



COSENTYX[®] Provider Co-Pay Portal Guide



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Program Overview

- The COSENTYX[®] Co-Pay Program will provide eligible privately insured patients, whose insurance does not cover the full cost of the drug, with a \$0 Co-Pay, subject to an annual maximum of \$16,000. The Co-Pay Program also provides eligible privately insured patients, whose insurance does not cover the full cost of their infusion, with a \$0 Co-Pay, subject to a maximum benefit of \$150 per treatment and \$1,950 per year.
- Co-Pay Eligibility*
 - Privately insured patients only
 - Patients over 18 years of age
 - Residents of the United States or Puerto Rico
 - Excluded from this offer: cash-paying patients, patients covered by any state or federal health program, including but not limited to Medicare, Medicaid, Medicaid Advantage, Medigap, VA, DoD, or TRICARE, as well as patients' insurance where product is not covered

*Additional limitations apply. See full terms and conditions [here](#)

Portal Overview

The purpose of this document is to provide step-by-step instructions on the use of the COSENTYX[®] (secukinumab) Provider Co-Pay Portal. The portal is utilized for the submission of claims for payment of patients' co-pay obligations where the prescription is covered by medical benefits.

- Within the COSENTYX Provider Co-Pay Portal, User will be able to:
 - Help a patient enroll and obtain a Co-Pay Card for manual medical claims adjudication
 - Search for previously enrolled patients
 - Submit a medical claim to IQVIA for claims adjudication

Providers/Alternate site of care can access the Provider Co-Pay Portal from the COSENTYX Co-Pay Portal landing page at www.COSENTYX.opushealth.com.



Account Registration

Registration: New Healthcare Provider and ASOC Registration



Welcome to Provider Co-pay Portal
Submit co-pay claims for in-office administered therapy.

Before you begin using the COSENTYX® (secukinumab) Provider Co-pay Portal, you will need to register your practice. Once registered you will be able to:

- Enroll eligible patients in the co-pay program
- Submit claims for reimbursement
- Track claim submissions

This process will take only a few minutes. If you have questions about the portal or have any difficulty registering, please give us a call at 833-280-9205.

Please note: This program is only available for patients that are commercially insured and are not participating in VA, Tricare, CHAMPUS, Medicaid, or any other similar federal or state program. Your information will be shared with Novartis Pharmaceuticals Corporation and used in accordance with its Privacy Policy. Please click [here](#) to view the NPC Privacy Policy

Sign in

Email

Password [Forgot password?](#)

Remember my email


[Sign In](#) or [register your practice](#)

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- To register an account, select “register your practice”
- To access the HCP Co-Pay guide, select “Portal User Guide” in the upper-right corner
- To view and download a blank Patient Authorization Form, select “Authorization Form” in the upper-right corner

Registration: New Healthcare Provider and ASOC Registration (cont)



 Authorization Form Portal User Guide

Create Practice Account

Introduction

To begin, a representative from the prescribing physician's practice must complete the practice registration process.

Before you may begin using the Provider Co-pay Portal, each user within the practice must activate his or her own account individually.

User activation does not have to be completed at the time of practice registration, but must be completed before you may begin using Provider Co-pay Portal.

You will need the following information in order to successfully register your practice:

1. User information including email address (you may add additional users at a later date)
2. Practice location information
3. Prescriber licensing information
 - a. Prescriber National Provider Identifier (NPI)
 - b. State License Number (optional)


You will be asked to agree to the Provider Co-pay Portal Agreement. You must agree to these terms to proceed with Provider Co-pay Portal.

[Begin](#)

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- Users are required to review the practice registration requirements to ensure all the information is available during the registration process. Click on “Begin” to access the registration page

Registration: New Healthcare Provider and ASOC Registration (cont)

 Authorization Form Portal User Guide

Create Practice Account

About The Practice

Please enter the information requested below. We will use this information to verify your practice.

Practice Name Practice NPI

Street Address

Address Line 2 (optional)

City

State ZIP

Phone Email Address

Remittance Address Same as practice address

If reimbursements should be mailed to an address other than the practice address, indicate the remittance address here.

Payment Method

You can receive payment for your claims by any of the methods below. Electronic payments require additional setup on our payment provider's website.

Check

Claim Status Updates

You can choose to receive claim update notifications through fax. If you do not select this option, claim updates will be sent to the email address provided above.


Receive claim status updates at this Fax number:

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- Create Practice Account—About The Practice
If the practice would like to receive claim status updates by fax, click the box next to “Receive claim status updates at this fax number:” and provide a valid fax number. Once all the information is complete, click “Next”
- If the practice has elected to receive payments by check, notifications will be sent by direct mail to the practice address listed

Registration: New Healthcare Provider and ASOC Registration (cont)

 Authorization Form Portal User Guide

Create Practice Account

About The Practice

Please enter the information requested below. We will use this information to verify your practice.

Practice Name **Practice NPI**

Name is required. NPI is required.

Street Address

Street Address is required.

Address Line 2 (optional)

City

City is required.

State **ZIP**

State is required. ZIP is required.

Phone **Email Address**

Phone is required. Email Address is required.

Remittance Address Same as practice address

If reimbursements should be mailed to an address other than the practice address, indicate the remittance address here.

Payment Method

You can receive payment for your claims by any of the methods below. Electronic payments require additional setup on our payment provider's website.

Claim Status Updates

You can choose to receive claim update notifications through fax. If you do not select this option, claim updates will be sent to the email address provided above.

Receive claim status updates at this Fax number:


Fax is required to receive claim status updates by fax.

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- All fields are required (except for Address Line 2) to validate the account, register, and provide access, including patient enrollment and claim submission
- If registering a multi-practice location account, please use the corporate NPI number of your larger organization to create one portal account for all individual practice locations
- If registering a multi-practice location account but choosing to keep each location as a separate portal account, please use the individual site NPI number to register

Registration: New Healthcare Provider and ASOC Registration (cont)



 Authorization Form Portal User Guide

Create Practice Account

About You

Please enter this information about yourself. We will send an account activation email to the email address you specify below. We may use the phone number below to contact you if additional information is required to verify your practice.

Email Address Your activation email will be sent to this address.

First Name

Last Name

Phone Number Extension


Role in Practice

Next

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- **Create Practice Account—About You**
Enter the contact information for the primary User submitting claims for reimbursement. This User will automatically be set as an administrator, allowing them to add/edit Practice, Users', and Prescriber information. Click “Next” to continue the registration process

Registration: New Healthcare Provider and ASOC Registration (cont)

 Authorization Form Portal User Guide

Create Practice Account

About You

Please enter this information about yourself. We will send an account activation email to the email address you specify below. We may use the phone number below to contact you if additional information is required to verify your practice.

Email Address Your activation email will be sent to this address.

First Name

Last Name

Phone Number (###) ###-#### **Extension**

Role in Practice


- Office/Billing Administrator
- Medical Doctor
- Nurse - Non-Prescribing
- Nurse Practitioner
- Physician's Assistant
- Other

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- The User is required to select a “Role in Practice”

Registration: New Healthcare Provider and ASOC Registration (cont)



 Authorization Form Portal User Guide

Create Practice Account

About You

Please enter this information about yourself. We will send an account activation email to the email address you specify below. We may use the phone number below to contact you if additional information is required to verify your practice.

Email Address Your activation email will be sent to this address.

Email is required.

First Name

First Name is required.

Last Name

Last Name is required.

Phone Number Extension

Phone is required.

Role in Practice

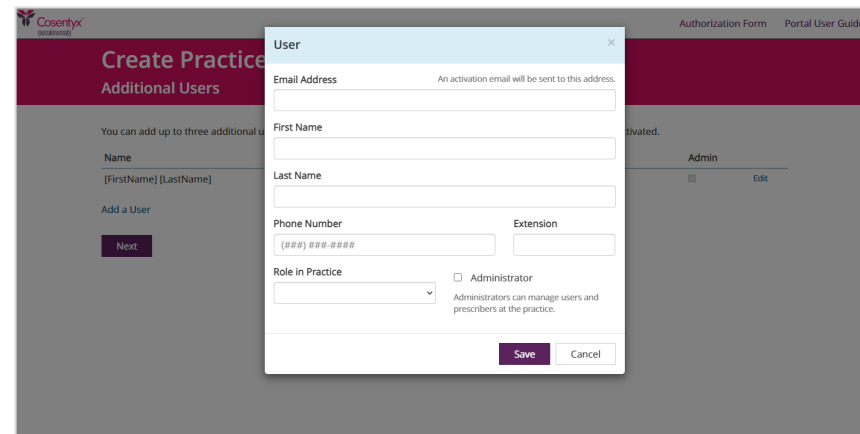
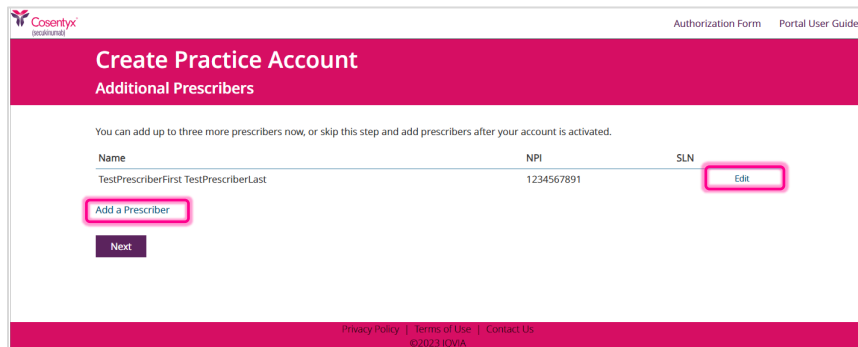
User Role is required.

