

Streamline the Prior Authorization (PA) Process With the American Academy of Dermatology/ Association (AAD/A) PA Appeal Letter Tool

Customizable PA and Appeal Letters

We know that the PA and appeals process can cause barriers to getting patients started on treatment quickly. This easy-to-use tool can help AAD/A members* streamline the PA and appeals process by quickly creating customizable appeal letters for COSENTYX® (secukinumab). It features:

- ▶ Letters developed and revised annually by AAD/A members
- ▶ Robust clinical documentation and references
- ▶ Content solely developed by the AAD/A

Prior Authorization Appeal Letter Tool

- Content revised annually by AAD members
- Provides robust clinical documentation
- Currently supports over 50 drugs
- New FDA-approved drugs added regularly

[Create a Letter](#)

Member login required | [Request practice staff access](#)



**An AAD/A
Official Licensee**
Your trusted resource for
dermatological information.

Tool and content solely developed by
the American Academy of
Dermatology.

AAD recognizes our official licensee:
Novartis Pharmaceuticals Corporation



Visit this Novartis website for more
information on [office resources](#) and
[patient resources](#).

**Novartis is an AAD/A official licensee,
streamlining the PA and appeals process
for COSENTYX and helping your patients
get started on treatment.**



**Scan the QR code to
use the AAD/A PA Appeal
Letter Tool**

FDA, US Food and Drug Administration.

*AAD/A member login is required to access the tool. AAD/A members may submit a request for their practice staff to access the tool by using the "request practice staff access" link. Once added, staff can sign in and access the tool using their own login. Please note that personal information entered in the prior authorization tool is not saved by the AAD/A or shared with any entity.

**Please see Important Safety Information on
pages 4-6. Please see full Prescribing Information,
including Medication Guide.**



Steps to create a custom letter

Create a letter to get started.

Log in to begin:

Create a Letter

Member login required | [Request practice staff access](#)

Click the Create a Letter button to start customizing your letter.

Note: You can skip past any fields that you lack information for or do not apply.

Treatment information

Step 1 of 5

Dermatologic disease with ICD-10 diagnosis code

psoriasis vulgaris (L40.0) ▼

Name of drug

secukinumab (Cosentyx®) ▼

Alternative treatment drug options

For step therapy protocols, select drug/treatment the insurance company is requiring you to prescribe your patient as an alternative treatment (skip if not applicable).

1

Select dermatologic disease, drug name, and any drugs/treatments the insurance company is requiring you to prescribe to your patient as an alternative treatment.

Insurance information

Step 2 of 5

Name of medical director

Insurance company name

Insurance company address

Insurance company city, state, zip

City

State

Zip Code

[< Back](#) Continue

2

Fill in insurance information.

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Patient information
Step 3 of 5

Patient name

Patient health insurance identification number

Patient date of birth

Date of prior authorization

[Back](#) [Continue](#)

3 Add patient information.

Previously prescribed therapies
Step 4 of 5

I have previously prescribed this patient the following therapies (optional):

Name of medication

Dates prescribed

From To

Reason for stopping medication

[Add Another Therapy](#)

[Back](#) [Continue](#)

4 Record previously prescribed therapies, if applicable.



Download your letter:

Your customized, editable letter will output to your computer and is ready for you to save and send to insurance companies to request a formal appeal.



Letter complete
Step 5 of 5

[Create New Letter](#) [Download Letter](#)

[Back](#)

Please see Important Safety Information on pages 4-6. Please see full Prescribing Information, including Medication Guide.



INDICATIONS

COSENTYX® (secukinumab) is indicated for the treatment of moderate to severe plaque psoriasis (PsO) in adults and pediatric 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 adults and pediatric 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 moderate to severe hidradenitis suppurativa (HS) in adults and pediatric patients 12 years of age and older.

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.

IMPORTANT SAFETY INFORMATION (cont)

WARNINGS AND PRECAUTIONS (cont)

Infections (cont)

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.

Exercise caution when prescribing COSENTYX to patients with IBD. Patients treated with COSENTYX should be monitored for signs and symptoms of IBD.

IMPORTANT SAFETY INFORMATION (cont)

WARNINGS AND PRECAUTIONS (cont)

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 cap of the COSENTYX Sensoready® pen and prefilled syringes (150 mg/mL, 75 mg/0.5 mL) contains natural rubber latex, which may cause a hypersensitivity reaction in latex-sensitive individuals. The safe use of the COSENTYX Sensoready pen or prefilled syringes (150 mg/mL, 75 mg/0.5 mL) 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.

Novartis Patient Support

Not an actual patient
or healthcare provider.

Questions about Novartis Patient Support?

We are here for you. We can help you and your office navigate the PA and appeals process for your patients.



Call us at **844-COSENTYX (844-267-3689)**.
Our customer service hours are Monday-Friday,
8:00 AM-8:00 PM ET, excluding holidays.

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Need help or have questions?

Contact the AAD/A at mrc@aad.org
or (866) 503-SKIN (7546).



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