

# How to help patients stay on COSENTYX®



## A change in insurance doesn't have to mean a change in treatment

- Insurance companies can remove a medication from their preferred drug list for non-medical reasons unrelated to clinical considerations
- Formulary changes can force prescribers and patients to switch medications, despite their success and satisfaction with their current treatment
- Changing medications during the COVID-19 pandemic may be particularly challenging
- Patients need our advocacy and support to help avoid a disruption in their treatment

## File a medical exception request

These options can help your office navigate the process and help patients stay on COSENTYX, with the goal of making it seamless

### Option 1



Send a Service Request Form (SRF) to the COSENTYX Connect Hub

**Fax:** 1-844-666-1366

**Phone:** 1-844-COSENTYX (1-844-267-3689) (8 AM - 8 PM ET)

**Resources:** [ReadySet-Cosentyx.com](https://www.readyset-cosentyx.com)

### Option 2



#### QUESTIONS?

**Live chat:** [covermyeds.com](https://www.covermyeds.com)

**Phone:** 1-866-452-5017  
(8 AM - 11 PM ET Monday through Friday and 8 AM - 6 PM ET Saturday)

**Resources:** [go.covermyeds.com/help](https://www.covermyeds.com/help)

COVERED  
until you're  
COVERED

If prescription coverage isn't initially approved, eligible\* commercial patients can receive **up to 2 years of free COSENTYX through the Covered Until You're Covered† program** while coverage is pursued.

\*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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## File a medical exception request

File a medical exception request with the patient's insurance company with the support of the **COSENTYX® Connect Hub or CoverMyMeds**, if coverage is denied

**The following information may be helpful as you prepare a medical exception request:**

- Patient's name, policy number, date of birth, and a copy of the notification letter from the plan
- Patient's history, diagnosis, and current condition
  - How has the patient responded to the therapy? Are they currently controlled and stable?
  - How long have they been on COSENTYX?
  - What is their current health status?
  - Description of the severity of the condition prior to treatment with COSENTYX
  - Patient's level of satisfaction with COSENTYX
- Your rationale for maintaining the patient on COSENTYX. Consider including reasons such as:
  - Clinical support for COSENTYX
  - Considerations related to COVID-19
  - Potential impact a non-medical switch could have on the patient, office time, and resources
- Copies of relevant medical records
- List of prior medications and duration of their use, including dates, and medical outcome
- Fax supporting documentation to the plan

For medical exception sample letter and additional resources, **visit [ReadySet-Cosentyx.com](https://www.readyset-cosentyx.com)**.

## Request an appeal

**If a medical exception is denied**, the insurance company will provide a written explanation as to why it was denied and include information about how to request an appeal.

**Thank you for advocating for your patients to STAY on treatment.**



We are here to help! For questions, reach out to your **COSENTYX Field Reimbursement Manager (FRM)**.

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CoverMyMeds is a registered trademark of CoverMyMeds LLC.