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- All fields are required on this screen except for “Extension”

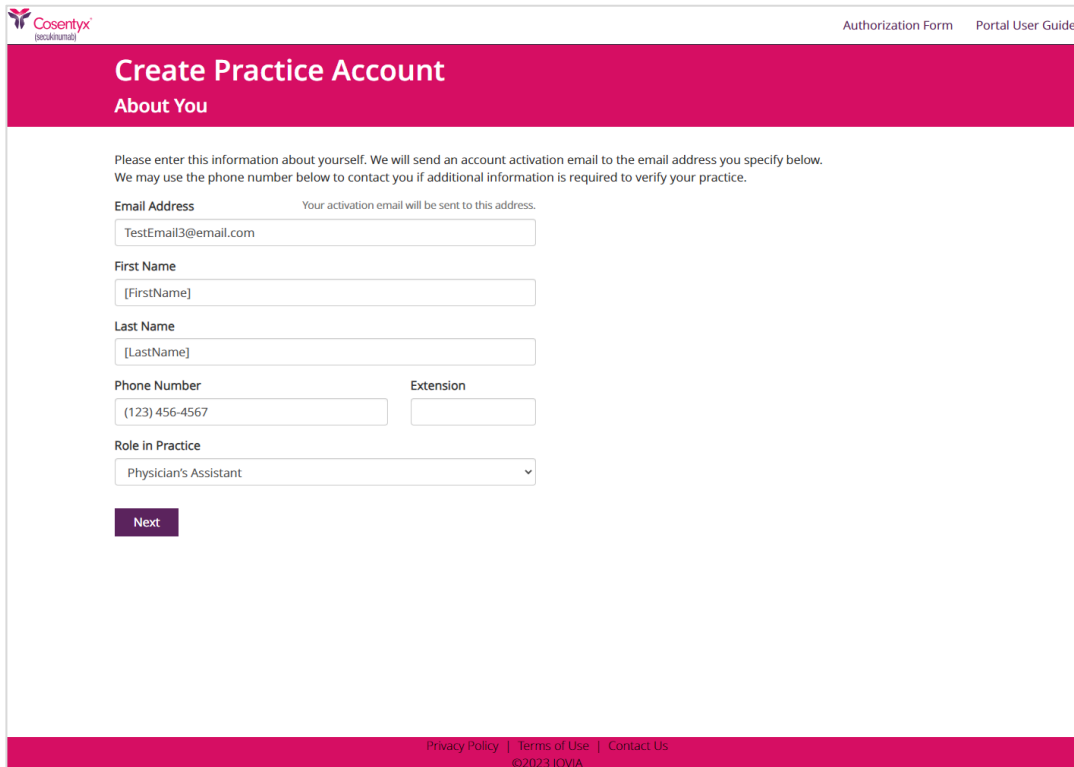
Registration: New Healthcare Provider and ASOC Registration (cont)




- Create Practice Account—Additional Prescribers Provides the ability to add more Users to the Practice Account
- If adding more Users, click on the “Add a Prescriber” link and follow the same process as in the previous step (see screen on right)
- If additional Users do not need to be added at this time, click on “Next”

- To edit existing prescribers, click the “Edit” link. This will take the User to Create Practice Account—About You on the next page

Registration: New Healthcare Provider and ASOC Registration (cont)



 Authorization Form Portal User Guide

Create Practice Account

About You

Please enter this information about yourself. We will send an account activation email to the email address you specify below. We may use the phone number below to contact you if additional information is required to verify your practice.

Email Address Your activation email will be sent to this address.

First Name

Last Name

Phone Number **Extension**

Role in Practice


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- Create Practice Account—About You Provides the ability to edit the User’s information
- Once changes are made, click “Next” and it will route back to “Create Practice Account—Additional Prescribers” screen

Registration: New Healthcare Provider and ASOC Registration (cont)



 Authorization Form Portal User Guide

Create Practice Account

About the Prescriber

At least one prescriber from your practice must be added in order to verify the practice.

Prescriber First Name

Prescriber Last Name

NPI Number State License Number (optional)


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- Create Practice Account—About the Prescriber
Enter the contact information for a Prescriber that will be included on the submitted forms for claims reimbursement
- If there is more than one Prescriber in the practice, the User will be provided an opportunity to add Prescribers on the next screen. Once the information is complete, click on “Next”

Registration: New Healthcare Provider and ASOC Registration (cont)



 Authorization Form Portal User Guide

Create Practice Account

About the Prescriber

At least one prescriber from your practice must be added in order to verify the practice.

Prescriber First Name

First Name is required.

Prescriber Last Name

Last Name is required.

NPI Number State License Number (optional)
NPI Number is required.


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- All fields except State License Number are required on this screen

Registration: New Healthcare Provider and ASOC Registration (cont)



 Authorization Form Portal User Guide

Create Practice Account

Additional Prescribers

You can add up to three more prescribers now, or skip this step and add prescribers after your account is activated.

| Name | NPI | SLN |
|--|------------|----------------------|
| TestPrescriberFirst TestPrescriberLast | 1234567891 | Edit |


Add a Prescriber

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- Create Practice Account—
Additional Prescribers
Review the Practice, Users', and Prescribers' information carefully; if no revisions are required, click "Next"

Registration: New Healthcare Provider and ASOC Registration (cont)

 Authorization Form Portal User Guide

Create Practice Account

Additional Prescribers

You can add up to three more prescribers now, or skip this step and add prescribers after your account is activated.

| Name | NPI | SLN | |
|--|------------|-----|----------------------|
| TestPrescriberFirst TestPrescriberLast | 1234567891 | | Edit |

[Add a Prescriber](#)


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- If any information needs to be corrected, click on the "Edit" link next to the appropriate entry

Registration: New Healthcare Provider and ASOC Registration (cont)



 Authorization Form Portal User Guide

Create Practice Account

About the Prescriber

At least one prescriber from your practice must be added in order to verify the practice.

Prescriber First Name

Prescriber Last Name

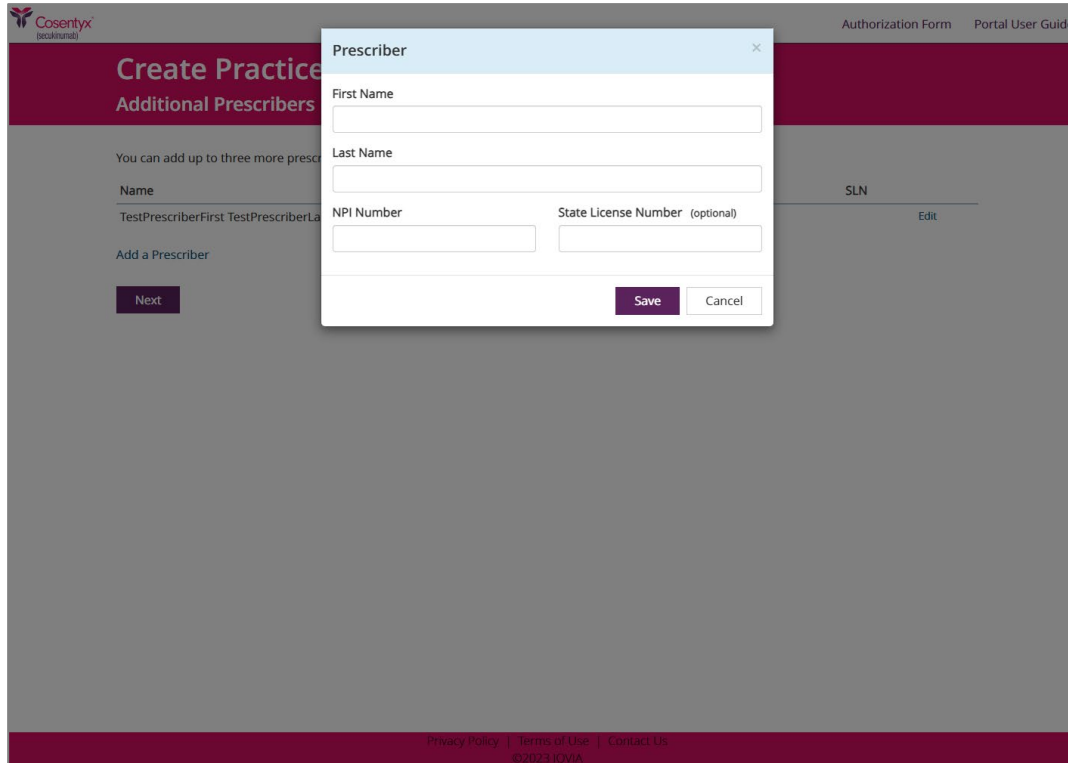
NPI Number **State License Number (optional)**

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- Practice Account, Users', and Prescribers' information can be changed within the portal after registration by following the instructions in the associated sections

Registration: New Healthcare Provider and ASOC Registration (cont)



The screenshot displays the 'Create Practice Account—Additional Prescribers' page in the Cosentyx portal. A modal window titled 'Prescriber' is open, allowing for the entry of prescriber information. The modal contains the following fields:

- First Name
- Last Name
- NPI Number
- State License Number (optional)

Buttons for 'Save' and 'Cancel' are located at the bottom of the modal. The background page shows a 'Next' button and a table with columns for 'Name', 'SLN', and 'Edit'.

- In Create Practice Account—Additional Prescribers, to add more prescribers, click on the “Add a Prescriber” link
- If additional prescribers do not need to be added at this time, click on “Next”

Registration: New Healthcare Provider and ASOC Registration (cont)

Authorization Form Portal User Guide

Create Practice Account

Review Registration

Please review the information below before submitting your registration.

| Practice Edit | Users Edit | | | | | | | | | | | | |
|--|--|-----------------------|---------------|------|------------------------|----------------------|-----------------------|------|-----|-----|--|------------|--|
| TestName NPI: 1234567890 Phone: (123) 456-7890 Address: 123 Test Street TestCity, AL 12345 | <table><thead><tr><th>Name</th><th>Email Address</th><th>Role</th></tr></thead><tbody><tr><td>[FirstName] [LastName]</td><td>TestEmail3@email.com</td><td>Physician's Assistant</td></tr></tbody></table> Prescribers Edit <table><thead><tr><th>Name</th><th>NPI</th><th>SLN</th></tr></thead><tbody><tr><td>TestPrescriberFirst TestPrescriberLast</td><td>1234567891</td><td></td></tr></tbody></table> | Name | Email Address | Role | [FirstName] [LastName] | TestEmail3@email.com | Physician's Assistant | Name | NPI | SLN | TestPrescriberFirst TestPrescriberLast | 1234567891 | |
| Name | Email Address | Role | | | | | | | | | | | |
| [FirstName] [LastName] | TestEmail3@email.com | Physician's Assistant | | | | | | | | | | | |
| Name | NPI | SLN | | | | | | | | | | | |
| TestPrescriberFirst TestPrescriberLast | 1234567891 | | | | | | | | | | | | |


Payments will be received by check.
Claim status updates will be sent to **Test123@test.com**.

