COSENTYX® (secukinumab): Start Form EHR Integration

Background, Instructions, and Limitations

These instructions are created specifically to integrate the COSENTYX Start Form in the EMA EHR system by Novartis Pharmaceuticals Corporation and will not work for other conditions, treatments, therapeutic areas or on other EHR systems.

The COSENTYX Start Form is a static PDF document that gets completed by the patient and medical staff and acts as an enrollment and prescription form for COSENTYX. EMA is the largest dermatology-specific EHR and has a unique capability to auto-populate enrollment and prescription forms, using a converted PDF form. Structured data from the patient's EMA chart can get mapped to the form and this feature is available at no additional cost to the practice.

The process is easy; the practice downloads the pre-configured form from the Novartis secure website or obtains it from the Access & Reimbursement Manager (ARM) and integrates the form in EMA. Once an appropriate patient has been selected, the form will pre-populate and can get completed. Once all fields are mapped, the form can be forwarded to Novartis Patient Support.

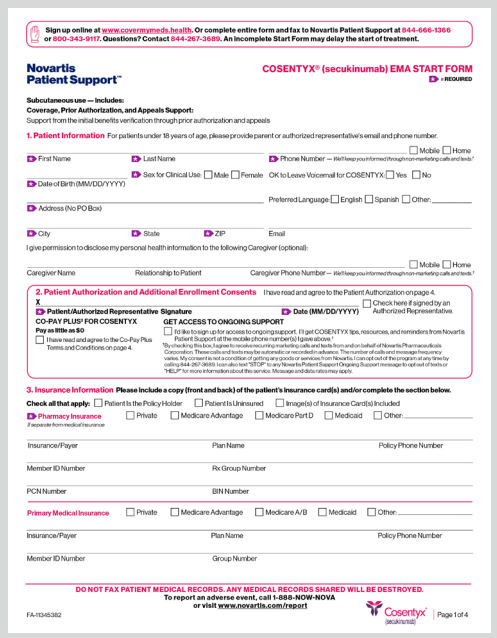
Adding enrollment, prescription, and other forms typically requires administrator privileges to the EHR. The instructions detail the steps to set up the pre-configured COSENTYX Start Form in EMA and can be accomplished in minimal time.

Cosentyx® (secukinumab)

EMA Instructions

A pre-configured COSENTYX® (secukinumab) Start Form is available for download. All fields on the form that are mappable have been mapped to EMA, and the form is ready to be integrated in your EMA system.

For IT administrators - Follow the steps below to set up the form in your EMA system:



Sign up online at www.covermymeds.health. Or complete entire form and fax to Novartis Patient Support at 844-666-1366 or 800-343-9117. Questions? Contact 844-267-3689. An incomplete Start Form may delay the start of treatment.

Novartis Patient Support™

COSENTYX® (secukinumab) EMA START FORM

▶ = REQUIRED

Subcutaneous use — includes:
Coverage, Prior Authorization, and Appeals Support:
Support from the initial benefits verification through prior authorization and appeals

1. Patient Information For patients under 18 years of age, please provide parent or authorized representative's email and phone number.

▶ First Name ▶ Last Name ▶ Phone Number — We'll keep you informed through non-marketing calls and texts.† ☐ Mobile ☐ Home

▶ Date of Birth (MM/DD/YYYY) ▶ Sex for Clinical Use: ☐ Male ☐ Female OK to Leave Voicemail for COSENTYX: ☐ Yes ☐ No

▶ Address (No PO Box) Preferred Language: ☐ English ☐ Spanish ☐ Other: _____

▶ City ▶ State ▶ ZIP Email

I give permission to disclose my personal health information to the following Caregiver (optional):

Caregiver Name Relationship to Patient Caregiver Phone Number — We'll keep you informed through non-marketing calls and texts.† ☐ Mobile ☐ Home

2. Patient Authorization and Additional Enrollment Consents I have read and agree to the Patient Authorization on page 4.

X _____ ▶ Patient/Authorized Representative Signature ▶ Date (MM/DD/YYYY) ☐ Check here if signed by an Authorized Representative.

CO-PAY PLUS† FOR COSENTYX
Pay as little as $0
☐ I have read and agree to the Co-Pay Plus Terms and Conditions on page 4.

