Cosentyx® (secukinumab)

#1 prescribed IL-17A antagonist

by both dermatologists and rheumatologists[1]*

Help getting your patients started with COSENTYX®

Relevant *ICD-10* codes

SC dosing schedule & devices

Suggested SC prescribing approaches

INDICATIONS

COSENTYX® (secukinumab) is indicated for the treatment of moderate to severe plaque psoriasis (PsO) in patients 6 years and older who are candidates for systemic therapy or phototherapy.

COSENTYX is indicated for the treatment of active psoriatic arthritis (PsA) in patients 2 years of age and older.

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

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

COSENTYX is indicated for the treatment of active enthesitis-related arthritis (ERA) in patients 4 years of age and older.

COSENTYX is indicated for the treatment of adult patients with moderate to severe hidradenitis suppurativa (HS).

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 and angioedema have been reported during treatment with COSENTYX.

The information herein is provided for educational purposes only. Novartis Pharmaceuticals Corporation cannot guarantee insurance coverage or reimbursement. Coverage and reimbursement may vary significantly by health 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.

*Data based on April 2025 NSOB. Indication split based on competitive view. "Total" indication volume is as-reported volume; would be higher than the sum of individual indications.[1]

ICD-10, International Classification of Diseases, Tenth Revision; IL, interleukin; NSOB, National Source of Business; SC, subcutaneous.

Please see additional Important Safety Information on pages 7 and 8.
Please see full Prescribing Information, including Medication Guide.

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
HS	L73.2	Hidradenitis suppurativa
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†	M45.A0	Non-radiographic axial spondyloarthritis of unspecified sites in spine
	M45.A1	Non-radiographic axial spondyloarthritis of occipito-atlanto-axial region
	M45.A2	Non-radiographic axial spondyloarthritis of cervical region
	M45.A3	Non-radiographic axial spondyloarthritis of cervicothoracic region
	M45.A4	Non-radiographic axial spondyloarthritis of thoracic region
	M45.A5	Non-radiographic axial spondyloarthritis of thoracolumbar region
	M45.A6	Non-radiographic axial spondyloarthritis of lumbar region
	M45.A7	Non-radiographic axial spondyloarthritis of lumbosacral region
	M45.A8	Non-radiographic axial spondyloarthritis of sacral and sacrococcygeal region
	M45.AB	Non-radiographic axial spondyloarthritis of multiple sites in spine
JPsA	L40.54	Psoriatic juvenile arthropathy
ERA	L40.54	Psoriatic juvenile arthropathy
	M08.90	Juvenile arthritis, unspecified

For your patients who are prescribed COSENTYX®, verify that **all applicable *ICD-10-CM* codes** are included on the PA request form and other documentation required by health plans.

*Appropriate for both adult and pediatric patients.

†These *ICD-10-CM* codes are for both the SC and IV formulations of COSENTYX.

AS, ankylosing spondylitis; ERA, enthesitis-related arthritis; HS, hidradenitis suppurativa; *ICD-10-CM*, *International Classification of Diseases, Tenth Revision, Clinical Modification*; IV, intravenous; JPsA, juvenile psoriatic arthritis; nr-axSpA, non-radiographic axial spondyloarthritis; PsA, psoriatic arthritis; PsO, plaque psoriasis.

SC dosing schedule and devices

COSENTYX® loading doses* followed by maintenance doses[2]

The last loading dose can be covered in the first maintenance-dose prescription

Loading doses

Maintenance doses

For patients with PsO, PsA, AS, nr-axSpA, and ERA
Every 4 weeks

For patients with HS
Every 4 weeks, or increased to every 2 weeks based on clinical response

Getting patients started with the device that is right for them[2]

300-mg UnoReady® pen

For appropriate adult patients

NDC 0078-1070-68

>98% of patients reported no pain at the injection site in a study of patients with moderate to severe PsO[3]

150-mg Sensoready® pen†

For appropriate adult patients and pediatric patients ≥50 kg (≥110 lb)

1-pen carton: NDC 0078-0639-68
2-pen carton: NDC 0078-0639-41

>90% of patients reported no pain during or after the injection in a study of patients with active PsA[4]

Prefilled syringe

- 150-mg prefilled syringe† is available for appropriate adult patients and pediatric patients ≥50 kg (≥110 lb)

  1-pen carton: NDC 0078-0639-97
  2-pen carton: NDC 0078-0639-98

- 75-mg prefilled syringe† is available for appropriate pediatric patients <50 kg (<110 lb)

  NDC 0078-1056-97

COSENTYX is also available in IV formulation for adult patients with PsA, AS, or nr-axSpA. To learn more visit Cosentyx-DosingCalculator.com.

