

# AFTER YOUR DOCTOR PRESCRIBES COSENTYX USE THIS CHECKLIST TO GET STARTED:



## START BY SAVING 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 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.

## DON'T MISS OUT ON \$0 CO-PAY<sup>†</sup> AND OTHER COSENTYX® CONNECT BENEFITS

- Sign up even before taking your first dose.

				
<b>Personal Support Specialist</b>	<b>Financial Support</b>	<b>Supplemental Injection Training</b>	<b>Customized Services</b>	<b>Medisafe Mobile App</b>
Get answers to your questions, lifestyle tips, and help through your first year of treatment by phone, e-mail, or text. Plus, multilingual support is available.	<b>\$0 Co-Pay<sup>†</sup></b> for eligible, commercially insured patients. If your insurance is initially denied, the <b>Covered Until You're Covered<sup>‡</sup></b> program will help pay for COSENTYX for up to 2 years while we work with your healthcare provider for coverage.	Take advantage of virtual or in-home injection training that provides a refresher on how to take your injection.	Get a Welcome Kit, optional travel bag and sharps container, timely e-mails, text messages, and more.	Download Medisafe and add COSENTYX to your Med Cabinet. Use it to set reminders for your injections, refills, appointments, and other meds, as well as to access COSENTYX® Connect.

Specialty Pharmacy Name: \_\_\_\_\_ 

Specialty Pharmacy Phone: \_\_\_\_\_

Name of Medication: **COSENTYX® (secukinumab)**

Fill this out with your doctor, so you're clear about your dose.

My dose is:  150 mg  300 mg (taken as two 150-mg injections)

To start, your doctor will either prescribe 5 weekly doses or just one dose once a month, based on what's right for you. After that, you only need to take COSENTYX once a month.\*

\*Monthly dose equals 1 dose every 4 weeks.

**SIGN UP FOR \$0 CO-PAY<sup>†</sup> AND TO GET  
COSENTYX® CONNECT SERVICES AT  
[COSENTYX.COM/SIGNUP](https://www.cosentyx.com/signup)**

 **Cosentyx® Connect**

REAL SUPPORT. PERSONAL SOLUTIONS.

Watch a step-by-step video to help get started at [COSENTYX.com/gettingstarted](https://www.cosentyx.com/gettingstarted)

# HERE'S HOW THE PROCESS WORKS

## COSENTYX PRESCRIPTION (Rx)

Your doctor prescribes COSENTYX® (secukinumab) and either sends the prescription directly to:

- Specialty pharmacy
- COSENTYX® Connect HUB



## TB SCREENING

A TB test is required, so make sure you do your lab work in a timely manner to move the process along.

## Rx INSURANCE APPROVAL

Your doctor, insurance carrier, specialty pharmacy, and COSENTYX® Connect will all work together to get your prescription processed and approved. This may take a few days.



Sign up for COSENTYX® Connect Personal Support Program to get savings and resources.

Jordan,  
actual patient  
since 2016



NO

YES

## DENIED

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

## APPROVED

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



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



## DELIVERY

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

## CONTINUED SUPPORT

Start getting relevant e-mail, mail, and text messages, Welcome Kit; optional travel bag and sharps container; in-home or virtual supplemental injection training; and continued support from a Personal Support Specialist.



<sup>†</sup>**Program Terms & Conditions:** Limitations apply. Valid only for those with private insurance. The COSENTYX Co-pay Program includes the Co-pay Card, Payment Card (if applicable), and Rebate, with a combined annual limit up to \$16,000. Patient is responsible for any costs once limit is reached in a calendar year. Program not valid (i) under Medicare, Medicaid, TRICARE, VA, DoD, or any other federal or state health care program, (ii) where patient is not using insurance coverage at all, (iii) where the patient's insurance plan reimburses for the entire cost of the drug, or (iv) where product is not covered by patient's insurance. The value of this program is exclusively for the benefit of patients and is intended to be credited towards patient out-of-pocket obligations and maximums, including applicable co-payments, coinsurance, and deductibles. Program is not valid where prohibited by law. Patient may not seek reimbursement for the value received from this program from other parties, including any health insurance program or plan, flexible spending account, or health care savings account. Patient is responsible for complying with any applicable limitations and requirements of their health plan related to the use of the Program. Valid only in the United States and Puerto Rico. This Program is not health insurance. Program may not be combined with any third-party rebate, coupon, or offer. Proof of purchase may be required. Novartis reserves the right to rescind, revoke, or amend the Program and discontinue support at any time without notice.

<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 re-verify 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.

