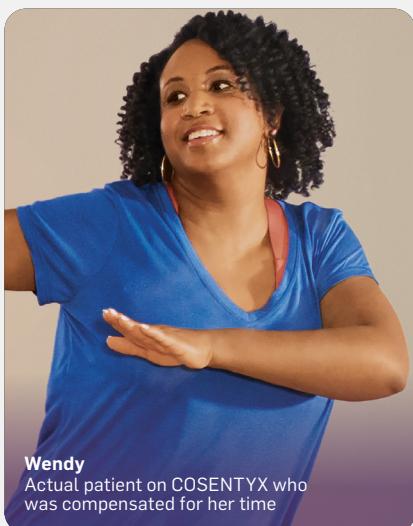




# Getting started with the subcutaneous formulation of COSENTYX® (secukinumab)



## Here with you to make COSENTYX onboarding seamless and efficient

- Majority of prior authorizations (PAs) are approved after the first submission.<sup>1</sup> Submit a PA using **CoverMyMeds, specialty pharmacies, or Novartis Patient Support™**
- **Covered Until You're Covered (also known as the Bridge Program\*)** helps eligible privately insured patients get started on the subcutaneous formulation of COSENTYX during the appeals process if coverage is denied
- Dedicated **Novartis Patient Support team** is here for patients every step of the way

\*For terms, conditions, and limitations related to Covered Until You're Covered (also known as the Bridge Program), please see the [last page](#).

# Novartis Patient Support

**Novartis Patient Support provides comprehensive resources designed to help your patients start, stay, and save on COSENTYX®**

We provide support throughout your patient's journey with:



**Insurance Support:** Information and resources to help navigate the insurance process, including benefits verification and support with the prior authorization and appeals processes



**Financial support:** Assistance with relevant savings options



**Ongoing Support:** Ongoing help for your patients to stay on track with their treatment plan

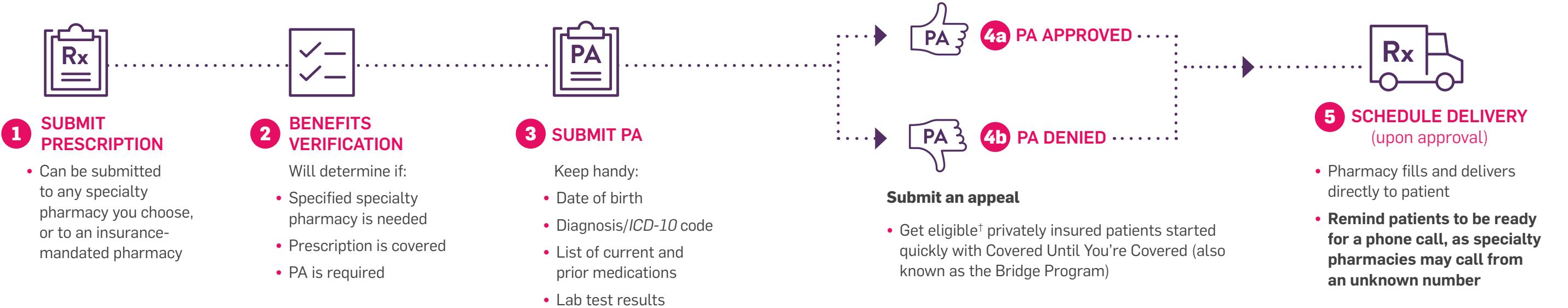
**Patients can sign up by visiting [Support.COSENTYX.com](http://Support.COSENTYX.com) or calling 1-844-COSENTYX (1-844-267-3689).**

**Note:** Some prescription pathways can auto-enroll patients.

**94%** of patients enrolled would recommend Novartis Patient Support to other patients<sup>2\*</sup>

\*N=400. Results based on a survey of people enrolled in the Novartis Patient Support program for at least 6 months.<sup>3</sup>

# Steps to get appropriate patients started on the subcutaneous formulation of COSENTYX®



Choose the option that works best for you:

## covermymeds®

- Complete PA requests in minutes and get a response as quickly as in a few hours
- No paper. No fax. No duplicate service
- Electronic patient signatures
- Automatic handoff to Covered Until You're Covered (also known as the Bridge Program\*) for eligible patients and enrollment into Novartis Patient Support

Visit [CoverMyMeds.com](http://CoverMyMeds.com) and log in/create an account to get started

