

# Getting started with COSENTYX® Connect Hub



## Send completed Service Request Form (SRF) (with patient and healthcare provider signatures and dates)

Send patient for TB test

If PA approved

Prescription transferred to payer-preferred specialty pharmacy for delivery

\$0  
CO-PAY\*

Check the box on SRF to ensure \$0 co-pay for eligible<sup>†</sup> commercially insured patients is activated

If PA denied

While coverage being pursued eligible patients are auto-enrolled in

COVERED  
until you're  
COVERED

FREE COSENTYX for up to 2 years for eligible<sup>†</sup> commercially insured patients<sup>‡</sup>

## Services provided by the COSENTYX Connect Hub

Ensure ALL consent boxes are checked on the SRF to take full advantage of auto-enrollment into services.

Support provided during benefits investigation, PA, and up to 2 levels of appeal. Fax communications keep your office informed every step of the way

A Field Reimbursement Manager (FRM) is only a phone call away to support your office and answer any Hub or reimbursement questions you may have

Personal Support Specialists keep patients updated on the status of their prescription and ensure they are ready to start COSENTYX when delivered

Automatic enrollment into the COSENTYX Connect Personal Support Program provides patients with personalized support for up to 12 months after Rx transfer

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.

<sup>†</sup>Certain payers have carve-outs that restrict utilization of manufacturer support program.

<sup>‡</sup>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; Rx=prescription; TB=tuberculosis.

### 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 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 in COSENTYX. Cases of anaphylaxis have been reported during treatment with COSENTYX.

Please see additional Important Safety Information on page 3.

Please see full Prescribing Information, including Medication Guide.

# COSENTYX® Connect resources

See below for a list of resources you may find useful when helping patients start and stay on COSENTYX.

Name	Phone/Fax	Website
<b>COSENTYX Connect Personal Support Program</b> Monday - Friday, 8:00 AM - 8:00 PM ET	T: 1-844-COSENTYX (1-844-267-3689) F: 1-844-666-1366	<a href="https://cosentyx.com/cosentyx-connect-personal-support-program">cosentyx.com/cosentyx-connect-personal-support-program</a>
<b>COSENTYX Co-pay Program</b> Monday - Friday, 8:00 AM - 8:00 PM ET	T: 1-844-267-3689 (press 1, then press 1)	<a href="https://connect.cosentyx.com/cosentyxsignup/#">https://connect.cosentyx.com/cosentyxsignup/#</a>
<b>Covered Until You're Covered Program</b> Monday - Friday, 9:00 AM - 6:00 PM ET	T: 1-844-267-3689 (press 1, then press 2) F: 1-800-914-0651	
<b>Novartis Patient Assistance Program (PAP)</b> Monday - Friday, 8:00 AM - 8:00 PM ET	T: 1-800-277-2254 F: 1-855-817-2711	<a href="http://PAP.Novartis.com">PAP.Novartis.com</a>
<b>Real Time Medical Information (RTMI)</b> Monday - Friday, 9:00 AM - 5:00 PM ET	T: 1-844-RTMI-HCP (1-844-786-4427)	<a href="http://medinfo.novartispharmaceuticals.com">medinfo.novartispharmaceuticals.com</a>
<b>Novartis Customer Service (NowNova)</b> Monday - Friday, 8:30 AM - 5:00 PM ET	T: 1-888-NOW-NOVA (1-888-669-6682)	<a href="http://novartis.us/utils/contact/hcp/emailh">novartis.us/utils/contact/hcp/emailh</a>

Name	Website
<b>Service Request Form (SRF)</b>	<a href="https://readysetcosentyx.com/assets/pdf/CosentyxWriteableSRF.pdf">https://readysetcosentyx.com/assets/pdf/CosentyxWriteableSRF.pdf</a>
<b>HIPAA Consent</b>	<a href="http://hipaacconsent.com">hipaacconsent.com</a>
<b>Getting Started Website</b>	<a href="http://ReadySetCosentyx.com">ReadySetCosentyx.com</a>
<b>COSENTYX Website for Healthcare Professionals</b>	<a href="http://cosentyxhcp.com">cosentyxhcp.com</a>
<b>PA/Appeals Kit</b>	<a href="https://readysetcosentyx.com/office-resources">https://readysetcosentyx.com/office-resources</a>

HIPAA=Health Insurance Portability and Accountability Act.

Please see Important Safety Information on previous and following pages.  
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 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.

### 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.

### 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<sup>®</sup> 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 on page 1.

Please see full Prescribing Information, including Medication Guide.