*Loading doses at Weeks 0, 1, 2, 3, and 4.[2]

†The removable caps of the COSENTYX 150-mg/mL Sensoready pen and the COSENTYX prefilled syringes (150 mg/mL, 75 mg/0.5 mL) contain natural rubber latex and should not be handled by latex-sensitive individuals. The safe use of the COSENTYX prefilled syringe in latex-sensitive individuals has not been studied.[2]

COSENTYX is administered subcutaneously. COSENTYX is intended for use under the guidance and supervision of a physician. Adult patients may be injected by a caregiver or self-administer COSENTYX after proper training in subcutaneous injection technique using the 150-mg/mL Sensoready pen, 300-mg/2-mL UnoReady pen, or prefilled syringe. The 75-mg/0.5-mL single-dose prefilled syringe is formulated specifically for pediatric patients weighing <50 kg. Pediatric patients weighing ≥50 kg can utilize the 150-mg/mL single-dose prefilled syringe or the Sensoready pen. Pediatric patients should not self-administer COSENTYX using the Sensoready pen or prefilled syringe. An adult caregiver should prepare and inject COSENTYX after proper training in subcutaneous injection technique using the Sensoready pen or prefilled syringe.[2]

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Cosentyx® (secukinumab)

Suggested SC prescribing approach for appropriate patients: Separate loading dose and maintenance dose prescriptions[2]*

DERMATOLOGY

For adult HS:

Rx
COSENTYX® (300 mg) once a week, 4 boxes, 4-week supply, 0 refills

One prescription **for loading doses** (Weeks 0, 1, 2, and 3).

Rx
COSENTYX (300 mg) Q4 weeks (1 box) or Q2 weeks (2 boxes), 11 refills

One prescription **for maintenance dose**. The maintenance dose may be increased to 300 mg once every 2 weeks based on clinical response.

Covers Week 4 of loading doses as well as maintenance dose.

For adult PsO with or without PsA:

Rx
COSENTYX (300 mg) once a week, 4 boxes, 4-week supply, 0 refills

One prescription **for loading doses** (Weeks 0, 1, 2, and 3).

Rx
COSENTYX (300 mg) Q4 weeks, 1 box, 11 refills

One prescription **for maintenance dose**.

Covers Week 4 of loading doses as well as maintenance dose.

For some patients, a loading and maintenance dose of 150 mg may be acceptable.

For pediatric PsO:

Rx
COSENTYX (75 mg or 150 mg) once a week, 4 boxes, 4-week supply, 0 refills

One prescription **for loading doses** (Weeks 0, 1, 2, and 3).

Rx
COSENTYX (75 mg or 150 mg) Q4 weeks, 1 box, 11 refills

One prescription **for maintenance dose**.

Covers Week 4 of loading doses as well as maintenance dose.

The recommended dosage for pediatric patients 6 years and older is based on body weight at time of dosing. Please see the table on the right.

Body weight at time of dosing	Recommended dose
<50 kg (<110 lb)	75 mg
≥50 kg (≥110 lb)	150 mg

*Novartis cannot guarantee that this prescribing approach is ideal for every specialty pharmacy and/or health plan. It is important to verify this information prior to filling out a prescription.

COSENTYX is administered subcutaneously. COSENTYX is intended for use under the guidance and supervision of a physician. Adult patients may be injected by a caregiver or self-administer COSENTYX after proper training in subcutaneous injection technique using the 150-mg/mL Sensoready® pen, 300-mg/2-mL UnoReady® pen, or prefilled syringe. The 75-mg/0.5-mL single-dose prefilled syringe is formulated specifically for pediatric patients weighing <50 kg. Pediatric patients weighing ≥50 kg can utilize the 150-mg/mL single-dose prefilled syringe or the Sensoready pen. Pediatric patients should not self-administer COSENTYX using the Sensoready pen or prefilled syringe. An adult caregiver should prepare and inject COSENTYX after proper training in subcutaneous injection technique using the Sensoready pen or prefilled syringe.[2]

Q2, every 2; Q4, every 4.

Suggested SC prescribing approach for appropriate patients: Separate loading dose and maintenance dose prescriptions[2]*

RHEUMATOLOGY

For adult PsA:

For patients **with coexistent moderate to severe PsO**.

℞ COSENTYX® (300 mg) once a week, 4 boxes, 4-week supply, 0 refills

One prescription **for loading doses** (Weeks 0, 1, 2, and 3).

