

Getting started with Specialty Pharmacies



Send COSENTYX prescription to the Specialty Pharmacy of choice

Send patient for TB test

If PA approved

Specialty Pharmacy dispenses COSENTYX to the patient

\$0
CO-PAY*

Eligible[†] commercially insured patients can activate via COSENTYX.com or by calling 1-844-COSENTYX (1-844-267-3689)

If PA denied

While coverage is being pursued, **submit a service request form (SRF)** to the COSENTYX[®] Connect Hub for enrollment into

COVERED
until you're
COVERED

FREE COSENTYX for up to 2 years for eligible[†] commercially insured patients[‡]

Regardless of preferred Specialty Pharmacy, **ALL** patients may self-enroll into the COSENTYX Connect Personal Support Program at COSENTYX.com/register or by calling 1-844-COSENTYX (1-844-267-3689).

If you submitted the prescription to a Contracted Specialty Pharmacy (Enhanced Specialty Pharmacy [ESPN]), no SRF is required for enrollment into Covered Until You're Covered.[‡]

Services Provided by Contracted Specialty Pharmacies (ESPNs)

Facilitates enrollment of eligible PA-denied patients into the Covered Until You're Covered Program[†] **without requirement for an SRF**

Informs you of the patient's status if the prescription is transferred to a payer-preferred Specialty Pharmacy

Patients offered the COSENTYX Connect Personal Support Program to access resources and savings**[†]

Uninsured or underinsured patients connected to the Novartis Patient Assistance Program to determine eligibility for financial assistance

*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 program.

[‡]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.

PA=prior authorization; TB=tuberculosis.

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 on page 3.

Please see full [Prescribing Information](#), including [Medication Guide](#).

COSENTYX is broadly available via open distribution



Prescriptions may be sent to the Specialty Pharmacy of your choice

Novartis has contracted with the Specialty Pharmacies listed below.

Specialty Pharmacy	Phone	Fax
<u>AcariaHealth</u>	1-800-511-5144 1-866-892-1580	1-877-541-1503 1-866-892-2362
<u>Albertsons Specialty Care</u>	1-877-770-4633	1-877-771-4633
<u>AltScripts Specialty Care</u>	1-414-385-9500	1-414-385-7200
<u>Apex Specialty Pharmacy</u>	1-855-257-2584	1-866-680-3539
<u>BioPlus Specialty Pharmacy</u>	1-888-292-0744 (Florida) 1-866-514-8082 (North Carolina)	1-800-269-5493 (Florida) 1-919-650-2604 (North Carolina)
<u>Duncan Prescription Center</u>	1-270-247-3725	1-270-247-6033
<u>FOSRX/FAST</u>	1-833-367-3278	1-844-504-3278
<u>Giannotto's Specialty Pharmacy</u>	1-973-482-8220	1-844-587-9625
<u>Good Health Pharmacy, Inc.</u>	1-718-296-7000	1-718-296-7001
<u>Kroger Specialty Pharmacy</u>	1-888-355-4191	1-888-355-4192
<u>Meijer Specialty Pharmacy</u>	State dependent: see website	State dependent: see website
<u>Noble Health Services</u>	1-888-843-2040 (New York) 1-866-420-4041 (Mississippi)	1-888-842-3977 (New York) 1-601-420-4040 (Mississippi)
<u>Owl Specialty Pharmacy</u>	1-626-209-8169	1-626-209-8171 or 1-855-817-9523
<u>Parkway Pharmacy</u>	1-866-355-7797	1-888-551-6289
<u>Patient First Services Pharmacy</u>	1-844-527-9486 (New York) 1-844-527-9486 (New Jersey)	1-866-286-4126 (New York) 1-866-285-7628 (New Jersey)
<u>Publix Specialty Pharmacy</u>	1-855-797-8254	1-863-413-5723
<u>ReCept Pharmacy</u>	State and city dependent; see website	State and city dependent; see website
<u>Senderra Rx</u>	1-855-460-7928	1-888-777-5645
<u>Special Care Pharmacy Services</u>	1-787-781-4585	1-787-783-2951
<u>Sterling Specialty Pharmacy</u>	1-888-618-4126	1-866-588-0371
<u>Thrifty White Drug Stores, Inc</u>	1-855-611-3399	1-855-423-8300

Novartis does not recommend the use of any particular Specialty Pharmacy.

The list of Enhanced Specialty Pharmacy Providers is updated regularly; find the most current list at:

<https://www.cosentyxhcp.com/pdf/COSENTYX-ESPNInsertPDF.pdf>

Please see the complete list of Participating Specialty Pharmacy Providers:

<https://www.cosentyxhcp.com/pdf/SPPListforPrescribers.pdf>

Please see Important Safety Information on previous and following page.

Please see full [Prescribing Information](#), including [Medication Guide](#).

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.

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.

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.

Please see additional Important Safety Information on page 1.

Please see full [Prescribing Information](#), including [Medication Guide](#).