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- In Create Practice Account—Review Registration, review the Practice, Users', and Prescribers' information carefully, and if no corrections are required, click on “Next”
- If any information needs to be corrected, click on the “Edit” link next to the appropriate section

Registration: New Healthcare Provider and ASOC Registration (cont)

Authorization Form Portal User Guide

Create Practice Account

Practice Agreement

Please sign below the following Terms and Conditions to indicate your understanding and acceptance of the terms and conditions of participation of this HCP Medical Co-pay Program.


I certify that the information provided in claims submitted to IQVIA Inc., Patient Access and Affordability Solutions Division as part of this HCP Medical Co-pay Program will be accurate; that expenses requested for payments will be eligible patient co-pay, co-insurance, or deductible expenses, actually incurred and not paid by the patient's insurance, Flexible Spending Account, Health Savings Account, or any other payer; and that I would, in the ordinary course of my practice, have charged my patient for such out-of-pocket expenses. I also certify that I will ensure that each patient for whom submits documentation under this Program (i) will not be purchasing their prescriptions with benefits from Medicare, including Medicare Part D or Medicare Advantage Plans; Medicaid, including Medicaid Managed Care or Alternative Benefit Plans ("ABPs") under the Affordable Care Act; Medicaid; Veterans Administration ("VA"); Department of Defense ("DoD"); TRICARE®; or any similar state-funded programs, such as medical or pharmaceutical assistance programs; and (ii) will meet the other eligibility criteria for the program. Any other expenses, including, but not limited to, out-of-network amounts not covered by patient's insurance, are not eligible for payment under this Program. I understand that I am liable for any misrepresentations herein to the full extent of applicable law.

I also understand that IQVIA reserves the right to verify submitted claims information at any time.

Acknowledged and Agreed

Enter your name to accept

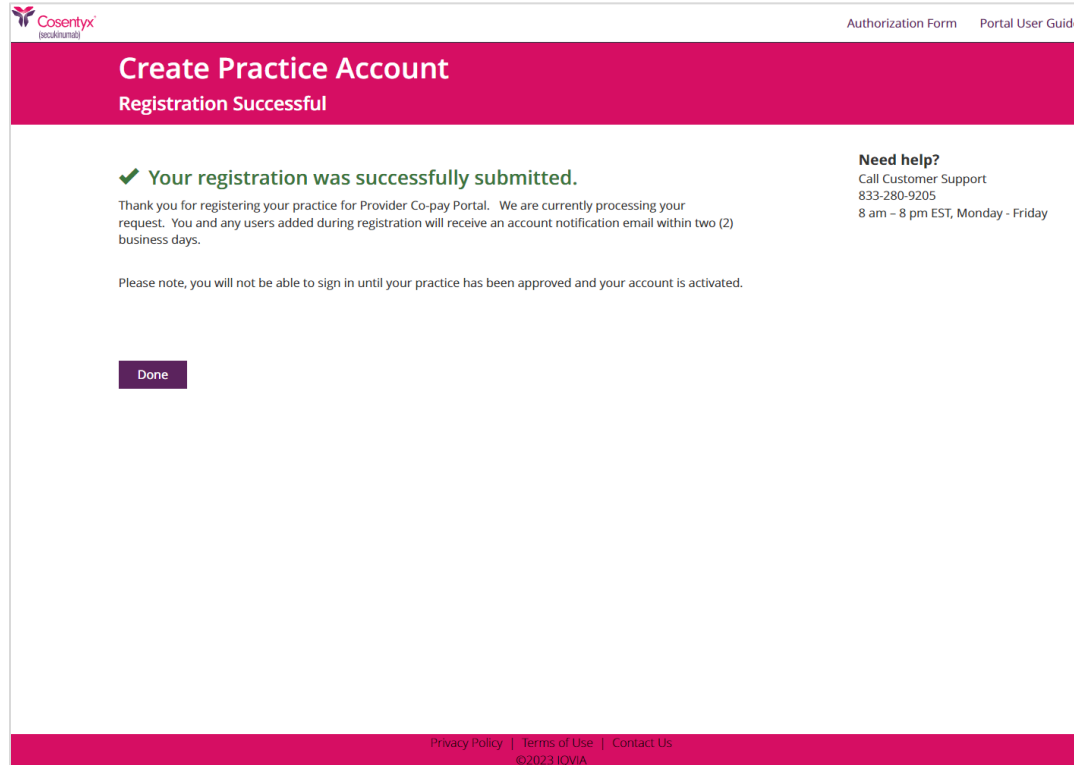
[FirstName] [LastName]

I'm not a robot 
reCAPTCHA
Privacy - Terms

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- Create Practice Account—
Practice Agreement
The last step in the registration process is to read the Terms and Conditions and click the checkbox next to “Acknowledged and Agreed”
- Enter the first and last name of the main User, click on the box next to “I’m not a robot,” and select “Finish”

Registration: New Healthcare Provider and ASOC Registration (cont)



The screenshot shows a web page titled "Create Practice Account" with a sub-header "Registration Successful". The page features a green checkmark icon and the text "Your registration was successfully submitted." Below this, a paragraph explains that the user's registration for the Provider Co-pay Portal is being processed and that they will receive an email notification within two business days. A "Need help?" section provides contact information for Customer Support. A "Done" button is visible at the bottom left. The footer contains links for Privacy Policy, Terms of Use, and Contact Us, along with the copyright notice ©2023 IQVIA.

Authorization Form Portal User Guide

Create Practice Account

Registration Successful

✔ **Your registration was successfully submitted.**

Thank you for registering your practice for Provider Co-pay Portal. We are currently processing your request. You and any users added during registration will receive an account notification email within two (2) business days.

Please note, you will not be able to sign in until your practice has been approved and your account is activated.

Need help?
Call Customer Support
833-280-9205
8 am – 8 pm EST, Monday - Friday

Done

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- Create Practice Account—
Registration Successful
A confirmation page will show that the registration was successful
- Click on “Done” to close the screen.
The information submitted will be validated by the IQVIA Program Support team. If clarification is required before the validation can occur, the IQVIA Program Support team will reach out to the main User on the account. A confirmation email will also be sent to the User

Registration: Practice Registration Email Confirmation



Subject: Practice Registration Submitted for COSENTYX® Connect Co-Pay Program

Hello,

Thank you for registering your practice for the COSENTYX® Connect Co-Pay Program Provider Portal. We are currently processing your request. You and any users added during registration will receive an account notification email within two (2) business days.

Thank you,
COSENTYX® Connect Co-Pay Support Team

- Users will receive a practice registration submission confirmation email

Registration: Registration Confirmation

Subject: Activate Your COSENTYX[®] Connect Co-Pay Program Account

Hello,

Welcome to the COSENTYX[®] Connect Co-Pay Program Provider Portal!
Your practice has been validated. Please click the button below to activate your login account and start submitting claims.

Your link will be valid for 14 days from the date of this email.

Activate User

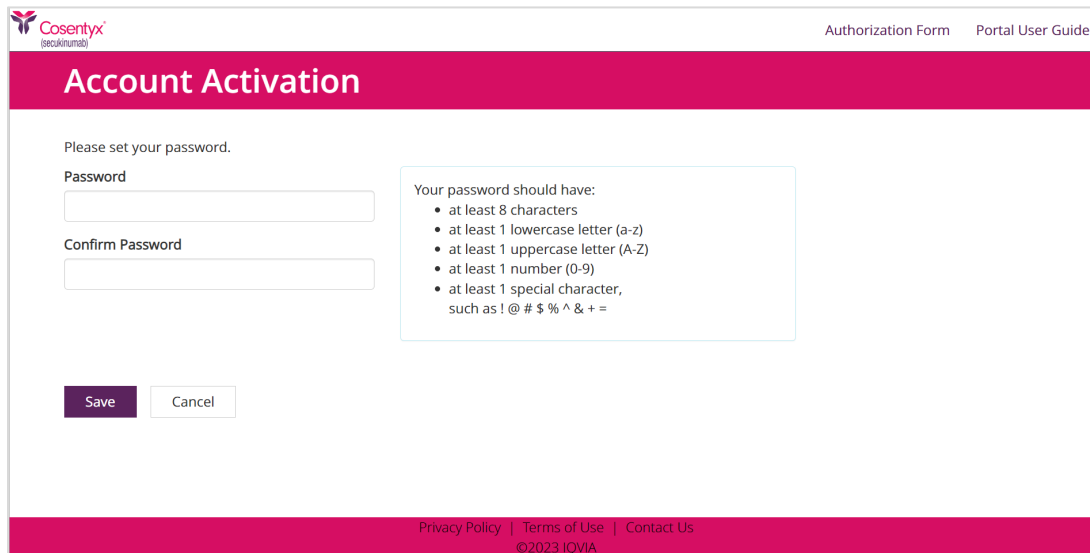
If you're having trouble clicking the activation button, copy and paste the URL below into your web browser.

<https://Cosentyx.opushealth.com//NovartisCosentyxBuyAndBill/Home/ActivateAccount?username=>

Thank you,
COSENTYX[®] Connect Co-Pay Support Team

- Practice Registration Email Confirmation
Once the IQVIA Program Support team has validated the account, an email will be sent to the main User with a link to activate the account and finish the account setup. The link in the email will be valid for 14 days from the date of the email

New User Setup



The screenshot shows a web form titled "Account Activation" for Cosentyx (secukinumab). The form is part of an "Authorization Form" and includes a "Portal User Guide" link. It prompts the user to "Please set your password." and provides two input fields: "Password" and "Confirm Password". A callout box lists the password requirements: at least 8 characters, at least 1 lowercase letter (a-z), at least 1 uppercase letter (A-Z), at least 1 number (0-9), and at least 1 special character (such as ! @ # \$ % ^ & + =). The form includes "Save" and "Cancel" buttons. At the bottom, there are links for "Privacy Policy", "Terms of Use", and "Contact Us", along with the copyright notice "©2023 IQVIA".


- Account Activation

Upon clicking the button “Activate User” or the hyperlink provided, the password setup screen will be displayed.

The password must meet the following criteria:

1. At least 8 characters
2. At least one lowercase letter (a-z)
3. At least one uppercase letter (A-Z)
4. At least one number (0-9)
5. At least one special character such as ! @ # \$ % ^ & + =

New User Setup (cont)

Authorization Form Portal User Guide

Invalid Activation Code

! Your activation code is invalid or expired.

You can get another activation email, or contact customer support for assistance.

