Help your patients start treatment with COSENTYX®

Begin with the appropriate *ICD-10-CM* code

Different patients have different needs. Start with the **appropriate** *ICD-10-CM* code* to help patients get the personalized care their disease requires.

	Possible *ICD-10-CM* code	Descriptor
PsO	L40.0	Plaque psoriasis
PsA	L40.50	Arthropathic psoriasis, unspecified
	L40.51	Distal interphalangeal psoriatic arthropathy
	L40.52	Psoriatic arthritis mutilans
	L40.53	Psoriatic spondylitis
	L40.59	Other psoriatic arthropathy
JPsA	L40.54	Psoriatic juvenile arthropathy
ERA	L40.54	Psoriatic juvenile arthropathy
	M08.90	Juvenile arthritis, unspecified
AS	M45.0	Ankylosing spondylitis of multiple sites in spine
	M45.1	Ankylosing spondylitis of occipito-atlanto-axial region
	M45.2	Ankylosing spondylitis of cervical region
	M45.3	Ankylosing spondylitis of cervicothoracic region
	M45.4	Ankylosing spondylitis of thoracic region
	M45.5	Ankylosing spondylitis of thoracolumbar region
	M45.6	Ankylosing spondylitis of lumbar region
	M45.7	Ankylosing spondylitis of lumbosacral region
	M45.8	Ankylosing spondylitis of sacral and sacrococcygeal region
	M45.9	Ankylosing spondylitis of unspecified sites in spine
nr-axSpA	M45.A0	Non-radiographic axial spondyloarthritis of unspecified sites in spine
	M45.A1	Non-radiographic axial spondyloarthritis of occipito-atlanto-axial region
	M45.A2	Non-radiographic axial spondyloarthritis of cervical region
	M45.A3	Non-radiographic axial spondyloarthritis of cervicothoracic region
	M45.A4	Non-radiographic axial spondyloarthritis of thoracic region
	M45.A5	Non-radiographic axial spondyloarthritis of thoracolumbar region
	M45.A6	Non-radiographic axial spondyloarthritis of lumbar region
	M45.A7	Non-radiographic axial spondyloarthritis of lumbosacral region
	M45.A8	Non-radiographic axial spondyloarthritis of sacral and sacrococcygeal region
	M45.AB	Non-radiographic axial spondyloarthritis of multiple sites in spine

***The information herein is provided for educational purposes only. Novartis cannot guarantee insurance coverage or reimbursement. Coverage and reimbursement may vary significantly by payer, plan, patient, and setting of care. It is the sole responsibility of the healthcare provider to select the proper codes and ensure the accuracy of all statements used in seeking coverage and reimbursement for an individual patient.**

AS=ankylosing spondylitis; ERA=enthesitis-related arthritis; *ICD-10-CM=International Classification of Diseases, Tenth Revision, Clinical Modification*; JPsA=juvenile psoriatic arthritis; nr-axSpA=non-radiographic axial spondyloarthritis; PsA=psoriatic arthritis; PsO=plaque psoriasis.

INDICATIONS

COSENTYX® (secukinumab) is indicated for the treatment of moderate to severe plaque psoriasis in patients 6 years and older who are candidates for systemic therapy or phototherapy.

COSENTYX is indicated for the treatment of active psoriatic arthritis (PsA) in patients 2 years of age and older.

COSENTYX is indicated for the treatment of adult patients with active ankylosing spondylitis (AS).

COSENTYX is indicated for the treatment of adult patients with active non-radiographic axial spondyloarthritis (nr-axSpA) with objective signs of inflammation.

COSENTYX is indicated for the treatment of active enthesitis-related arthritis (ERA) in patients 4 years of age and older.

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

COSENTYX is contraindicated in patients with a previous serious hypersensitivity reaction to secukinumab or to any of the excipients in COSENTYX. Cases of anaphylaxis have been reported during treatment with COSENTYX.

Please see additional Important Safety Information throughout.
Please see full Prescribing Information, including Medication Guide.

Cosentyx® (secukinumab)

Suggested prescribing approach for appropriate adult patients[1]

ADULT PATIENTS

For adult PsO:

(or for patients with PsA with concomitant moderate to severe PsO):

Rx
COSENTYX® (300 mg) once a week, 4 boxes, 4-week supply, 0 refills

One prescription **for loading dose** (Weeks 0, 1, 2, and 3).

Rx
COSENTYX (300 mg) Q4 weeks, 1 box, 11 refills

One prescription **for maintenance dose**.

Covers Week 4 of loading dose as well as maintenance dose

For some patients, a loading and maintenance dose of 150 mg may be acceptable.

For adult PsA:

Rx
COSENTYX (150 mg) once a week, 4 boxes, 4-week supply, 0 refills

One prescription **for loading dose** (Weeks 0, 1, 2, and 3), if appropriate.

Rx
COSENTYX (150 mg or 300 mg) Q4 weeks, 1 box, 11 refills

One prescription **for maintenance dose**. If a patient continues to have active PsA, consider a dosage of 300 mg.

