

Help your patients start treatment with COSENTYX®

Begin with the appropriate ICD-10-CM code

Different patients have different needs. Start with the **appropriate ICD-10-CM code*** to help patients get the personalized care their disease requires.

	Possible ICD-10-CM code	Descriptor
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	M46.80	Non-radiographic axial spondyloarthritis
	M46.82	Non-radiographic axial spondyloarthritis of cervical region
	M46.83	Non-radiographic axial spondyloarthritis of cervicothoracic region
	M46.84	Non-radiographic axial spondyloarthritis of lumbar region
	M46.84	Non-radiographic axial spondyloarthritis of thoracic region
	M46.85	Non-radiographic axial spondyloarthritis of thoracolumbar region
	M46.87	Non-radiographic axial spondyloarthritis of lumbosacral region
	M46.88	Non-radiographic axial spondyloarthritis of sacral and sacrococcygeal region
	M46.89	Non-radiographic axial spondyloarthritis of multiple sites

*The information herein is provided for educational purposes only. Novartis cannot guarantee insurance coverage or reimbursement. Coverage and reimbursement may vary significantly by payer, 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.

AS=ankylosing spondylitis; ICD-10-CM=International Classification of Diseases, Tenth Revision, Clinical Modification; nr-axSpA=non-radiographic axial spondyloarthritis; PsA=psoriatic arthritis; PsO=plaque psoriasis.

INDICATIONS

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

COSENTYX is indicated for the treatment of adult patients with active psoriatic arthritis.

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

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

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 have been reported during treatment with COSENTYX.

Please see additional Important Safety Information throughout.

Please see full Prescribing Information, including Medication Guide.



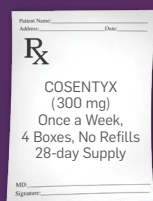
Here with you

Get dermatology patients started with COSENTYX® successfully

DERMATOLOGY

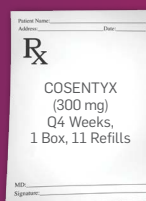
Suggested prescribing approach¹

For Adult PsO:



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

For some patients, a dosage of 150 mg may be acceptable

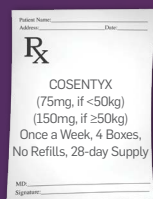


One prescription **for maintenance dose**

Covers Week 4 of loading dose as well as maintenance dose

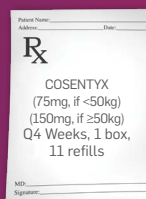
COSENTYX is administered subcutaneously. COSENTYX is intended for use under the guidance and supervision of a physician. Adult patients may self-administer COSENTYX or be injected by a caregiver after proper training in subcutaneous injection technique using the 150-mg/mL Sensoready pen or prefilled syringe.¹

For pediatric PsO in patients 6 years and older:



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

The recommended dosage for pediatric patients age 6+ is based on body weight at time of dosing. Please see the table below.

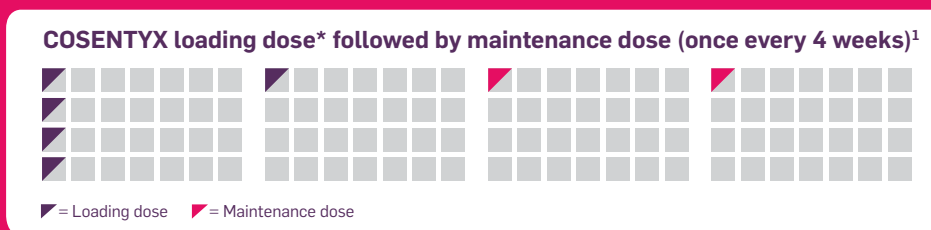


One prescription **for maintenance dose**

Covers Week 4 of loading dose as well as maintenance dose

COSENTYX is administered subcutaneously. The 75 mg/0.5 mL single-dose prefilled syringe is formulated specifically for pediatric patients weighing <50 kg.¹ 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.