Need help?
Call Customer Support
833-280-9205
8 am – 8 pm EST, Monday - Friday

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- Invalid Activation Code
If the activation link expires and the User clicks on the link, the following error will be displayed with instructions to contact IQVIA for assistance

New User Setup (cont)



Cosentyx[®]
(secukinumab)

Authorization Form | Portal User Guide

Account Activated

✔ Your account has been activated.

[Click here](#) to sign in to Provider Co-pay Portal.

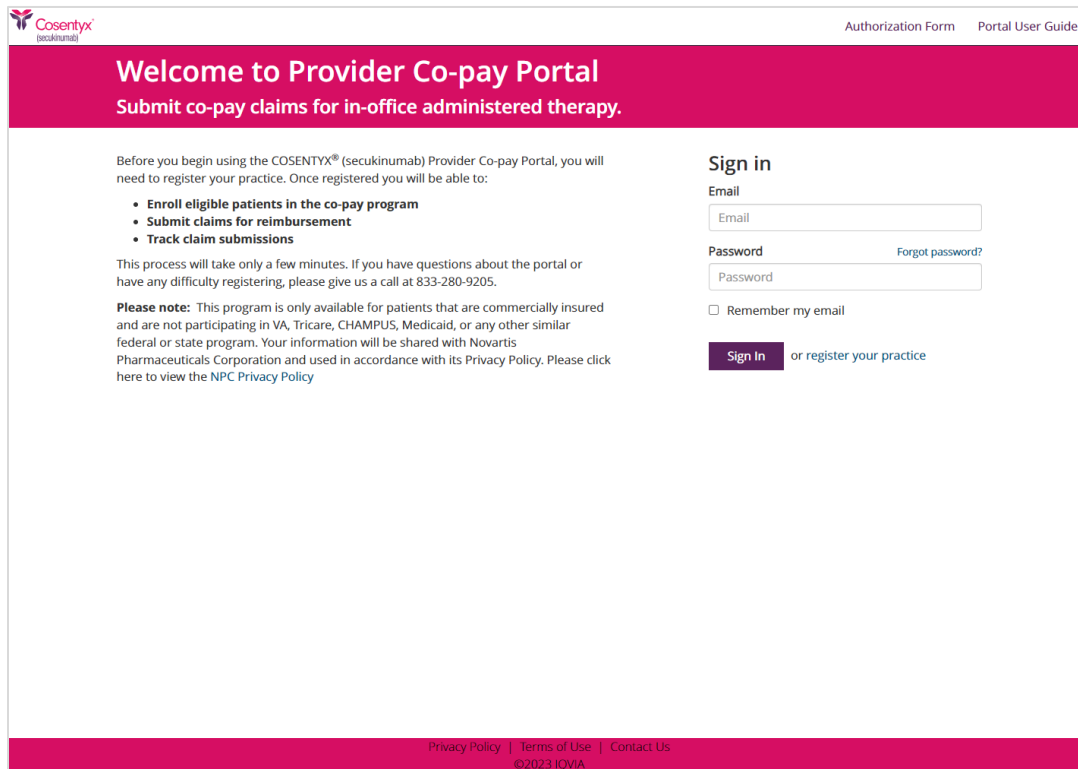
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- Account Activated
Once active, the Account Activation confirmation screen will display
- Selecting “Click here” will bring you to the portal sign-in page



Provider Co-Pay Portal Navigation

Login Instructions: Login Homepage



The screenshot shows the login homepage for the Cosentyx Provider Co-pay Portal. At the top left is the Cosentyx (secukinumab) logo. At the top right are links for "Authorization Form" and "Portal User Guide". A pink banner at the top contains the text "Welcome to Provider Co-pay Portal" and "Submit co-pay claims for in-office administered therapy." Below the banner, on the left, is a "Sign in" section with input fields for "Email" and "Password", a "Remember my email" checkbox, and a "Sign In" button. A link for "Forgot password?" is next to the password field. Below the "Sign In" button is a link to "register your practice". On the right side of the page, there is a "Welcome to Provider Co-pay Portal" section with a list of bullet points: "Enroll eligible patients in the co-pay program", "Submit claims for reimbursement", and "Track claim submissions". Below this is a paragraph stating the process will take only a few minutes and providing a contact number (833-280-9205). A "Please note" section follows, explaining that the program is only available for commercially insured patients and that information will be shared with Novartis Pharmaceuticals Corporation. At the bottom of the page, there are links for "Privacy Policy", "Terms of Use", and "Contact Us", along with the copyright notice "©2023 IQVIA".

Welcome to Provider Co-pay Portal
Submit co-pay claims for in-office administered therapy.

Before you begin using the COSENTYX® (secukinumab) Provider Co-pay Portal, you will need to register your practice. Once registered you will be able to:

- Enroll eligible patients in the co-pay program
- Submit claims for reimbursement
- Track claim submissions

This process will take only a few minutes. If you have questions about the portal or have any difficulty registering, please give us a call at 833-280-9205.

Please note: This program is only available for patients that are commercially insured and are not participating in VA, Tricare, CHAMPUS, Medicaid, or any other similar federal or state program. Your information will be shared with Novartis Pharmaceuticals Corporation and used in accordance with its Privacy Policy. Please click here to view the NPC Privacy Policy

Sign in

Email

Password [Forgot password?](#)

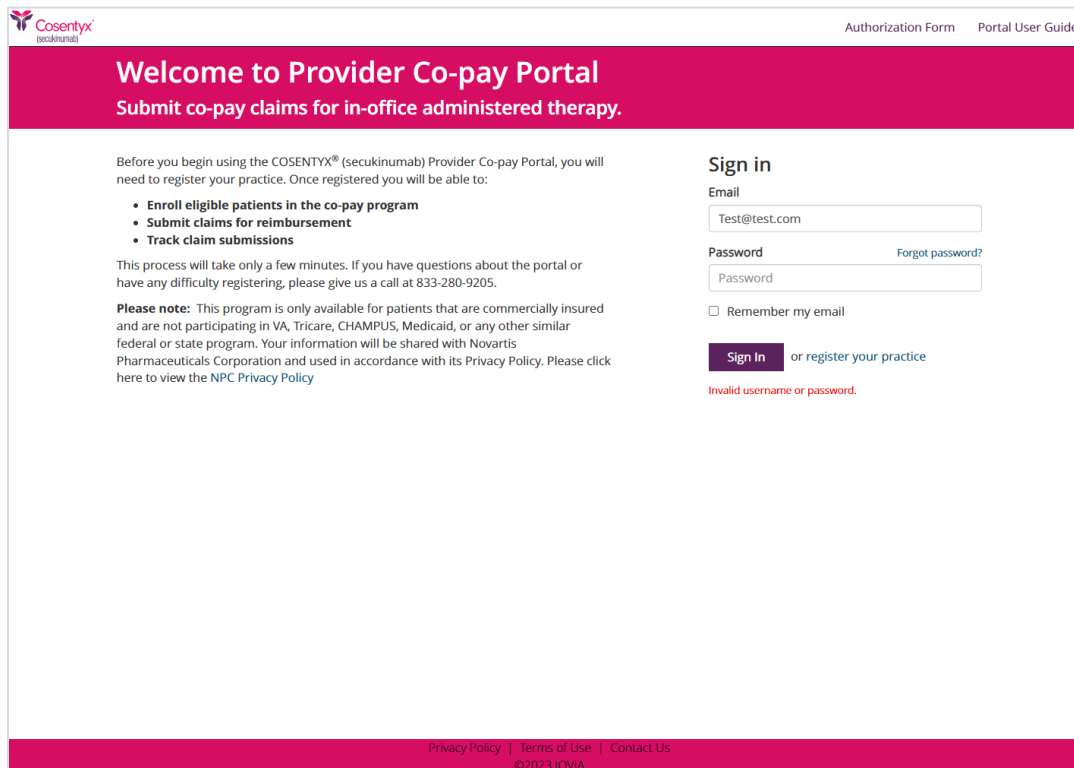
Remember my email

[Sign In](#) or [register your practice](#)

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- Welcome to Provider Co-Pay Portal
Once the User has successfully created a password, the Welcome to Provider Co-Pay Portal screen will display. The User can log in to the portal by entering the email and password. Upon completion of both fields, click “Sign In” to access the portal

Login Instructions—Reset Password



The screenshot shows the Cosentyx (secukinumab) Provider Co-pay Portal. At the top right, there are links for "Authorization Form" and "Portal User Guide". The main header is a pink bar with the text "Welcome to Provider Co-pay Portal" and "Submit co-pay claims for in-office administered therapy." Below this, there is a section for "Sign in" with input fields for "Email" (containing "Test@test.com") and "Password" (with a "Forgot password?" link). There is a "Remember my email" checkbox and a "Sign In" button. Below the button, a red error message reads "Invalid username or password." To the left of the sign-in form, there is introductory text and a list of bullet points: "Enroll eligible patients in the co-pay program", "Submit claims for reimbursement", and "Track claim submissions". A "Please note" section follows, and at the bottom, there are links for "Privacy Policy", "Terms of Use", and "Contact Us", along with the copyright notice "©2023 IQVIA".

Authorization Form Portal User Guide

Welcome to Provider Co-pay Portal

Submit co-pay claims for in-office administered therapy.

Before you begin using the COSENTYX® (secukinumab) Provider Co-pay Portal, you will need to register your practice. Once registered you will be able to:

- Enroll eligible patients in the co-pay program
- Submit claims for reimbursement
- Track claim submissions

This process will take only a few minutes. If you have questions about the portal or have any difficulty registering, please give us a call at 833-280-9205.