Covers Week 4 of loading dose as well as maintenance dose

For patients with PsA with concomitant moderate to severe PsO, use adult PsO dosing and administration.

For AS and nr-axSpA:

Rx
COSENTYX (150 mg) once a week, 4 boxes, 4-week supply, 0 refills

One prescription **for loading dose** (Weeks 0, 1, 2, and 3), if appropriate.

Rx
COSENTYX (150 mg) Q4 weeks, 1 box, 11 refills

One prescription **for maintenance dose**. If a patient continues to have active AS, consider a dosage of 300 mg.

Covers Week 4 of loading dose as well as maintenance dose

COSENTYX is administered subcutaneously. COSENTYX is intended for use under the guidance and supervision of a physician. Adult patients may be injected by a caregiver or self-administer COSENTYX after proper training in subcutaneous injection technique using the 150-mg/mL Sensoready® pen or prefilled syringe.[1]

Q4=every 4.

IMPORTANT SAFETY INFORMATION (cont)

WARNINGS AND PRECAUTIONS

Infections

COSENTYX may increase the risk of infections. In clinical trials, a higher rate of infections was observed in COSENTYX treated subjects compared to placebo-treated subjects. In placebo-controlled clinical trials in subjects with moderate to severe plaque psoriasis, higher rates of common infections, such as nasopharyngitis (11.4% versus 8.6%), upper respiratory tract infection (2.5% versus 0.7%) and mucocutaneous infections with candida (1.2% versus 0.3%) were observed with COSENTYX compared with placebo. A similar increase in risk of infection was seen in placebo-controlled trials in subjects with psoriatic arthritis, ankylosing spondylitis and non-radiographic axial spondyloarthritis. The incidence of some types of infections appeared to be dose-dependent in clinical studies. In the postmarketing setting, serious and some fatal infections have been reported in patients receiving COSENTYX.

Exercise caution when considering the use of COSENTYX in patients with a chronic infection or a history of recurrent infection.

Instruct patients to seek medical advice if signs or symptoms suggestive of an infection occur. If a patient develops a serious infection, monitor the patient closely and discontinue COSENTYX until the infection resolves.

Please see additional Important Safety Information throughout.
Please see full Prescribing Information, including Medication Guide.

Cosentyx® (secukinumab)

Suggested prescribing approach for appropriate pediatric patients[1]

PEDIATRIC PATIENTS

For pediatric PsO:

COSENTYX® (75 mg or 150 mg) once a week, 4 boxes, 4-week supply, 0 refills

One prescription **for loading dose** (Weeks 0, 1, 2, and 3).

COSENTYX (75 mg or 150 mg) Q4 weeks, 1 box, 11 refills

One prescription **for maintenance dose**.

Covers Week 4 of loading dose as well as maintenance dose

The recommended dosage for pediatric patients 6 years and older is based on body weight at time of dosing. Please see the table below.

Body weight at time of dosing	Recommended dose
<50 kg (<110 lb)	75 mg
≥50 kg (≥110 lb)	150 mg

For JPsA and ERA:

COSENTYX (75 mg or 150 mg) once a week, 4 boxes, 4-week supply, 0 refills

One prescription **for loading dose** (Weeks 0, 1, 2, and 3).

COSENTYX (75 mg or 150 mg) Q4 weeks, 1 box, 11 refills

One prescription **for maintenance dose**.

Covers Week 4 of loading dose as well as maintenance dose

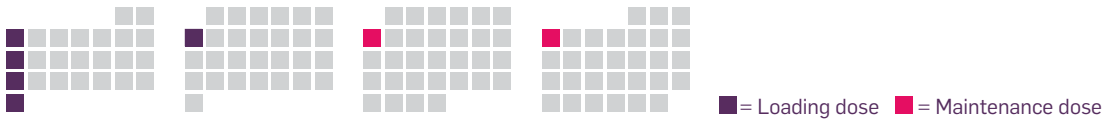
The recommended dosage for pediatric patients 2 years and older with active PsA and patients 4 years and older with active ERA is based on body weight at time of dosing. Please see the table below.

Body weight at time of dosing	Recommended dose
≥15 kg (≥33.1 lb) to <50 kg (<110 lb)	75 mg
≥50 kg (≥110 lb)	150 mg

COSENTYX dosing schedule for adult and pediatric patients

Loading dose* followed by maintenance dose (once every 4 weeks)

The last loading dose can be covered in the first maintenance dose prescription



COSENTYX is administered subcutaneously. The 75-mg/0.5-mL single-dose prefilled syringe is formulated specifically for pediatric patients weighing <50 kg. Pediatric patients weighing ≥50 kg can utilize the 150-mg/mL single-dose prefilled syringe or the Sensoready® pen. Pediatric patients should not self-administer COSENTYX using the Sensoready pen or prefilled syringe. An adult caregiver should prepare and inject COSENTYX after proper training in subcutaneous injection technique using the Sensoready pen or prefilled syringe.[1]

*Loading dose at Weeks 0, 1, 2, 3, and 4.[1]

IMPORTANT SAFETY INFORMATION (cont)

WARNINGS AND PRECAUTIONS (cont)

Pre-treatment Evaluation for Tuberculosis

Evaluate patients for tuberculosis (TB) infection prior to initiating treatment with COSENTYX. Avoid administration of COSENTYX to patients with active TB infection. Initiate treatment of latent TB prior to administering COSENTYX. Consider anti-TB therapy prior to initiation of COSENTYX in patients with a past history of latent or active TB in whom an adequate course of treatment cannot be confirmed. Monitor patients closely for signs and symptoms of active TB during and after treatment.

