital Inpatient ☐ Other
Name of site of service, if different from Practice/Facility Name above _____

SECTION 5 Treatment Information/Prescription

LIBTAYO® (cemiplimab-rwlc) ☐ Dispense 350-mg vial Administer via intravenous infusion every _____ weeks Refill _____ times

SECTION 6 Physician Certification

My signature below certifies that the person named on this form is my patient, the information provided on this application is complete and accurate to the best of my knowledge, and LIBTAYO received free of charge from the Patient Assistance Program in response to this application, if any, is exclusively for the patient named on this form. It is my professional judgment that LIBTAYO is a medically appropriate treatment for the patient named on this form. I hereby certify that no medication received free of charge under the LIBTAYO Surround Patient Assistance Program shall be offered for sale, trade, or barter, and that no claim for reimbursement of either LIBTAYO or related medical procedures and services will be submitted to Medicare, Medicaid, or any third-party payer in connection with LIBTAYO provided for free under the Patient Assistance Program. I consent to Regeneron Pharmaceuticals, Inc., Sanofi US, and their affiliates and agents (the "Alliance") contacting me by fax, phone, mail, or e-mail to confirm receipt of LIBTAYO and/or to provide additional information about LIBTAYO or the LIBTAYO Surround Program. I understand that the Alliance may revise, change, or terminate any program services at any time without notice to me.

Sign _____ ___/___/___
MM DD YYYY

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Complete entire form and fax ALL 4 PAGES to LIBTAYO Surround at 1-833-853-8362.

Remember these important steps when filling out the LIBTAYO Surround Enrollment Form:

Step 1 Make sure each field is complete and accurate

Step 2 Be sure to sign the form

Step 3 Fax the completed form to 1.833.853.8362

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LIBTAYO Surround offers translation services in more than 240 languages to help patients better understand the support offered through the program.

LIBTAYO SURROUND®

Financial support programs

LIBTAYO Surround offers patient support that facilitates access to medication when patients need assistance with out-of-pocket costs. LIBTAYO Surround will help investigate your patients' eligibility in the following programs:

LIBTAYO Surround Copay Program

Eligible patients with commercial insurance may pay as little as $0 for LIBTAYO, which includes any product-specific copay, coinsurance, and insurance deductibles*—up to $25,000 in assistance per year.† Conditions apply.

! There is no income requirement to qualify for this program.

LIBTAYO Surround Patient Assistance Program

Eligible patients who meet income requirements and are uninsured, lack coverage for LIBTAYO, or have Medicare Part B with no supplemental insurance coverage may 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.

Access and reimbursement support

LIBTAYO Surround provides access and reimbursement support to help your patients receive their medication as quickly as possible.

Upon receipt of a LIBTAYO Surround Enrollment Form, a LIBTAYO Surround Reimbursement Specialist may be able to provide several types of assistance.

Benefits investigation, which addresses:

- How LIBTAYO will be covered under your patient's health plan
- Additional coverage information to facilitate your patient's access to LIBTAYO
- Acquisition options (buy and bill or specialty pharmacy)
- A patient's eligibility for financial assistance

Additional service offerings, including:

- Prior authorization (PA) support to review and explain payer requirements
- Appeal assistance when PA is denied
- Claims assistance to address questions as you prepare claims and to review the status of claims with your patient's health insurer

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Product support

LIBTAYO Surround provides support for product acquisition and return requests.

You can order LIBTAYO from any of our authorized distributors (buy and bill)

In certain cases, a payer may direct your office, or your office may choose, to **obtain LIBTAYO from a specialty pharmacy**. We have one contracted specialty pharmacy for dispensing LIBTAYO

Certain payer-mandated health system or hospital-owned specialty pharmacies may **order LIBTAYO directly** from any of our authorized distributors

Nurse support

Patients can contact a LIBTAYO Surround Nurse Advocate 24/7 to receive the following additional support throughout their treatment journey.

Information on:

- Patient advocacy groups and local support organizations
- Transportation services
- Travel and lodging

General patient education

Appointment reminders

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You can access an array of patient support services through LIBTAYO Surround

For more information, call 1.877.LIBTAYO (1.877.542.8296) Option 1, Monday–Friday, 8 AM–8 PM Eastern time, or visit LIBTAYOhcp.com

Choose from the following options:

Options 1 and 2: LIBTAYO Surround patient access and reimbursement support services

Option 3: Medical information

Option 4: Adverse event/side effect reporting

Option 5: Product complaints or product return requests

Option 6: Product ordering assistance through our authorized distributors

* 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 **LIBTAYOhcp.com** for more information.

† Patients are responsible for any out-of-pocket cost for LIBTAYO that exceeds the program assistance limit of $25,000 per year.

‡ Patients must have an annual gross household income that does not exceed the greater of $100,000 per year or 500% of the federal poverty level (FPL). In 2019, 500% of the FPL 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.[1] Additional program conditions apply. See **LIBTAYOhcp.com** for more information.

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 August 18, 2019.

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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.

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