GET ACCESS TO ONGOING SUPPORT
☐ I'd like to sign up for access to ongoing support. I'll get COSENTYX tips, resources, and reminders from Novartis Patient Support at the mobile phone number(s) I gave above.†
†By checking this box, I agree to receive recurring marketing calls and texts from and on behalf of Novartis Pharmaceuticals Corporation. These calls and texts may be automatic or recorded in advance. The number of calls and message frequency varies. My consent is not a condition of getting any goods or services from Novartis. I can opt out of the program at any time by calling 844-267-3689. I can also text "STOP" to any Novartis Patient Support Ongoing Support message to opt out of texts or "HELP" for more information about this service. Message and data rates may apply.

3. Insurance Information Please include a copy (front and back) of the patient's insurance card(s) and/or complete the section below.

Check all that apply: ☐ Patient Is the Policy Holder ☐ Patient Is Uninsured ☐ Image(s) of Insurance Card(s) Included

▶ Pharmacy Insurance If separate from medical insurance ☐ Private ☐ Medicare Advantage ☐ Medicare Part D ☐ Medicaid ☐ Other: _____

Insurance/Payer Plan Name Policy Phone Number

Member ID Number Rx Group Number

PCN Number BIN Number

Primary Medical Insurance ☐ Private ☐ Medicare Advantage ☐ Medicare A/B ☐ Medicaid ☐ Other: _____

Insurance/Payer Plan Name Policy Phone Number

Member ID Number Group Number

DO NOT FAX PATIENT MEDICAL RECORDS. ANY MEDICAL RECORDS SHARED WILL BE DESTROYED.
To report an adverse event, call 1-888-NOW-NOVA
or visit www.novartis.com/report

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1 **Access** the **COSENTYX** PDF here www.cosentyxhcp.com/all/resources or request from Access & Reimbursement Manager (ARM)

2 Download the COSENTYX Start Form (this form has already been mapped with available EMA data fields)

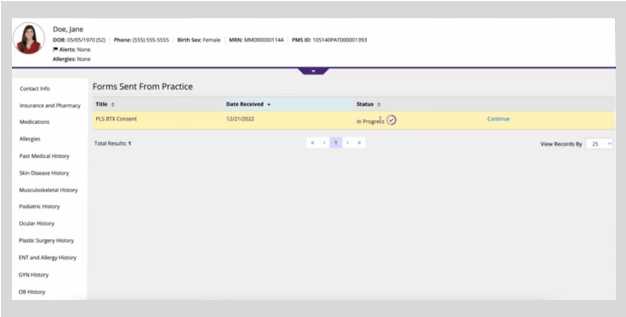
3 **Save the form** to your network (or local desktop/ laptop) and save the PDF using a unique name (for example "COSENTYX Start Form")

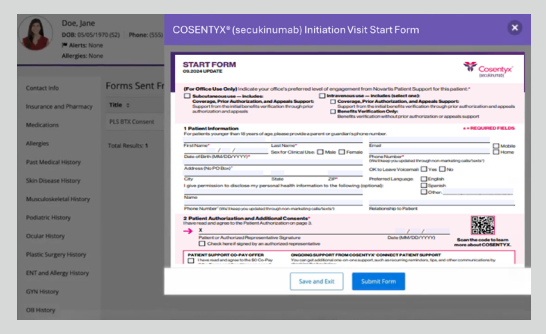
4 Using admin privileges, open EMA and go to **Practice Settings > Firm Forms > Manage PDFs**

5 Click **Upload PDF** and **add the COSENTYX PDF** to the library with a unique title and category, and give permissions to providers and facilities where appropriate

EMA Instructions (cont)

For healthcare providers/office staff - To access the form in your EMA system, there are several options, depending on your preferred workflow:





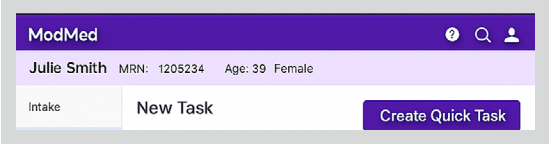
Option 1: Access the form directly in EMA

1. In the patient's chart, select the **COSENTYX® (secukinumab) Initiation Visit**
2. Select **PDF Manager** from the menu in the Visit Overview window
3. A new window will display. Select the COSENTYX Start Form uploaded in Step 1 above
4. The pre-populated COSENTYX Start Form will display. **Complete** the blank data fields. Complete signatures on the iPad for both provider and patient (signature areas are highlighted). Save as Draft (saving the PDF as draft will add it to the patient attachments where it can be edited until the document is finalized)
5. After the form has been completed, click **Finalize**
6. From **Patient Attachments**, select the enrollment form and **attach to Fax** to send the COSENTYX Start Form to **844-666-1366** or **800-343-9117** for further processing

Note: COSENTYX may need to be added to your institution's database under **Manage Referral Contacts** in EMA **Document Management-Specialties and Referrals** to be faxed.