Body weight at time of dosing ¹	Recommended dose ¹
<50 kg	75 mg
≥50 kg	150 mg



*Loading dose at Weeks 0, 1, 2, 3, and 4.¹

IMPORTANT SAFETY INFORMATION (cont)

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 plaque psoriasis, 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 with COSENTYX compared with placebo. A similar increase in risk of infection was seen in placebo-controlled trials in subjects with psoriatic arthritis, ankylosing spondylitis and non-radiographic axial spondyloarthritis. The incidence of some types of infections appeared to be dose-dependent in clinical studies. In the postmarketing setting, serious and some fatal infections have been reported in patients receiving COSENTYX.

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.

Please see additional Important Safety Information throughout. Please see full Prescribing Information, including Medication Guide.



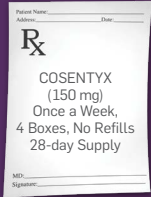
Here with you

Get rheumatology patients started with COSENTYX® successfully

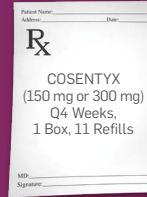
RHEUMATOLOGY

Suggested prescribing approach¹

For PsA:



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

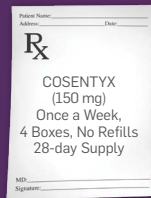


One prescription **for maintenance dose**
(For patients with PsA with concomitant moderate to severe PsO, use adult PsO dosing and administration)

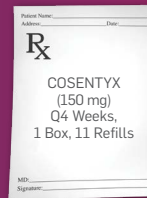
(If a patient continues to have active PsA, consider a dosage of 300 mg)

Covers Week 4 of loading dose as well as maintenance dose

For axSpA (AS and nr-axSpA):



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



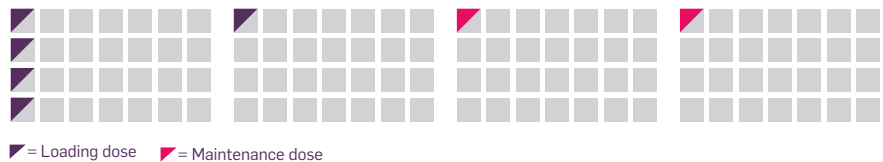
One prescription **for maintenance dose**
(If a patient continues to have active AS, consider a dosage of 300 mg)

Covers Week 4 of loading dose as well as maintenance dose

COSENTYX is administered subcutaneously. COSENTYX is intended for use under the guidance and supervision of a physician. Adult patients may self-administer COSENTYX or be injected by a caregiver after proper training in subcutaneous injection technique using the Sensoready pen or prefilled syringe.

With an easy-to-remember monthly dose, COSENTYX is one of the medications with the **fewest annual maintenance doses** per year required among the most prescribed PsA-, nr-axSpA-, and AS-indicated biologics.¹⁻⁶

COSENTYX loading dose* followed by maintenance dose (once every 4 weeks)¹



*Loading dose at Weeks 0, 1, 2, 3, and 4.¹
axSpA=axial spondyloarthritis.

IMPORTANT SAFETY INFORMATION (cont)

WARNINGS AND PRECAUTIONS (cont)

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.



Please see additional Important Safety Information throughout.
Please see full Prescribing Information, including Medication Guide.

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Guaranteed access for eligible commercially insured patients

We've Got You Covered

Included on 72% of formularies* for commercially insured patients⁷

\$0 co-pay for your eligible[†] commercially insured patients[‡]

- 98% of eligible patients who used the program in 2020 paid \$0 out of pocket[§]

If coverage is denied,

free COSENTYX

is available for up to 2 years with the Covered Until You're Covered Program for eligible[†] commercially insured patients while coverage is pursued[§]



For additional resources, please visit **ReadySetCosentyx.com**

Over 2 million COSENTYX prescriptions in the US for PsO, PsA, AS, and nr-axSpA⁹

*COSENTYX is present on the formularies as either a first-, second-, third-, or fourth-line biologic.