Please note: This program is only available for patients that are commercially insured and are not participating in VA, Tricare, CHAMPUS, Medicaid, or any other similar federal or state program. Your information will be shared with Novartis Pharmaceuticals Corporation and used in accordance with its Privacy Policy. Please click here to view the NPC Privacy Policy

Sign in

Email

Password [Forgot password?](#)

Remember my email

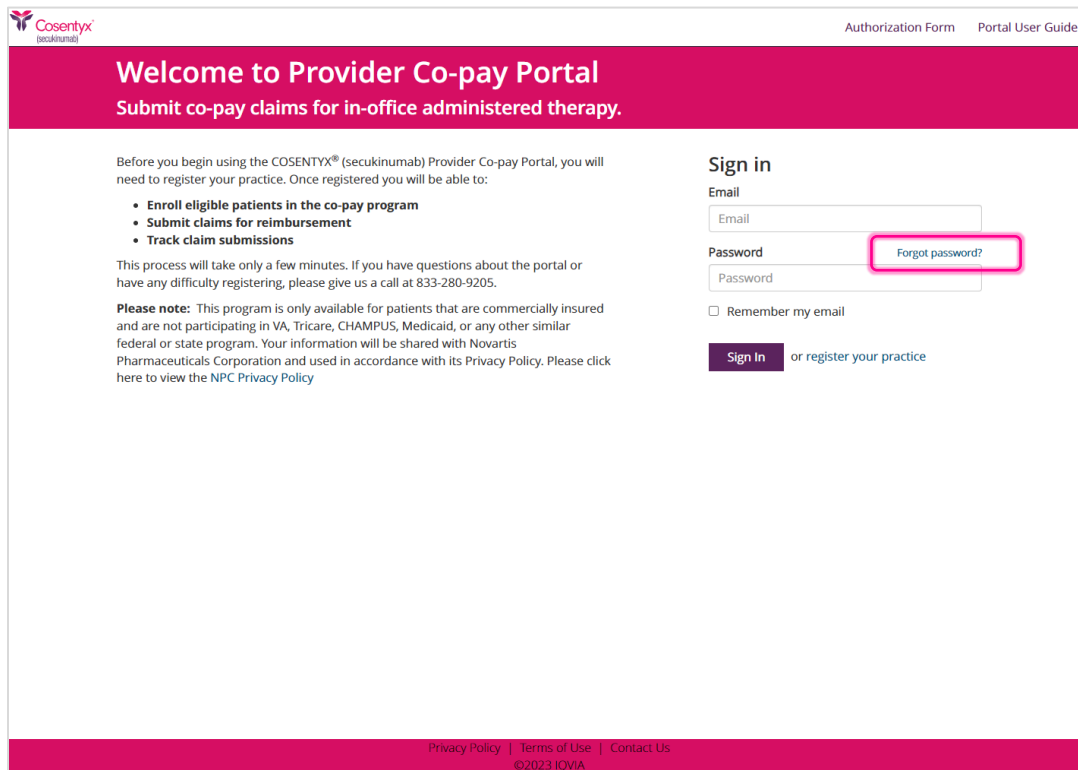
[Sign In](#) or [register your practice](#)

Invalid username or password.

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- If the User has entered incorrect login information, an error message will display. If the User has forgotten their password, follow the steps outlined in the following page to reset the password

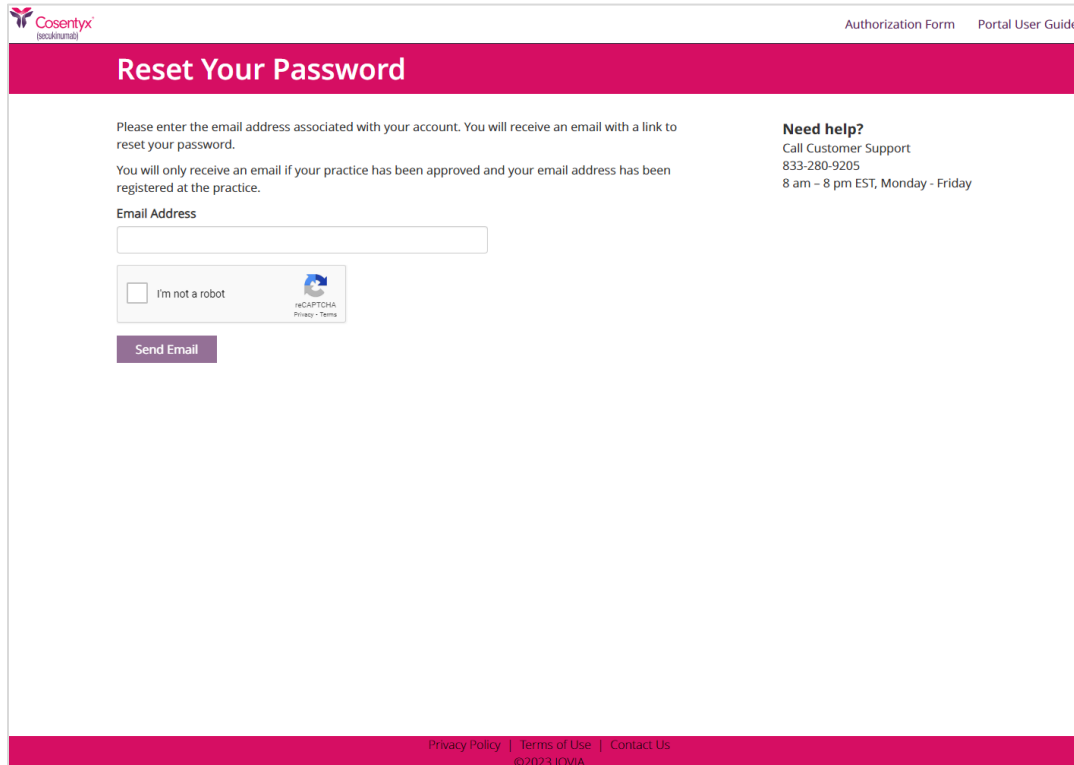
Login Instructions—Reset Password (cont)




The screenshot shows the Cosentyx (secukinumab) Provider Co-pay Portal. At the top, there are links for "Authorization Form" and "Portal User Guide". The main heading is "Welcome to Provider Co-pay Portal" with the subtext "Submit co-pay claims for in-office administered therapy." Below this, there is a section for instructions and a list of actions: "Enroll eligible patients in the co-pay program", "Submit claims for reimbursement", and "Track claim submissions". A "Sign in" section contains an "Email" field, a "Password" field, and a "Forgot password?" link highlighted with a red box. There is also a "Remember my email" checkbox and a "Sign In" button with the text "or register your practice". At the bottom, there are links for "Privacy Policy", "Terms of Use", and "Contact Us", along with the copyright notice "©2023 IQVIA".

- If the User cannot remember their password, click on the “Forgot Password?” link on the Welcome screen

Login Instructions—Reset Password (cont)




 Authorization Form Portal User Guide

Reset Your Password

Please enter the email address associated with your account. You will receive an email with a link to reset your password.

You will only receive an email if your practice has been approved and your email address has been registered at the practice.

Email Address

I'm not a robot  [Privacy](#) [Terms](#)

Send Email


Need help?
Call Customer Support
833-280-9205
8 am - 8 pm EST, Monday - Friday

[Privacy Policy](#) | [Terms of Use](#) | [Contact Us](#)
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- Reset Your Password
Enter the email address associated with the User's account and click "Send Email"

Login Instructions—Reset Password (cont)



Authorization Form Portal User Guide

Reset Your Password

 **Password Reset Sent**

Click the link in your email to reset your password.

If a valid account was found for your email address, we have sent you a password reset link. Please check your inbox for an email from *donotreply@opushealth.com*.

If you do not see the email, please check your junk mail folder and make sure *diane.knebels@mccannhealth.com* is the correct email address for your Provider Co-pay Portal account. You can also [click here](#) to receive a new link.

Need help?
Call Customer Support
833-280-9205
8 am – 8 pm EST, Monday - Friday

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- A reset password confirmation screen will display

Login Instructions—Reset Password (cont)

Subject: Reset your COSENTYX[®] Connect Co-Pay Program Provider Portal Password

Hello,

You recently asked to reset your COSENTYX[®] Connect Co-Pay Program Provider Portal password by email. Please click the button below to reset your password. Your reset link will be valid for 24 hours.

Reset Password

If you're having trouble clicking the password reset button, copy and paste the URL below into your web browser.

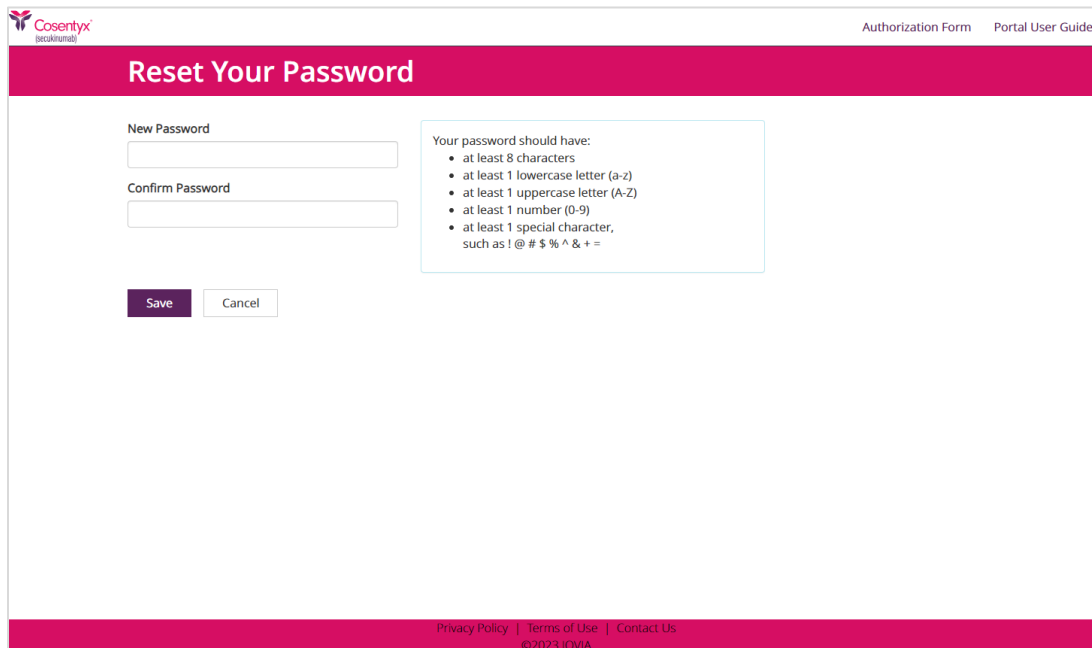
<https://Cosentyx.opushealth.com/Home/ResetPassword?username=>

If you are still unable to access your account, or if you did not request a password reset, please call the Cosentyx[®] Connect Co-Pay Support Team at 1-833-280-9205.

