

**Complete Prior Authorization (PA) Request
via CoverMyMeds (CMM) Account**

If PA approved

Transfer prescription to payer-preferred specialty pharmacy for delivery

\$0
CO-PAY*

Eligible[†] commercially insured patients can activate via COSENTYX.com or by calling 1-844-COSENTYX (1-844-267-3689)

If the PA request was initiated by the specialty pharmacy, CMM will notify them of the approval so the pharmacy can schedule delivery with the patient.

If PA denied

While coverage is being pursued, submit an **electronic Service Request Form (eSRF)** to the **COSENTYX® Connect Hub** via your **CMM** account for enrollment into

COVERED
until you're
COVERED

FREE COSENTYX for up to 2 years for eligible[†] commercially insured patients[‡]

ALL patients may self-enroll into the **COSENTYX® Connect Personal Support Program** at COSENTYX.com/register or by calling 1-844-COSENTYX (1-844-267-3689).

Services provided by CoverMyMeds

<p>No paper! No fax! Service request form can be submitted electronically (eSRF)</p>	<p>Submit an eSRF via your CMM account anytime to obtain FRM case support and enroll patients into the COSENTYX Connect Personal Support Program</p>	<p>Patient signatures obtained electronically if they are unable to sign the eSRF in person</p>
<p>CMM agents monitor case progress and alert the office if the payer requests additional information</p>	<p>Receive fast PA determinations, often in real time, and notifications to renew expiring PA approvals</p>	<p>Offers support for denied PAs, which may include appeal letter templates</p>

*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.

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

[‡]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.

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FRM=field reimbursement manager.

Account Access

Create account account.covermymeds.com/signup

Login account.covermymeds.com/

Contact

Phone

Monday - Friday 8:00 AM - 11:00 PM ET
Saturday 8:00 AM - 6:00 PM ET

1-866-452-5017

Live chat

covermymeds.com

Webinars

To schedule, call or go to webinars.covermymeds.com
(chat, email, online request)

Email

help@covermymeds.com

FAQs

covermymeds.com/main/support/

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