

COSENTYX[®] (secukinumab): Start Form EHR Integration

Background, Instructions, and Limitations

These instructions are created specifically to integrate the COSENTYX Start Form in the EMA EHR system by Novartis Pharmaceuticals Corporation and will not work for other conditions, treatments, therapeutic areas or on other EHR systems.

The COSENTYX Start Form is a static PDF document that gets completed by the patient and medical staff and acts as an enrollment and prescription form for COSENTYX. EMA is the largest dermatology-specific EHR and has a unique capability to auto-populate enrollment and prescription forms, using a converted PDF form. Structured data from the patient's EMA chart can get mapped to the form and this feature is available at no additional cost to the practice.

The process is easy; the practice downloads the pre-configured form from the Novartis secure website or obtains it from the Access & Reimbursement Manager (ARM) and integrates the form in EMA. Once an appropriate patient has been selected, the form will pre-populate and can get completed. Once all fields are mapped, the form can be forwarded to the Novartis COSENTYX hub.

Adding enrollment, prescription, and other forms typically requires administrator privileges to the EHR. The instructions detail the steps to set up the pre-configured COSENTYX Start Form in EMA and can be accomplished in minimal time.



EMA Instructions

A pre-configured COSENTYX® (secukinumab) Start Form is available for download. All fields on the form that are mappable have been mapped to EMA, and the form is ready to be integrated in your EMA system.

For IT administrators - Follow the steps below to set up the form in your EMA system:

START FORM
10/2023 UPDATE

Novartis
COSENTYX[®]
(secukinumab)

(For Office Use Only) Indicate your office's preferred level of engagement from Novartis Patient Support for this patient.*

Subcutaneous use – Includes: Coverage, Prior Authorization, and Appeals Support. Support from the initial benefits verification through prior authorization and appeals.
 Intravenous use – Includes (select one):
 Coverage, Prior Authorization, and Appeals Support. Support from the initial benefits verification through prior authorization and appeals.
 Benefits Verification Only. Benefits verification without prior authorization or appeals support.

1 Patient Information
For patients younger than 18 years of age, please provide a parent or guardian's phone number.

First Name* Last Name* Email Mobile
Date of Birth (MM/DD/YYYY)* Sex for Clinical Use: Male Female Phone Number* (We'll keep you updated through non-marketing calls/texts)
Address (No PO Box) City State ZIP Preferred Language: English Spanish
I give permission to disclose my personal health information to the following (optional): Other
Name Relationship to Patient
Phone Number* (We'll keep you updated through non-marketing calls/texts)

2 Patient Authorization and Additional Consents
I have read and agree to the Patient Authorization on page 3.

→ X Patient or Authorized Representative Signature Date (MM/DD/YYYY) Scan the code to learn more about COSENTYX.
 Check here if signed by an authorized representative.

PATIENT SUPPORT CO-PAY OFFER
 I am interested in applying for the Co-Pay Offer. Terms and Conditions on page 3.

ONCOLOGY SUPPORT FROM COSENTYX CONNECT PATIENT SUPPORT
 I agree to receive marketing calls and texts from and on behalf of Novartis and its affiliates, including calls and texts made with an auto-dialer or pre-recorded voice at the phone number(s) provided. I understand that my consent is not required and is not a condition of receiving any product or services from Novartis.

3 Insurance Information
Please include codes (front and back) of the patient's medical and pharmacy insurance card(s). Include primary, secondary, and pharmacy benefit insurance as applicable.

Check all that apply: Primary Secondary Prescription/Pharmacy Patient is Uninsured

4 Provider Information

First Name* Last Name* Practice Name*
Address Practice Phone Number
City State ZIP Office Contact Name Office Contact Phone
Provider NPI Number* Office Fax*
Tax ID Number* (Required to run benefits for IV patients) PTAN Number Office Email

Send Fax 1-844-666-1366 or 1-800-343-9117 Email Online www.CostEMedocs.com Questions? Call 1-844-666-1366

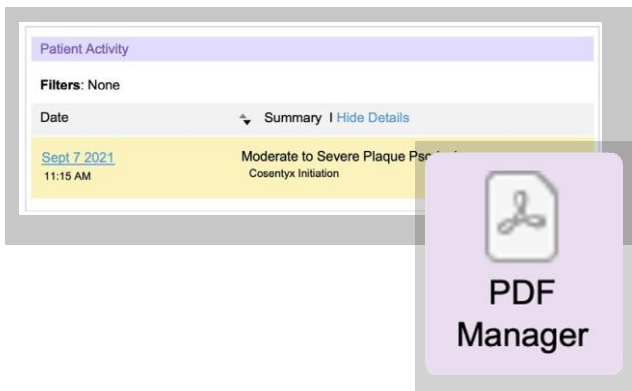
Complete the entire form and fax to COSENTYX Connect Patient Support at 1-844-666-1366.
An incomplete Start Form may delay the start of treatment.