Thank you,
COSENTYX[®] Connect Co-Pay Support Team

- The User will receive an email with instructions on how to reset their password. The User can click the “Reset Password” button or the hyperlink provided

Login Instructions—Reset Password (cont)



Authorization Form Portal User Guide

Reset Your Password

New Password

Confirm Password

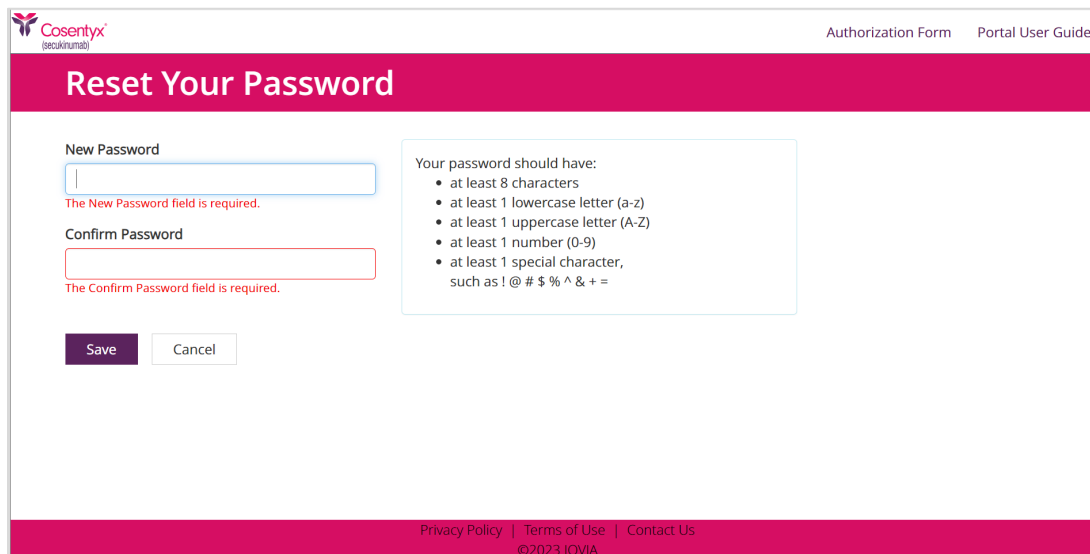
Your password should have:

- at least 8 characters
- at least 1 lowercase letter (a-z)
- at least 1 uppercase letter (A-Z)
- at least 1 number (0-9)
- at least 1 special character, such as ! @ # \$ % ^ & + =

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- Once the User has either clicked the “Reset Password” button or the hyperlink provided, the Reset Your Password screen will be displayed
- Enter the new password following the password requirements shown on the right of the screen
- The same password must be entered in the New Password and Confirm Password fields. Once both fields have been updated with the new password, click on the “Save” button

Login Instructions—Reset Password (cont)



Cosentyx (secukinumab) Authorization Form Portal User Guide

Reset Your Password

New Password

The New Password field is required.

Confirm Password

The Confirm Password field is required.

Your password should have:

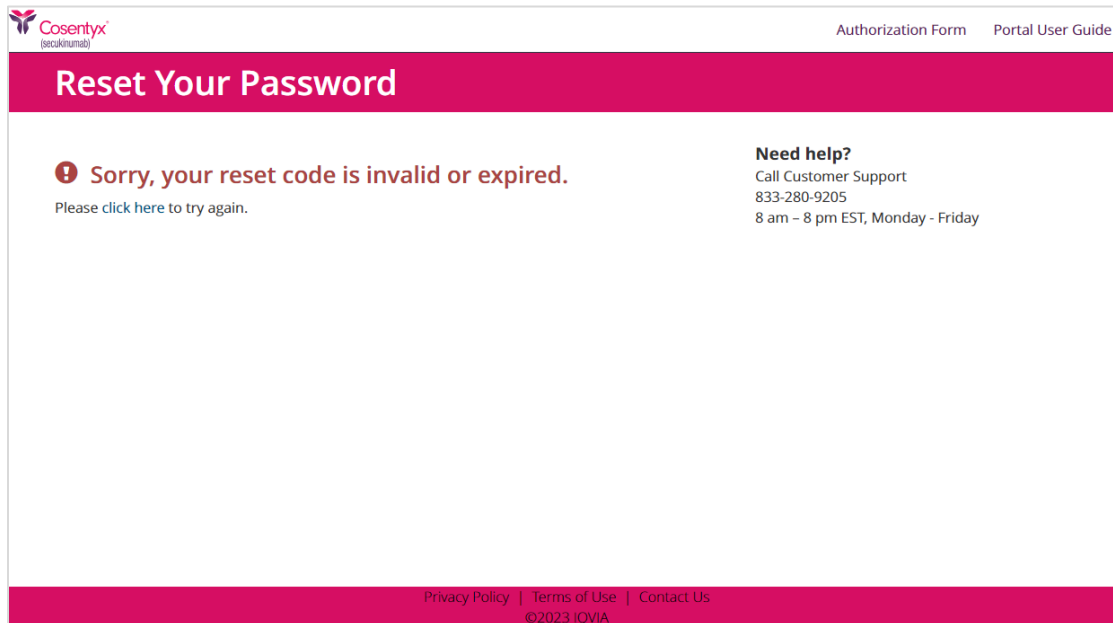
- at least 8 characters
- at least 1 lowercase letter (a-z)
- at least 1 uppercase letter (A-Z)
- at least 1 number (0-9)
- at least 1 special character, such as ! @ # \$ % ^ & + =

Save Cancel

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- If the password requirements have not been met, the User will receive an error message. Re-enter a new password following the instructions on the right of the screen, ensuring the password is the same for both the New Password and Confirm Password fields

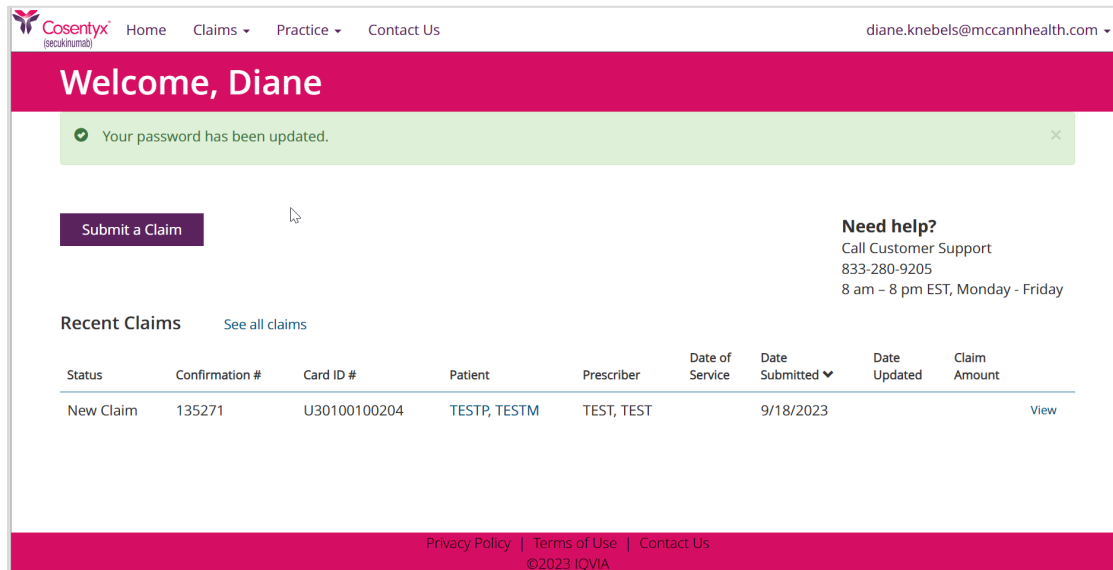
Login Instructions—Reset Password (cont)



The screenshot shows the Cosentyx (secukinumab) portal interface. At the top left is the Cosentyx logo. At the top right are links for "Authorization Form" and "Portal User Guide". A prominent pink header bar contains the text "Reset Your Password". Below this, a message with a red exclamation mark icon states: "Sorry, your reset code is invalid or expired." followed by "Please click [here](#) to try again." To the right of this message, under the heading "Need help?", it provides contact information: "Call Customer Support 833-280-9205 8 am - 8 pm EST, Monday - Friday". At the bottom of the page, a pink footer bar contains links for "Privacy Policy", "Terms of Use", and "Contact Us", along with the copyright notice "©2023 IQVIA".

- If the User's code is invalid or expired, the User will see message shown on the screen

Login Instructions—Reset Password (cont)



The screenshot shows the Cosentyx user interface. At the top, there is a navigation bar with the Cosentyx logo, links for Home, Claims, Practice, and Contact Us, and the user's email address: diane.knebel@mccannhealth.com. Below the navigation bar is a large pink banner that says "Welcome, Diane". A green notification box with a checkmark icon displays the message: "Your password has been updated." Below this, there is a dark purple button labeled "Submit a Claim". To the right of the button, there is a "Need help?" section with contact information: "Call Customer Support 833-280-9205 8 am - 8 pm EST, Monday - Friday". Below the "Submit a Claim" button, there is a "Recent Claims" section with a link to "See all claims". A table lists the recent claims with columns for Status, Confirmation #, Card ID #, Patient, Prescriber, Date of Service, Date Submitted, Date Updated, and Claim Amount. The table contains one row for a "New Claim" with a confirmation number of 135271, card ID U30100100204, patient name TESTP, TESTM, prescriber TEST, TEST, and date submitted 9/18/2023. A "View" link is present at the end of the row. At the bottom of the page, there is a pink footer with links for Privacy Policy, Terms of Use, and Contact Us, and the copyright notice ©2023 IQVIA.

