# **USE THIS CHECKLIST WHEN GETTING** STARTED ON COSENTYX® (secukinumab)



# SAVE YOUR SPECIALTY PHARMACY CONTACT **IN YOUR PHONE**

- Remember to ask your doctor for your specialty pharmacy name and phone number
- Your healthcare provider, insurance carrier, specialty pharmacy, and COSENTYX® Connect will all work together to help get your prescription processed, approved, and delivered



#### PICK UP THE PHONE WHEN THE PHARMACY CALLS

Your specialty pharmacy will call to schedule your delivery



If the call is from a 1-800 number you don't recognize, make sure you answer or call them back right away so your delivery isn't delayed. You'll also want to save that number for future use.

• If you don't hear from the specialty pharmacy after a few weeks, please call the pharmacy or your doctor's office to follow up

Specialty Pharmacy	Name:	Ŗ	K
Specialty Pharmacy	Phone:		
Name of Medication			_
about your dose.			
My dose is:			
☐ 75 mg (pediatric dosing)	☐ 150 mg	300 mg (taken as t 150-mg injections)	
or just 1 dose once a	month, base	e either 5 weekly doses d on what's right for you COSENTYX once a mont	J.
Monthly dose equals 1 d	lose every / we	aks	

#### SIGN UP FOR COSENTYX® CONNECT EVEN BEFORE TAKING YOUR FIRST DOSE\*

Get access to the full range of benefits to help you every step of the way











### **Dedicated Personal** Support Specialist

Get answers to your questions, receive lifestyle tips, and help throughout treatment by phone, email, or text. Multilingual support is available.

#### Savings **Options**

Eligible commercial patients can pay \$0<sup>†</sup> or get started quickly for FREE through the Covered Until You're Covered† program if coverage is denied while we work with your healthcare provider for coverage.

#### Supplemental Injection Training

Take advantage of virtual injection training if you need a refresher on how to take your injection. Visit <a href="https://">https://</a> www.cosentyx.com/ how-to-inject-cosentyx for videos on how to inject properly.

#### Welcome Kit

Get a welcome kit containing educational resources with an optional travel bag and sharps container.



SIGN UP FOR COSENTYX® CONNECT BY VISITING COSENTYX.COM/REGISTER OR CALLING 1-844-COSENTYX 1-844-267-3689).

Watch a step-by-step video to help you get started at <a href="COSENTYX.com/gettingstarted">COSENTYX.com/gettingstarted</a>.

\*COSENTYX® Connect program enrollment is optional and not required to get started on treatment.

 $^\dagger$ For terms, conditions, and limitations related to \$0 Co-pay and Covered Until You're Covered program, please see the back of this page.

<sup>‡</sup>N=400. Results based on a survey of people enrolled in COSENTYX® Connect program for at least 6 months.<sup>2</sup>



9 OUT OF 10 PATIENTS ENROLLED WOULD RECOMMEND COSENTYX® CONNECT TO OTHER PATIENTS1‡



REAL SUPPORT, PERSONAL SOLUTIONS.

# HERE'S HOW THE PROCESS WORKS





## **COSENTYX®** (secukinumab) PRESCRIPTION

Your doctor sends the prescription to the specialty pharmacy of your choice, or to an insurance-mandated pharmacy.





Enroll in COSENTYX® Connect to get savings options, if eligible, and resources to help you every step of the way. Sign up by visiting **COSENTYX.com/register** or calling 1-844-COSENTYX (1-844-267-3689).



Once enrolled, you will receive a welcome call from your dedicated Personal Support Specialist. They will be calling from 1-844-267-3689, so be sure to pick up the phone.





#### **INSURANCE COVERAGE AND SAVINGS OPTIONS**

Your doctor, insurance carrier, specialty pharmacy, and COSENTYX® Connect will all work together to

- · A specialty pharmacy is needed
- Your prescription is covered by insurance
- Prior authorization (PA) is required Your insurance may require your doctor to provide additional information (ie, medical history, lab work, etc) before they will cover the medication.



#### **PA APPROVED**

Once you are approved, your specialty pharmacy will be notified to process delivery. Don't forget to sign up for COSENTYX® Connect to receive \$0 co-pay<sup>†</sup> if you are eligible.



#### **PA DENIED**

If your insurance is initially denied, don't stop there. You may be eligible to receive up to 2 years of FREE COSENTYX through our Covered Until You're Covered\* program, while we work with your healthcare provider for coverage. Ask your doctor for more information.





#### **DELIVERY**

COSENTYX is a biologic and must be delivered by a specialty pharmacy. Your COSENTYX® Connect Personal Support Specialist or your specialty pharmacy will be calling to ask for additional information and to schedule delivery.



Be sure to pick up the phone. It may be from an unfamiliar 1-800 number. Remember to save the specialty pharmacy number in your phone for future reference.



#### **CONTINUED SUPPORT**

With COSENTYX® Connect, you'll get access to educational tools and resources, supplemental injection training, a dedicated Personal Support Specialist to assist you every step of the way, and inspirational emails and texts to help keep you going. We'll even check in from time to time via email, text, or phone.

References: 1. Data on file. Cosentyx Connect Patient Satisfaction Survey. Novartis Pharmaceuticals Corp; June 2021. 2. Data on file. Cosentyx Connect Claim Support. Novartis Pharmaceuticals Corp;



6/22

<sup>\*</sup>COSENTYX® Connect program enrollment is optional and not required to get started on treatment.
†Limitations apply. Up to a \$16,000 annual limit. Offer not valid under Medicare, Medicaid, or any other federal or state program. Novartis reserves the right to rescind, revoke, or amend this program without notice. Limitations may apply in MA and CA. For complete Terms & Conditions details, call 1-844-267-3689.

<sup>\*</sup>Covered Until You're Covered Program: Eligible patients must have commercial insurance, a valid prescription for COSENTYX, and a denial of insurance coverage based on a prior authorization request. Program requires the submission of an appeal of the coverage denial within the first 90 days of enrollment in order to remain eligible. Program provides initial 5 weekly doses (if prescribed) and monthly doses for free to patients for up to two years or until they receive insurance coverage approval, whichever occurs earlier. 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. Limitations may apply. Enrolled patients awaiting coverage for COSENTYX after two years may be eligible for a limited Program extension. Novartis Pharmaceuticals Corporation reserves the right to rescind, revoke, or amend this Program without notice.