Help your patients start treatment with COSENTYX

Begin with the appropriate *ICD-10* code

Different patients have different needs. Start with the **appropriate** *ICD-10* 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
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	M46.80	Non-radiographic axial spondyloarthritis
	M46.82	Non-radiographic axial spondyloarthritis of cervical region
	M46.83	Non-radiographic axial spondyloarthritis of cervicothoracic region
	M46.84	Non-radiographic axial spondyloarthritis of lumbar region
	M46.84	Non-radiographic axial spondyloarthritis of thoracic region
	M46.85	Non-radiographic axial spondyloarthritis of thoracolumbar region
	M46.87	Non-radiographic axial spondyloarthritis of lumbosacral region
	M46.88	Non-radiographic axial spondyloarthritis of sacral and sacrococcygeal region
	M46.89	Non-radiographic axial spondyloarthritis of multiple sites

*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; *ICD-10-CM =International Classification of Diseases, 10th Revision, Clinical Modification*; 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 adult patients who are candidates for systemic therapy or phototherapy.

COSENTYX is indicated for the treatment of adult patients with active psoriatic arthritis.

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

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

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

COSENTYX is contraindicated in patients with a previous serious hypersensitivity reaction to secukinumab or to any of the excipients.

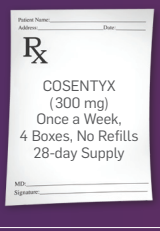
Please see additional Important Safety Information throughout.
Please see full Prescribing Information, including Medication Guide.

Cosentyx® (secukinumab)

Get patients started with COSENTYX successfully

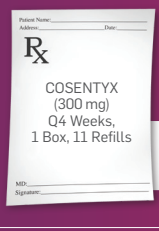
Suggested prescribing approach[1]

For PsO:



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

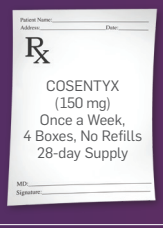
For some patients, a dosage of 150 mg may be acceptable



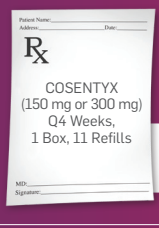
One prescription
for maintenance dose

Covers Week 4 of loading dose as well as maintenance dose

For PsA:



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



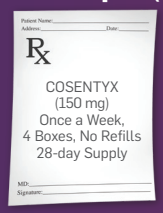
One prescription
for maintenance dose

(For patients with PsA with concomitant moderate to severe PsO, use PsO dosing and administration)

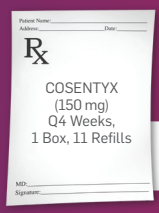
(If a patient continues to have active PsA, consider a dosage of 300 mg)

Covers Week 4 of loading dose as well as maintenance dose

For axSpA (AS and nr-axSpA):



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



One prescription
for maintenance dose

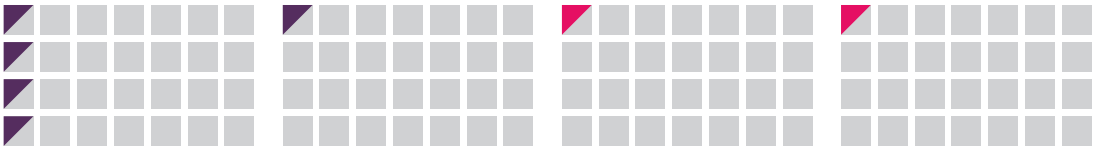
(If a patient continues to have active AS, consider a dosage of 300 mg)

Covers Week 4 of loading dose as well as maintenance dose

COSENTYX is administered subcutaneously. The first self-injection should be performed under the supervision of a qualified healthcare professional. Patients should be trained in proper injection technique prior to self-administration.[1]

With an easy-to-remember monthly dose, COSENTYX is one of the medications with the **fewest annual maintenance doses** per year required among the most prescribed PsA-, nr-axSpA–, and AS-indicated biologics.[1-5]

COSENTYX loading dose* followed by maintenance dose (once every 4 weeks)[1]



*Loading dose at Weeks 0, 1, 2, 3, and 4.[1]
axSpA=axial spondyloarthritis.