NOVARTIS 10/23 30284 1

- 1 **Access** the **COSENTYX** Start Form by requesting from your field Access & Reimbursement Manager (ARM)
- 2 Download the COSENTYX Start Form (this form has already been mapped with available EMA data fields)
- 3 **Save** the form to your network (or local desktop/ laptop) and save the PDF using a unique name (for example “COSENTYX Start Form”)
- 4 Using admin privileges, open EMA and go to **Practice Settings > Firm Forms > Manage PDFs**
- 5 Click **Upload PDF** and **add the COSENTYX PDF** to the library with a unique title and category, and give permissions to providers and facilities where appropriate

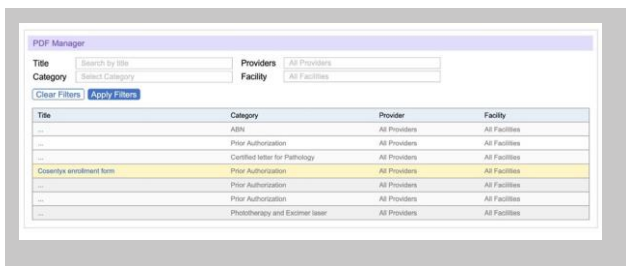
EMA Instructions (cont'd)

For healthcare providers/office staff - To access the form in your EMA system, there are several options, depending on your preferred workflow:



Option 1: Access the form directly in EMA

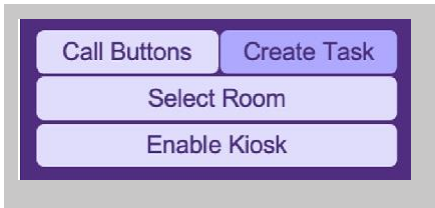
- 1 In the patient's chart, select the **COSENTYX® (secukinumab) Initiation Visit**
- 2 Select **PDF Manager** from the menu in the Visit Overview window
- 3 A new window will display. Select the COSENTYX Start Form uploaded in Step 1 above
- 4 The pre-populated COSENTYX Start Form will display. **Complete** the blank data fields. Complete signatures on the iPad for both provider and patient (signature areas are highlighted). Save as Draft (saving the PDF as draft will add it to the patient attachments where it can be edited until the document is finalized)
- 5 After the form has been completed, click **Finalize**
- 6 From **Patient Attachments**, select the enrollment form and **attach to Fax** to send the COSENTYX Start Form to **1-844-666-1366** or **1-800-343-9117** for further processing



Note: COSENTYX may need to be added to your institution's database under **Manage Referral Contacts** in EMA Document Management-Specialties and Referrals to be faxed.

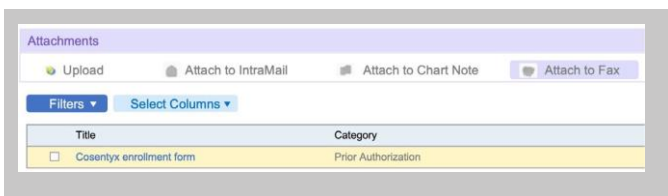
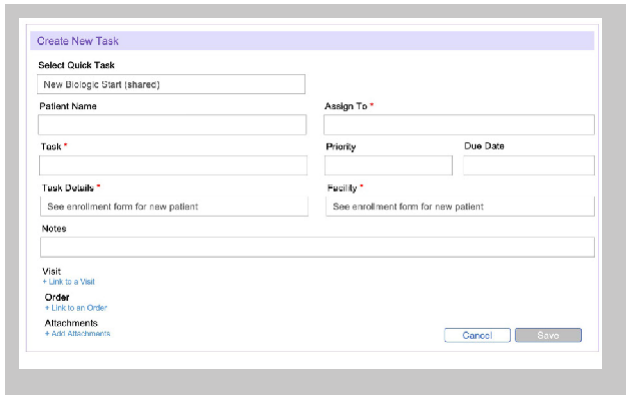
EMA Instructions (cont'd)

For healthcare providers/office staff - To access the form in your EMA system, there are several options, depending on your preferred workflow (cont'd):



Option 2: Create a Task to complete the Cosentyx Start Form

- 1 After the provider has selected the initiation of COSENTYX® (secukinumab) in the chart, click **Create Task** in the top right
- 2 Select **Quick Task** and then **Initiate Biologic**
 - a. To use Quick tasks, you may need to create one. Go to **Task menu > Manage Quick Tasks > New Quick Task**
 - b. Fill in appropriate fields as seen below and click Save
- 3 Complete the Create New Task window and **add COSENTYX in the Notes section**
- 4 Complete the window by linking the newly created task to the visit and the draft enrollment form from attachments **Click Save**
- 5 Once the task has been created, it will display in the biologic coordinator's queue. The coordinator can access the **visit with the COSENTYX Start Form draft via a link** in the patient's chart
- 6 The pre-populated COSENTYX Start Form will display. **Complete** the blank data fields. **Complete signatures** on the iPad for both provider and patient
- 7 After the form has been completed, click Finalize and fax the COSENTYX Start Form from Patient Attachments to **1-844-666-1366** or **1-800-343-9117** for further processing



Title	Category
<input type="checkbox"/> Cosentyx enrollment form	Prior Authorization

For technical issues, please contact your internal team for support.

EMA Instructions (cont'd)

Notes

- The customers (ie, physician, medical group, Independent Delivery Network (IDN)) shall be solely responsible for implementation, testing, and monitoring of the instructions to ensure proper orientation in each customer's EHR system.
- Capabilities, functionality and set-up (customization) for each individual EHR system will vary. Novartis shall not be responsible for revising the implementation instructions it provides to any customer in the event that a customer modifies or changes its software, or the configuration of its EHR system, after such time as the implementation instructions have been initially provided by Novartis.
- While Novartis tests its implementation instructions on multiple EHR systems, the instructions are not guaranteed to work for all available EHR systems and Novartis shall have no liability thereto.
- The instructions have not been designed to and are not tools and/or solutions for meeting Advancing Care Information and/or any other quality/accreditation requirement.
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Click here for full [Prescribing Information](#), including [Medication Guide](#)

For more information on how the Novartis Health Information Technology (HIT) Team can collaborate with your organization to identify shared priorities, please email: HIT.Novartis@novartis.com