℞ COSENTYX (300 mg) Q4 weeks, 1 box, 11 refills

One prescription **for maintenance dose**.

Covers Week 4 of loading doses as well as maintenance dose.

For some patients, a loading and maintenance dose of 150 mg may be acceptable.

For patients **without coexistent moderate to severe PsO**.

℞ COSENTYX (150 mg) once a week, 4 boxes, 4-week supply, 0 refill

One prescription **for loading doses** (Weeks 0, 1, 2, and 3), if appropriate.

℞ COSENTYX (150 mg or 300 mg) Q4 weeks, 1 box, 11 refills

One prescription **for maintenance dose**. If a patient continues to have active PsA, consider a dosage of 300 mg.

Covers Week 4 of loading doses as well as maintenance dose.

For AS and nr-axSpA:

℞ COSENTYX (150 mg) once a week, 4 boxes, 4-week supply, 0 refills

One prescription **for loading doses** (Weeks 0, 1, 2, and 3), if appropriate.

℞ COSENTYX (150 mg) Q4 weeks, 1 box, 11 refills

One prescription **for maintenance dose**. If a patient continues to have active AS, consider a dosage of 300 mg.

Covers Week 4 of loading doses as well as maintenance dose.

For JPsA and ERA:

℞ COSENTYX (75 mg or 150 mg) once a week, 4 boxes, 4-week supply, 0 refills

One prescription **for loading doses** (Weeks 0, 1, 2, and 3).

℞ COSENTYX (75 mg or 150 mg) Q4 weeks, 1 box, 11 refills

One prescription **for maintenance dose**.

Covers Week 4 of loading doses as well as maintenance dose.

The recommended dosage for pediatric patients 2 years and older with active PsA and patients 4 years and older with active ERA is based on body weight at time of dosing. Please see the table on the right.

Body weight at time of dosing	Recommended dose
≥15 kg (≥33.1 lb) to <50 kg (<110 lb)	75 mg
≥50 kg (≥110 lb)	150 mg

*Novartis cannot guarantee that this prescribing approach is ideal for every specialty pharmacy and/or health plan. It is important to verify this information prior to filling out a prescription.

COSENTYX is administered subcutaneously. COSENTYX is intended for use under the guidance and supervision of a physician. Adult patients may be injected by a caregiver or self-administer COSENTYX after proper training in subcutaneous injection technique using the 150-mg/mL Sensoready® pen, 300-mg/2-mL UnoReady® pen, or prefilled syringe. The 75-mg/0.5-mL single-dose prefilled syringe is formulated specifically for pediatric patients weighing <50 kg. Pediatric patients weighing ≥50 kg can utilize the 150-mg/mL single-dose prefilled syringe or the Sensoready pen. Pediatric patients should not self-administer COSENTYX using the Sensoready pen or prefilled syringe. An adult caregiver should prepare and inject COSENTYX after proper training in subcutaneous injection technique using the Sensoready pen or prefilled syringe.[2]

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Cosentyx® (secukinumab)

The **#1 covered IL-17 antagonist** across all insurance types[5*†]

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

COVERED
until you're
COVERED

Up to **2 years of FREE COSENTYX if** coverage is denied for qualified[‡§] privately insured patients during the appeals process

$0
Co-Pay Plus offer

for your eligible privately insured patients
84% of enrollees
paid NOTHING
out of pocket[6]

Access & Reimbursement Managers (ARMs)
are experienced professionals with strong knowledge of the insurance landscape, who work with the Novartis Patient Support™ team and your office to help **navigate your patients' health plan coverage and reimbursement process**

CosentyxHCP.com has **comprehensive resources** for getting started, including office resources (eg, Start Form, tools, and helpful information) and patient resources (eg, injection resources).

*COSENTYX for subcutaneous use is present on formularies as either a first-, second-, third-, fourth-, or fifth-line biologic. Actual coverage and reimbursement decisions are made by individual health plans following the receipt of claims. Coverage information is subject to change by the relevant health plans. Novartis does not guarantee payment or coverage for any product or service.

†Based on the total number of covered lives across private Insurance, Medicare, and Medicaid health plans.

‡***Covered Until You're Covered also known as 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.

§Certain health plans have carve-outs that restrict utilization of manufacturer support programs.

¶**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.

FDA, US Food and Drug Administration.