Submit a Claim

Need help?
Call Customer Support
833-280-9205
8 am - 8 pm EST, Monday - Friday

Recent Claims [See all claims](#)

| Status | Confirmation # | Card ID # | Patient | Prescriber | Date of Service | Date Submitted ▼ | Date Updated | Claim Amount |
|-----------|----------------|--------------|--------------|------------|-----------------|------------------|--------------|----------------------|
| New Claim | 135271 | U30100100204 | TESTP, TESTM | TEST, TEST | | 9/18/2023 | | View |

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- Upon a successful submission of a new password, the following screen will be displayed confirming the password has been updated

Submitting a Claim

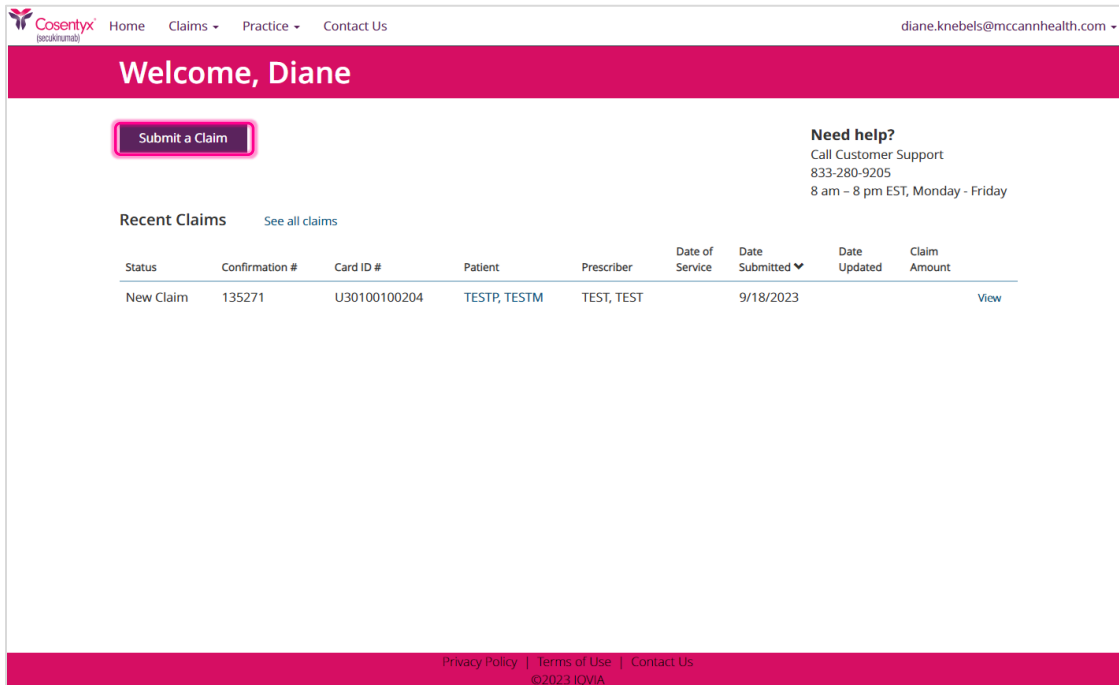


The screenshot shows the Cosentyx (secukinumab) Provider Co-Pay Portal. The top navigation bar includes 'Home', 'Claims', 'Practice', and 'Contact Us', with the user email 'diane.knebel@mccannhealth.com' on the right. A pink banner says 'Welcome, Diane'. Below this is a 'Submit a Claim' button and a 'Need help?' section with contact information: 'Call Customer Support 833-280-9205, 8 am - 8 pm EST, Monday - Friday'. A 'Recent Claims' section with a 'See all claims' link contains a table with one row of data. The footer has links for 'Privacy Policy', 'Terms of Use', and 'Contact Us', along with the copyright notice '©2023 IQVIA'.

| Status | Confirmation # | Card ID # | Patient | Prescriber | Date of Service | Date Submitted ▼ | Date Updated | Claim Amount |
|-----------|----------------|--------------|--------------|------------|-----------------|------------------|--------------|----------------------|
| New Claim | 135271 | U30100100204 | TESTP, TESTM | TEST, TEST | | 9/18/2023 | | View |

- Welcome Screen
Upon signing into the Provider Co-Pay Portal, a User will be able to perform the following functions:
 1. View Claims History & Submit a Claim
 2. Enroll a Patient & Obtain a Co-Pay Card
 3. Update Practice Information
 4. Update or add Users, Prescribers, or Patients
 5. Use the drop-down menu on the far right under the email address to change a password or log out of the portal
- “Enroll a Patient & Obtain a Co-Pay Card” selection will be used for all new patients

Submitting a Claim (cont)



The screenshot shows the Cosentyx user portal interface. At the top, there is a navigation bar with the Cosentyx logo, links for Home, Claims, Practice, and Contact Us, and the user's email address: diane.knebel@mccannhealth.com. Below the navigation bar is a large pink banner with the text "Welcome, Diane".

Below the banner, there is a "Submit a Claim" button highlighted with a pink border. To the right of the button, there is a "Need help?" section with the following text: "Call Customer Support 833-280-9205 8 am - 8 pm EST, Monday - Friday".

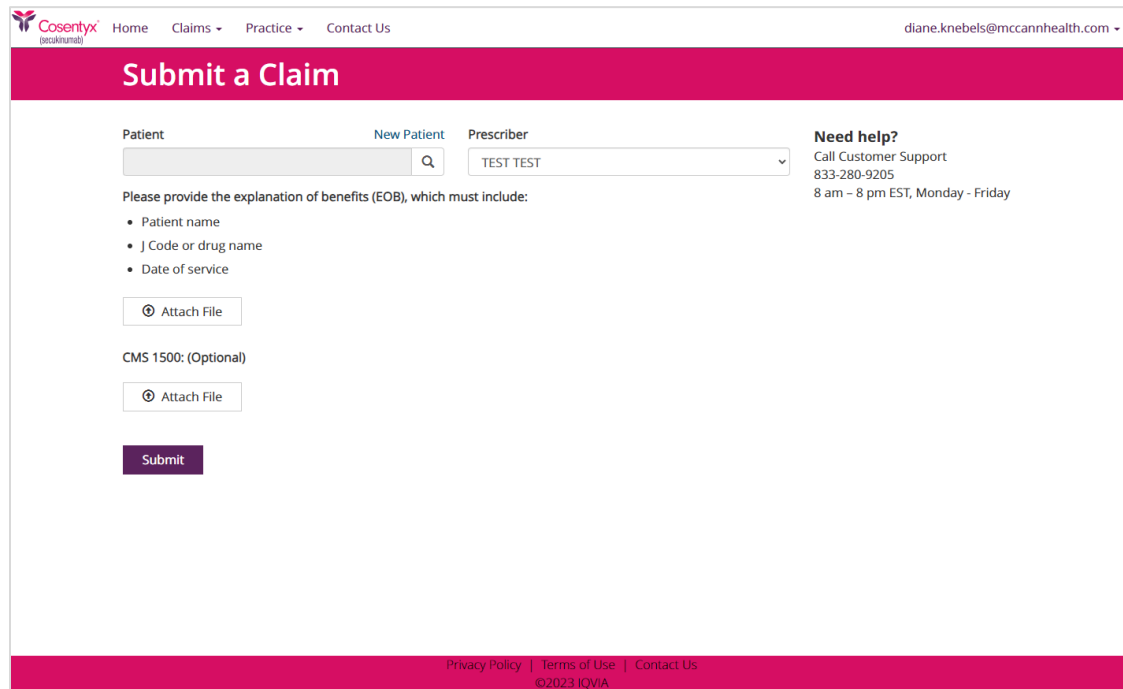
Below the "Submit a Claim" button, there is a "Recent Claims" section with a link "See all claims". Below this section is a table with the following columns: Status, Confirmation #, Card ID #, Patient, Prescriber, Date of Service, Date Submitted, Date Updated, and Claim Amount.

| Status | Confirmation # | Card ID # | Patient | Prescriber | Date of Service | Date Submitted | Date Updated | Claim Amount |
|-----------|----------------|--------------|--------------|------------|-----------------|----------------|--------------|----------------------|
| New Claim | 135271 | U30100100204 | TESTP, TESTM | TEST, TEST | | 9/18/2023 | | View |

At the bottom of the page, there is a pink footer with the following text: "Privacy Policy | Terms of Use | Contact Us ©2023 IQVIA".

- From the Welcome Screen, the User can select the “Submit a Claim” button or Submit a Claim from the Claims drop-down menu. The patient must be added to the portal to submit a claim. This can be done during the claim’s submission process. If the User wants to add patients prior to submitting claims, they can do so by following the instructions on page 70, “Add a Patient”

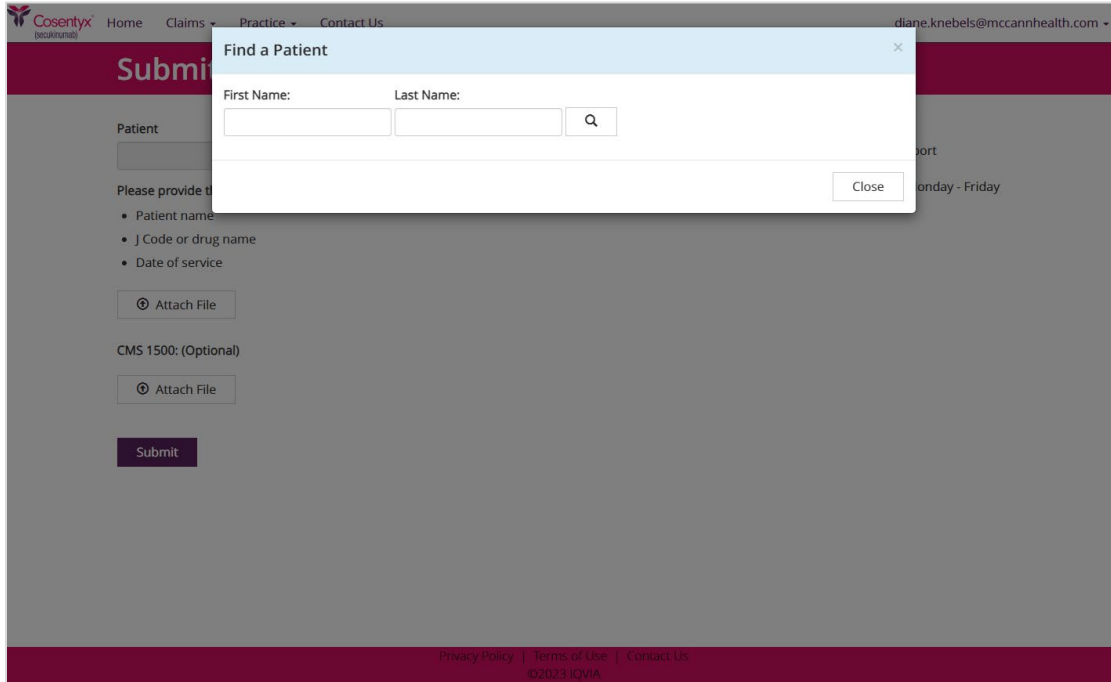
Submitting a Claim (cont)



The screenshot shows a web form titled "Submit a Claim" for Cosentyx (secukinumab). The form includes a navigation bar with "Home", "Claims", "Practice", and "Contact Us", and a user email "diane.knebels@mccannhealth.com". The main heading is "Submit a Claim". Below this, there are two input fields: "Patient" and "Prescriber". The "Patient" field has a search icon (magnifying glass) and a "New Patient" link. The "Prescriber" field has a dropdown menu showing "TEST TEST". To the right of these fields is a "Need help?" section with contact information: "Call Customer Support 833-280-9205, 8 am - 8 pm EST, Monday - Friday". Below the input fields, there is a section titled "Please provide the explanation of benefits (EOB), which must include:" followed by a bulleted list: "Patient name", "J Code or drug name", and "Date of service". There are two "Attach File" buttons, one for the EOB section and one for the "CMS 1500: (Optional)" section. A "Submit" button is located at the bottom of the form. The footer contains "Privacy Policy | Terms of Use | Contact Us" and "©2023 IQVIA".

