

## **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.



# 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

Name of drug

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

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[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

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**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

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# 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](mailto:mrc@aad.org)  
or (866) 503-SKIN (7546).



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 **NOVARTIS**

 **Cosentyx<sup>®</sup>**  
(secukinumab)

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