References: 1. Data on file. IL-17 for rheumatology and dermatology. Novartis Pharmaceuticals Corp; April 2025. **2.** Cosentyx. Prescribing information. Novartis Pharmaceuticals Corp. **3.** Data on file. CAIN457A2325 Clinical Study Report. Novartis Pharmaceuticals Corp; August 2020. **4.** Nash P, Mease PJ, McInnes IB, et al; on behalf of the FUTURE 3 study group. Efficacy and safety of secukinumab administration by autoinjector in patients with psoriatic arthritis: results from a randomized, placebo-controlled trial (FUTURE 3). *Arthritis Res Ther.* 2018;20(1):47. **5.** Data on file. Cosentyx Access. Novartis Pharmaceuticals Corp; February 2024. **6.** Data on File, Cosentyx Copay FY24 OOP. Novartis Pharmaceuticals Corp; February 2025.

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Cosentyx® (secukinumab)

INDICATIONS AND IMPORTANT SAFETY INFORMATION

INDICATIONS

COSENTYX® (secukinumab) is indicated for the treatment of moderate to severe plaque psoriasis (PsO) in patients 6 years and older who are candidates for systemic therapy or phototherapy.

COSENTYX is indicated for the treatment of active psoriatic arthritis (PsA) in patients 2 years of age and older.

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

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

COSENTYX is indicated for the treatment of active enthesitis-related arthritis (ERA) in patients 4 years of age and older.

COSENTYX is indicated for the treatment of adult patients with moderate to severe hidradenitis suppurativa (HS).

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 and angioedema have been reported during treatment with COSENTYX.

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 PsO, 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 in subjects treated with COSENTYX compared to placebo-treated subjects. A similar increase in risk of infection in subjects treated with COSENTYX was seen in placebo-controlled trials in subjects with PsA, AS and nr-axSpA. The incidence of some types of infections, including fungal infections, appeared to be dose-dependent in clinical trials.

In the postmarketing setting, serious bacterial, viral, and fungal opportunistic infections, and some fatal infections have been reported in patients receiving IL-17 inhibitors including COSENTYX. Cases of Hepatitis B virus reactivation have been reported.

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.

If signs of Hepatitis B virus reactivation occur, consult a hepatitis specialist. COSENTYX is not recommended for use in patients with active viral hepatitis.

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

Inflammatory Bowel Disease (IBD) exacerbations, in some cases serious and/or leading to discontinuation of COSENTYX, occurred in COSENTYX treated subjects during clinical trials in PsO, PsA, AS, nr-axSpA, and HS. In adult subjects with HS, the incidence of IBD was higher in subjects who received COSENTYX 300 mg every 2 weeks (Ulcerative Colitis [UC] 1 case, EAIR 0.2/100 subject-years; Crohn's Disease [CD] 1 case, EAIR 0.2/100 subject-years) compared to subjects who received COSENTYX 300 mg every 4 weeks (IBD 1 case, EAIR 0.2/100 subject-years). In addition, new onset IBD cases occurred in subjects treated with COSENTYX in clinical trials. In an exploratory trial in 59 subjects with active Crohn's disease [COSENTYX is not approved for the treatment of Crohn's disease], there were trends toward greater disease activity and increased adverse reactions in subjects treated with COSENTYX as compared to placebo-treated subjects.

Please see additional Important Safety Information on the following page.
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INDICATIONS AND IMPORTANT SAFETY INFORMATION (cont)

WARNINGS AND PRECAUTIONS (cont)

Inflammatory Bowel Disease (cont)
Exercise caution when prescribing COSENTYX® to patients with IBD. Patients treated with COSENTYX should be monitored for signs and symptoms of IBD.

Eczematous Eruptions

In postmarketing reports, cases of severe eczematous eruptions, including atopic dermatitis-like eruptions, dyshidrotic eczema, and erythroderma, were reported in patients receiving COSENTYX; some cases resulted in hospitalization. The onset of eczematous eruptions was variable, ranging from days to months after the first dose of COSENTYX.

Treatment may need to be discontinued to resolve the eczematous eruption. Some patients were successfully treated for eczematous eruptions while continuing COSENTYX.

Hypersensitivity Reactions
Serious hypersensitivity reactions including anaphylaxis, angioedema, and urticaria have been reported in COSENTYX treated subjects in clinical trials and in the post-marketing setting. If an anaphylactic or other serious allergic reaction occurs, immediately discontinue administration of COSENTYX and initiate appropriate therapy.

The removable caps of the COSENTYX Sensoready® 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.

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Cosentyx® (secukinumab)

NOVARTIS

Novartis Pharmaceuticals Corporation
East Hanover, New Jersey 07936-1080