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 subjects treated with COSENTYX compared to placebo-treated subjects. In placebo-controlled clinical trials in patients 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 patients 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.

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, the patient should be closely monitored and COSENTYX should be discontinued until the infection resolves.

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

Cosentyx® (secukinumab)

Guaranteed access for commercially insured patients

We've got you covered

76% of your biologic patients in dermatology and 89% in rheumatology covered first or second line[6]*

$0 co-pay for your eligible† commercially insured patients‡

- 98% of eligible patients who used the program in 2020 paid $0 out of pocket[7]

If coverage is denied, **free COSENTYX** available for up to 2 years with the Covered Until You're Covered Program for eligible† commercially insured patients while coverage is pursued§

For additional resources, please visit

ReadySet-Cosentyx.com

Over 1 million COSENTYX prescriptions in the US for PsO, PsA, AS, and nr-axSpA[8]

*Based on moderate to severe PsO and PsA/AS commercial Biologic Formulary Access in National and Regional Accounts as of May 2020.
†Certain payers have carve-outs that restrict utilization of manufacturer support program.
‡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.
§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.

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. Do not administer 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. Patients receiving COSENTYX should be monitored closely for signs and symptoms of active TB during and after treatment.

Inflammatory Bowel Disease

Caution should be used when prescribing COSENTYX to patients with inflammatory bowel disease. Exacerbations, in some cases serious, occurred in patients treated with COSENTYX 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 study in 59 patients 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.

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

Cosentyx® (secukinumab)

Patients can START and STAY on COSENTYX with support from COSENTYX® Connect

Enroll in Cosentyx® Connect to receive the support needed:

PERSONAL SUPPORT PROGRAM

$0 co-pay
Available for eligible* commercially insured patients†

Personal Support Specialist (PSS)
A multilingual PSS helps patients get started and supports them through their first year of treatment

Customized Support
Includes a welcome kit, timely email, and text messages based on patient contact preferences

Supplemental Injection Training
Injection support **virtually** and **in-home** so a patient can get a refresher on the self-injection process

Download the free Medisafe Mobile app‡ to get medication reminders and access to COSENTYX Connect support and resources on your phone

COSENTYX Connect is available to all patients regardless of how COSENTYX is received (eg, through a specialty pharmacy).

To enroll in COSENTYX Connect: scan the QR code
visit COSENTYX.com/register
or call 1-844-COSENTYX (1-844-267-3689)

*Certain payers have carve-outs that restrict utilization of manufacturer support program.
†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.
‡Medisafe app was developed by Medisafe Project Ltd.

References: 1. Cosentyx [prescribing information]. East Hanover, NJ: Novartis Pharmaceuticals Corp; June 2020. **2.** Humira [prescribing information]. North Chicago, IL: AbbVie Inc; 2020. **3.** Enbrel [prescribing information]. Thousand Oaks, CA: Amgen Corp; 2020. **4.** Taltz [prescribing information]. Indianapolis, IN: Eli Lilly and Company; May 2020. **5.** Data on file. IQVIA NPA Weekly Tracker. Novartis Pharmaceuticals Corp; December 2019. **6.** Data on file. Cosentyx Access. Novartis Pharmaceuticals Corp. May 13, 2020. **7.** Data on file. Cosentyx Access. Novartis Pharmaceuticals Corp. August 11, 2020. **8.** Data on file. IQVIA NPA Weekly Tracker. Novartis Pharmaceuticals Corp; August 2020.

IMPORTANT SAFETY INFORMATION (cont)

WARNINGS AND PRECAUTIONS (cont)

Hypersensitivity Reactions

Anaphylaxis and cases of urticaria occurred in patients treated with COSENTYX 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 cap of the COSENTYX Sensoready® pen and the COSENTYX prefilled syringe contains 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.

Vaccinations

Prior to initiating therapy with COSENTYX, consider completion of all age appropriate immunizations according to current immunization guidelines. Patients treated with COSENTYX should not receive live vaccines.

Non-live vaccinations received during a course of COSENTYX may not elicit an immune response sufficient to prevent disease.

MOST COMMON ADVERSE REACTIONS

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

Cosentyx® (secukinumab)

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

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