EMA Instructions (cont)

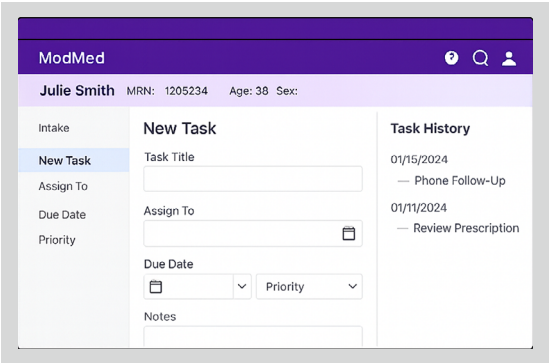
For healthcare providers/office staff - To access the form in your EMA system, there are several options, depending on your preferred workflow (cont):



Option 2: Create a Task to complete the Cosentyx Start Form

1. After the provider has selected the initiation of COSENTYX® (secukinumab) in the chart, click **Create Task** in the top right

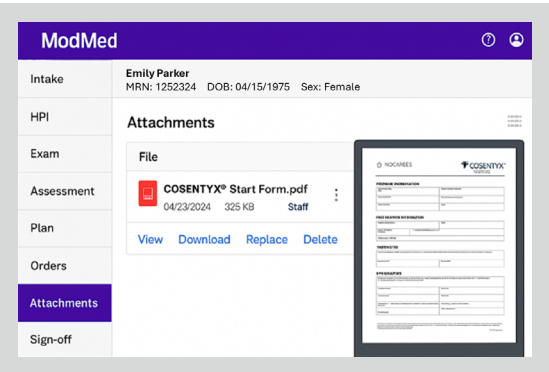
2. Select **Quick Task** and then **Initiate Biologic**
   a. To use Quick tasks, you may need to create one. Go to **Task menu > Manage Quick Tasks > New Quick Task**
   b. Fill in appropriate fields as seen below and click Save



3. Complete the Create New Task window and **add COSENTYX in the Notes section**

4. Complete the window by linking the newly created task to the visit and the draft enrollment form from attachments. **Click Save**

5. Once the task has been created, it will display in the biologic coordinator's queue. The coordinator can access the **visit with the COSENTYX Start Form draft via a link** in the patient's chart



6. The pre-populated COSENTYX Start Form will display. **Complete** the blank data fields. **Complete signatures** on the iPad for both provider and patient

7. After the form has been completed, click Finalize and fax the COSENTYX Start Form from Patient Attachments to **844-666-1366** or **800-343-9117** for further processing

For technical issues, please contact your internal team for support.

EMA Instructions (cont)

Notes

- The customers (ie, physician, medical group, Independent Delivery Network (IDN)) shall be solely responsible for implementation, testing, and monitoring of the instructions to ensure proper orientation in each customer's EHR system.
- Capabilities, functionality and set-up (customization) for each individual EHR system will vary. Novartis shall not be responsible for revising the implementation instructions it provides to any customer in the event that a customer modifies or changes its software, or the configuration of its EHR system, after such time as the implementation instructions have been initially provided by Novartis.
- While Novartis tests its implementation instructions on multiple EHR systems, the instructions are not guaranteed to work for all available EHR systems and Novartis shall have no liability thereto.
- The instructions have not been designed to and are not tools and/or solutions for meeting Advancing Care Information and/or any other quality/accreditation requirement.
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Click here for full Prescribing Information, including Medication Guide.

For more information on how the Novartis Health Information Technology (HIT) Team can collaborate with your organization to identify shared priorities, please email: HIT.Novartis@novartis.com

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Novartis Pharmaceuticals Corporation
East Hanover, New Jersey 07936-1080