†Certain payers have carve-outs that restrict utilization of manufacturer support program.

‡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.

§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.

IMPORTANT SAFETY INFORMATION (cont)

WARNINGS AND PRECAUTIONS (cont)

Inflammatory Bowel Disease

Caution should be used when prescribing COSENTYX to patients with inflammatory bowel disease. Exacerbations, in some cases serious, occurred in COSENTYX treated subjects during clinical trials in plaque psoriasis, psoriatic arthritis, ankylosing spondylitis and non-radiographic axial spondyloarthritis. In addition, new onset inflammatory bowel disease cases occurred in clinical trials with COSENTYX. In an exploratory trial in 59 subjects with active Crohn's disease, there were trends toward greater disease activity and increased adverse events in the secukinumab group as compared to the placebo group. Patients who are treated with COSENTYX should be monitored for signs and symptoms of inflammatory bowel disease.

Hypersensitivity Reactions

Anaphylaxis and cases of urticaria occurred in COSENTYX treated subjects in clinical trials.

If an anaphylactic or other serious allergic reaction occurs, administration of COSENTYX should be discontinued immediately and appropriate therapy initiated.

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.

Please see additional Important Safety Information throughout.
Please see full **Prescribing Information**, including **Medication Guide**.



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Patients can START and STAY on COSENTYX® with support from COSENTYX® Connect

Enroll in  **Cosentyx® Connect** to receive the support needed:
REAL SUPPORT. PERSONAL SOLUTIONS.

\$0 co-pay

Available to eligible*
commercially insured
patients†

**Personal Support
Specialist (PSS)**

A PSS helps patients
get started and navigate
insurance processes
and savings options
(multilingual support)

**Supplemental
Injection Training**

Injection support
virtually and **in-home**
by a PSS so a patient can
get a refresher on the
self-injection process

**Customized
Support**

Includes a welcome
kit, optional travel bag,
sharps containers, timely
email, and text messages
based on patient contact
preferences

Help patients download the free Medisafe Mobile app[‡]
to get medication reminders, appointment notifications, and access to
COSENTYX Connect resources on your phone

COSENTYX Connect is available to all patients regardless of how COSENTYX is received (eg, through a specialty pharmacy).

**To sign up for \$0 co-pay or enroll in COSENTYX Connect:
visit [COSENTYX.com/register](https://www.cosentyx.com/register)
or call 1-844-COSENTYX (1-844-267-3689)**

*Certain payers have carve-outs that restrict utilization of manufacturer support program.

†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.

‡Medisafe app was developed by Medisafe Project Ltd.

References: **1.** Cosentyx prescribing information. East Hanover, NJ: Novartis Pharmaceuticals Corp; May 2021. **2.** Humira prescribing information. North Chicago, IL: AbbVie Inc; 2021. **3.** Enbrel prescribing information. Thousand Oaks, CA: Amgen Corp; 2021. **4.** Taltz prescribing information. Indianapolis, IN: Eli Lilly and Company; 2021. **5.** Data on file. IQVIA NPA Weekly Tracker. Novartis Pharmaceuticals Corp; December 2019. **6.** Cimzia [prescribing information]. Smyrna, GA: UCB, Inc; 2019. **7.** Data on file. Cosentyx Access. Novartis Pharmaceuticals Corp; May 2021. **8.** Data on file. Cosentyx Access. Novartis Pharmaceuticals Corp; August 2020. **9.** Data on file. LTD Cosentyx Prescriber and Patient Counts. Novartis Pharmaceuticals Corp; October 2020.

IMPORTANT SAFETY INFORMATION (cont)

WARNINGS AND PRECAUTIONS (cont)

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.

Please see additional Important Safety Information throughout.
Please see full **Prescribing Information**, including **Medication Guide**.



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