**>80%** COSENTYX PAs are approved<sup>4</sup>

**3 DAYS**

Majority of claims are approved in 3 days<sup>4</sup>

## Specialty Pharmacies

- All specialty pharmacies can fill COSENTYX
- Pharmacists often coordinate the PA and appeals process, work with the office to gain approval, and can transfer the prescription to the patient's health plan-preferred pharmacy, if required
- Regardless of preferred specialty pharmacy, ALL patients can conveniently self-enroll into Novartis Patient Support by visiting [Support.COSENTYX.com](http://Support.COSENTYX.com)



Call the specialty pharmacy of your choice to get started

## Novartis Patient Support

- Once the completed Start Form has been received, the Novartis Patient Support team will conduct a benefits verification and provide support throughout the PA and appeals process
- Enroll eligible patients in the **Co-Pay Plus offer<sup>4</sup>** and **Covered Until You're Covered (also known as the Bridge Program)<sup>4</sup>**
- Once approved, transfer the prescription to the preferred or health plan-mandated specialty pharmacy for processing and delivery
- Dedicated support from the Novartis Patient Support team to keep your office and patient informed every step of the way

Download a **Start Form** to get started

# Financial Support to help patients get started quickly on the subcutaneous formulation



## Committed to making sure your appropriate patients can START and STAY on COSENTYX®

If your patients have not enrolled in Novartis Patient Support during onboarding, encourage them to sign up by visiting [Support.COSENTYX.com](https://Support.COSENTYX.com) or calling 1-844-COSENTYX (1-844-267-3689).



### Co-Pay Plus offer\*

- Eligible patients may pay as little as \$0 for COSENTYX†
- 84% of enrollees paid NOTHING out of pocket<sup>5</sup>

Patients can sign up by visiting [Support.COSENTYX.com](https://Support.COSENTYX.com) and sharing their Co-pay Plus card with their specialty pharmacy.

COVERED  
until you're  
COVERED

### Covered Until You're Covered (also known as the Bridge Program)<sup>‡</sup>

- Provides up to 2 years of free COSENTYX if coverage is denied for qualified<sup>†‡</sup> privately insured patients during the appeals process, with no income limit

Visit [CoverMyMeds.com](https://CoverMyMeds.com) or submit a [Start Form](#) to get started.

### Novartis Patient Assistance Foundation

Novartis has a Patient Assistance Program (PAP), administered by the Novartis Patient Assistance Foundation, Inc. (NPAF), a 501(c)(3) non-profit, non-commercial entity within Novartis. NPAF provides Novartis medications covered under the program free of cost to patients facing financial hardship who have limited or no prescription coverage and cannot afford the cost of their medication. NPAF can be reached at 1-800-277-2254, or visit [www.PAP.Novartis.com](https://www.PAP.Novartis.com) for more information and to download an application.

**\*Limitations apply.** Subject to annual co-pay benefit limit. Offer not valid under Medicare, Medicaid, or any other federal or state programs. Novartis reserves the right to rescind, revoke, or amend this program without notice. Additional limitations may apply. See complete Terms & Conditions at <https://www.cosentyxhcp.com/dermatology/support-and-access/patient-support> for details.

<sup>†</sup>Certain Health plans have carve-outs that restrict utilization of manufacturer support programs.

<sup>‡</sup>**Covered Until You're Covered (also known as the Bridge Program) applies to COSENTYX Subcutaneous Injection only.** Eligible patients must have private insurance and a valid prescription for COSENTYX, and a prior authorization, predetermination, or medical exception that has been denied. Program requires the submission of an appeal of the coverage denial within the first 90 days of enrollment to remain eligible. Program provides COSENTYX for free to eligible patients for up to 2 years, or until they receive insurance coverage approval, whichever occurs earlier. A valid prescription consistent with FDA-approved labeling is required. 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. Additional Limitations may apply. Novartis Pharmaceuticals Corporation reserves the right to rescind, revoke, or amend this Program without notice.

FDA, US Food and Drug Administration.

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**References:** **1.** Data on file. Frictionless Access. Novartis Pharmaceuticals Corp; July 2021. **2.** Data on file. Cosentyx Connect Patient Satisfaction Survey. Novartis Pharmaceuticals Corp; June 2021. **3.** Data on file. Cosentyx Connect Claim Support. Novartis Pharmaceuticals Corp; April 2021. **4.** Data on file. Cosentyx CMM Monthly Report. Novartis Pharmaceuticals Corp; June 2021. **5.** Data on File, Cosentyx Copay FY24 OOP. Novartis Pharmaceuticals Corp; February 2025.

