

## ICOTYDE withMe Access Program

### Program Description

Offers eligible patients ICOTYDE at no cost for up to 3 years or until their commercial insurance covers the medicine. See program requirements below.

### Program Requirements

#### To be eligible:

1. Provider must submit the patient's ICOTYDE prescription, for an FDA-approved, on-label use, to ICOTYDE withMe
2. Patient must have active commercial insurance
3. Patient must experience one of the following:
  - A benefits investigation result from their commercial payer that ICOTYDE is not covered\*
  - A denial of a coverage request (prior authorization, formulary exception, Letter of Medical Necessity) for ICOTYDE from their commercial payer
  - A delay in approval from the payer greater than 5 business days from submission of a coverage request

To remain eligible for the program, the patient's Prescriber must submit an appeal to their payer within 90 days of when the patient receives their first month's supply of ICOTYDE through the ICOTYDE withMe Access Program.

Prescribers authorize ICOTYDE withMe to:

- Conduct a benefits investigation and confirm coverage requirements
- Provide prior authorization form assistance and status monitoring, including any exceptions and appeals
- Transition patient's prescription to their commercial pharmacy when ICOTYDE is covered
- Periodically investigate the patient's insurance coverage status while they are enrolled in the program

#### The patient is not eligible if:

1. The patient uses any state or federal government-funded healthcare program to cover medicine costs. Examples of these programs are Medicare, Medicaid, TRICARE, Department of Defense, and Veterans Administration
2. The patient's coverage is denied due to missing information on the coverage request or invalid clinical rationale
3. The patient is approved for commercial coverage of ICOTYDE

The program requires a periodic check of the patient's insurance coverage status to confirm their continued eligibility. The patient remains eligible for up to 3 years or until their commercial insurance covers ICOTYDE.

The patient or prescriber may end participation in the ICOTYDE withMe Access Program at any time by calling **844-4withMe** (844-494-8463).

Patient cannot submit the value of ICOTYDE provided at no cost in a claim for payment to any health plan, patient assistance foundation, flexible spending account, or healthcare savings account. This program is only for people using commercial or private health insurance for an FDA-approved, on-label use of ICOTYDE. This includes plans from the Health Insurance Marketplace. Program valid only in the United States, Puerto Rico, and the US Virgin Islands. Void where prohibited, taxed, or limited by law. The program may change or end at any time, including in specific states. Patient must meet the program requirements every time they use the ICOTYDE withMe Access Program.

The patient support and resources provided by ICOTYDE withMe are not intended to give medical advice, replace a treatment plan from the patient's healthcare provider, offer services that would normally be performed by the provider's office, or serve as a reason to prescribe ICOTYDE.

\*Applicable only for the 12-month period post-FDA approval of ICOTYDE for moderate to severe plaque psoriasis

**Please read full Prescribing Information for ICOTYDE.**