Please see additional Important Safety Information throughout.
Please see full Prescribing Information, including Medication Guide.

Cosentyx® (secukinumab)

Committed to making sure your qualified commercially insured patients can START and STAY on COSENTYX®

$0 CO-PAY

COSENTYX is included on most formularies for commercially insured patients*[2]

AND

With the COSENTYX $0 co-pay† program, **98% of enrollees‡ paid nothing out of pocket**[3]

COVERED until you're COVERED

Up to **2 years of FREE COSENTYX** is available **with Covered Until You're Covered** for qualified‡§ commercially insured patients if a PA is denied while coverage is pursued

For helpful resources and to learn more about COSENTYX® Connect, visit ReadySetCosentyx.com or scan the QR code

READY SET COSENTYX

*COSENTYX is present on formularies as either first-, second-, third-, or fourth-line biologic. Actual coverage and reimbursement decisions are made by individual payers following the receipt of claims. Coverage information is subject to change by the relevant payer.

†Limitations apply. Up to a $16,000 annual limit. Offer not valid under Medicare, Medicaid, or any other federal or state program. Novartis reserves the right to rescind, revoke, or amend this program without notice. Limitations may apply in MA and CA. For complete Terms & Conditions details, call 1-844-267-3689.

‡Certain payers have carve-outs that restrict utilization of manufacturer support programs.

§Covered Until You're Covered Program: Eligible patients must have commercial insurance, a valid prescription for COSENTYX, and a denial of insurance coverage based on a prior authorization request. Program requires the submission of an appeal of the coverage denial within the first 90 days of enrollment in order to remain eligible. Program provides initial 5 weekly doses (if prescribed) and monthly doses for free to patients for up to two years or until they receive insurance coverage approval, whichever occurs earlier. Program is not available to patients whose medications are reimbursed in whole or in part by Medicare, Medicaid, TRICARE, or any other federal or state program. Patients may be asked to reverify insurance coverage status during the course of the program. No purchase necessary. Program is not health insurance, nor is participation a guarantee of insurance coverage. Limitations may apply. Enrolled patients awaiting coverage for COSENTYX after two years may be eligible for a limited Program extension. Novartis Pharmaceuticals Corporation reserves the right to rescind, revoke, or amend this Program without notice.

References: 1. Cosentyx [prescribing information]. East Hanover, NJ: Novartis Pharmaceuticals Corp; December 2021. **2.** Data on file. Cosentyx Access. Novartis Pharmaceuticals Corp; January 2022. **3**. Data on file. Cosentyx PSS Co-pay Data. Novartis Pharmaceuticals Corp; August 2020.

IMPORTANT SAFETY INFORMATION (cont)

WARNINGS AND PRECAUTIONS (cont)

Inflammatory Bowel Disease

Caution should be used when prescribing COSENTYX to patients with inflammatory bowel disease. Exacerbations, in some cases serious, occurred in COSENTYX treated subjects during clinical trials in plaque psoriasis, psoriatic arthritis, ankylosing spondylitis and non-radiographic axial spondyloarthritis. In addition, new onset inflammatory bowel disease cases occurred in clinical trials with COSENTYX. In an exploratory trial in 59 subjects with active Crohn's disease, there were trends toward greater disease activity and increased adverse events in the secukinumab group as compared to the placebo group. Patients who are treated with COSENTYX should be monitored for signs and symptoms of inflammatory bowel disease.

Hypersensitivity Reactions

Anaphylaxis and cases of urticaria occurred in COSENTYX treated subjects in clinical trials. If an anaphylactic or other serious allergic reaction occurs, administration of COSENTYX should be discontinued immediately and appropriate therapy initiated.

The removable caps of the COSENTYX Sensoready® pen and the COSENTYX 1 mL and 0.5 mL prefilled syringes contain natural rubber latex, which may cause an allergic reaction in latex-sensitive individuals. The safe use of the COSENTYX Sensoready pen or prefilled syringe in latex-sensitive individuals has not been studied.

Immunizations

Prior to initiating therapy with COSENTYX, consider completion of all age appropriate immunizations according to current immunization guidelines. COSENTYX may alter a patient's immune response to live vaccines. Avoid use of live vaccines in patients treated with COSENTYX.

MOST COMMON ADVERSE REACTIONS

Most common adverse reactions (>1%) are nasopharyngitis, diarrhea, and upper respiratory tract infection.

Please see additional Important Safety Information throughout.
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Cosentyx® (secukinumab)

NOVARTIS

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