

ONCE A DECISION HAS BEEN MADE TO PRESCRIBE ICOTYDE

The ICOTYDE Promise: Get patients* started on their ICOTYDE trial in **as fast as 1 day**[†]



1 SEND

An electronic prescription (eRx) to
Access Therapy Center – J&J Company
..... **OR**

Fax/eFax Patient Enrollment Form (PEF)
to ICOTYDE withMe at **877-711-0349**

2 START

Eligible patients* can receive a
30-day supply of ICOTYDE **at no cost**
to see if it's right for them

3 STAY

to continue patients on therapy

If ICOTYDE is covered: via their
specialty pharmacy[‡]

**If ICOTYDE is not covered,[§] or if coverage is
delayed >5 business days or denied:** through
the ICOTYDE withMe Access Program for
eligible patients



**Patients must answer a phone call from “Healthcare” (888-796-8154)
to opt in and confirm their shipment[†]**

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.

*Patients must be commercially insured, ≥12 years of age, and be treated for an approved indication of ICOTYDE. See program requirements at [ICOTYDEwithMeTrial.com](https://www.icotyde.com/withme/trial).

[†]Patient MUST answer the phone call from ICOTYDE withMe and opt in or product will NOT be shipped.

[‡]Individual patient coverage may vary.

[§]Applicable only for the 12-month period post FDA approval of ICOTYDE. See program requirements at [ICOTYDEwithMeAccess.com](https://www.icotyde.com/withme/access).

Please see full [Prescribing Information](#) for ICOTYDE.

Follow these steps to help your eligible patients* start and stay on ICOTYDE



1 SEND your patient's prescription to ICOTYDE withMe



Use your EHR to send an eRx. Select **Access Therapy Center – J&J Company**

OR



Fax/eFax a completed PEF to **ICOTYDE withMe** at **877-711-0349**. [Click here](#) to download the PEF

2 START your patient on the ICOTYDE withMe Trial Offer

✓ Eligible patients* must be:

- Commercially insured
- ≥12 years of age
- Treated with ICOTYDE for an FDA-approved, on-label use

• Once confirmed, the patient will receive a 30-day supply of ICOTYDE at no cost



• Patients must answer phone call from “Healthcare” (888-796-8154) to opt in and confirm their shipment

3 STAY to continue your patients on therapy

If ICOTYDE is covered, your practice will be alerted to **submit a PA, if required**[†]

- If the PA is approved, the prescription will be triaged to a specialty pharmacy

If ICOTYDE is not covered,[‡] or if coverage is delayed >5 business days or denied, your patient may be eligible for the **ICOTYDE withMe Access Program**

- You must **submit an appeal** within 90 days after your patient receives their shipment of ICOTYDE from the ICOTYDE withMe Access Program for your patient to remain eligible
- Eligible patients can receive ICOTYDE **at no cost for up to 3 years** or until the patient's commercial insurance covers ICOTYDE

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*See program requirements at [ICOTYDEwithMeTrial.com](https://www.icotydewithme.com).

[†]Individual patient coverage may vary.

[‡]Applicable only for the 12-month period post FDA approval of ICOTYDE. See program requirements at [ICOTYDEwithMeAccess.com](https://www.icotydewithme.com).

EHR, electronic health record; FDA, U.S. Food and Drug Administration.

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