- **Submit a Claim**
To submit a claim for an existing patient, click on the search icon (magnifying glass) to display the patient search field

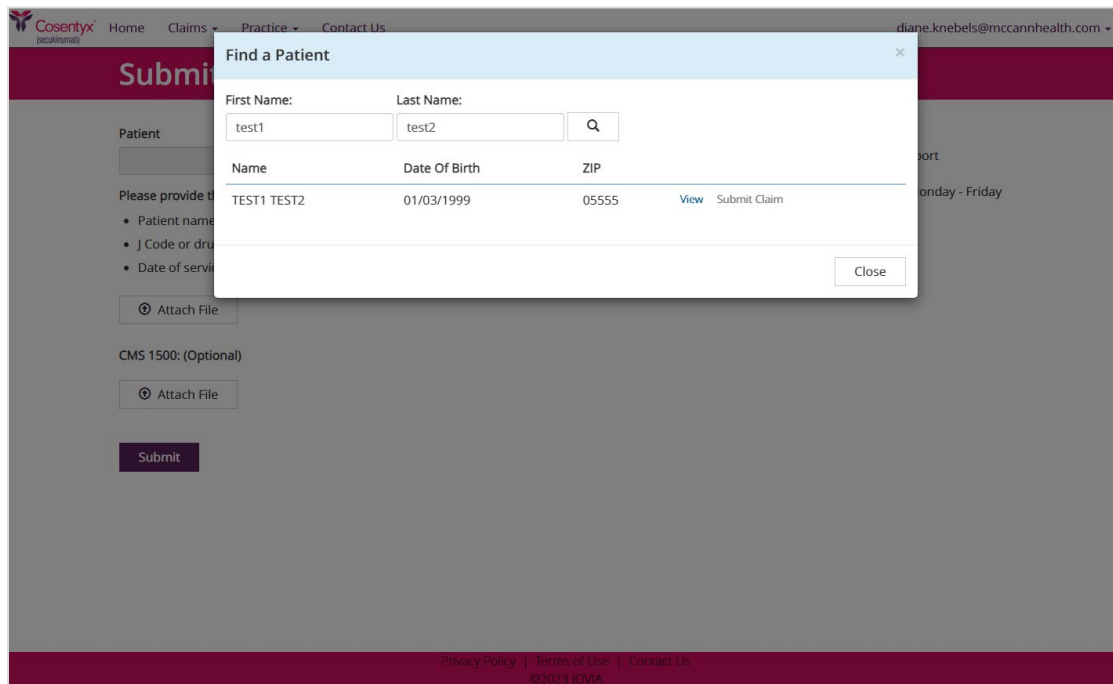
Submitting a Claim (cont)



The screenshot shows a web application for submitting claims. A modal window titled "Find a Patient" is open, featuring two input fields for "First Name" and "Last Name", and a magnifying glass icon for search. A "Close" button is located at the bottom right of the modal. The background interface includes a navigation bar with "Home", "Claims", "Practice", and "Contact Us", and a main form area with a "Submit" button. The footer contains "Privacy Policy | Terms of Use | Contact Us" and "©2023 IQVIA".

- Users can enter a First Name and Last Name and then select the magnifying glass

Submitting a Claim (cont)



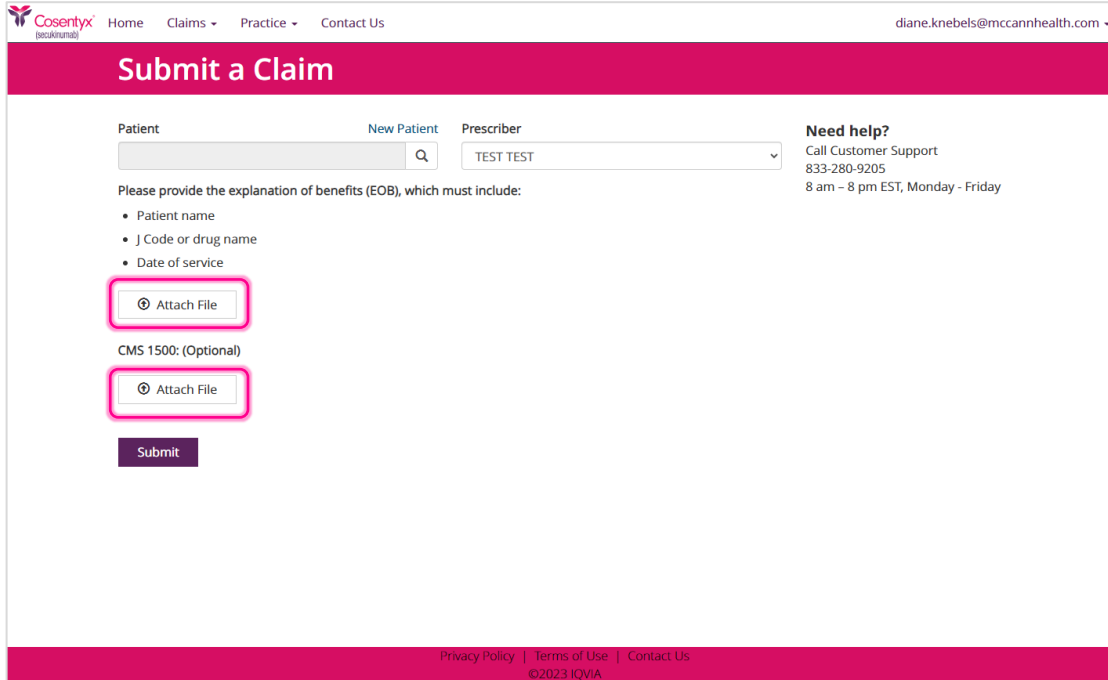
Find a Patient

First Name: Last Name:

| Name | Date Of Birth | ZIP | |
|-------------|---------------|-------|---|
| TEST1 TEST2 | 01/03/1999 | 05555 | View Submit Claim |

- Click the “Submit Claim” link. Upon clicking this link, the screen will revert to the Submit a Claim window and the selected patient’s name will be populated in the Patient field

Submitting a Claim (cont)



Submit a Claim

Patient New Patient Prescriber TEST TEST

Need help?
Call Customer Support
833-280-9205
8 am - 8 pm EST, Monday - Friday

Please provide the explanation of benefits (EOB), which must include:

- Patient name
- J Code or drug name
- Date of service

⊕ Attach File

CMS 1500: (Optional)

⊕ Attach File

Submit

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- To complete the submission, ensure the correct prescriber is selected and the correct documentation is attached. The documentation must be in one of the following formats: picture file (JPG, JPEG, GIF, PNG, BMP, TIF, TIFF) or PDF. Once these two steps are complete, click on “Submit”, and a confirmation page will display acknowledging a successful submission

Submitting a Claim (cont)



Cosentyx (secukinumab) Home Claims Practice Contact Us diane.knebel@mccannhealth.com

Claim Submitted

✓ **The claim has been successfully submitted.**

The confirmation number is 135329.

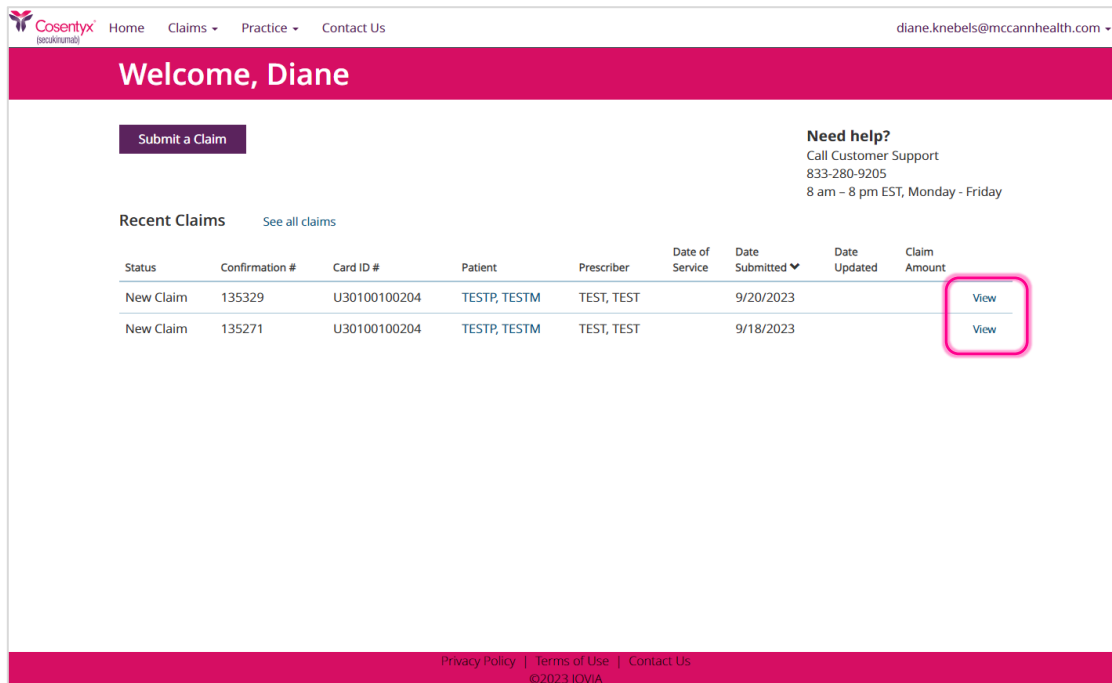
You will be notified once the claim is approved.

[Back to home page](#)

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- **Claim Submitted**
The User can click on “Back to home page” to return to the Welcome screen or select another screen or select another function using the drop-down menus within the header

Submitting a Claim (cont)



Submit a Claim

Need help?
Call Customer Support
833-280-9205
8 am – 8 pm EST, Monday - Friday

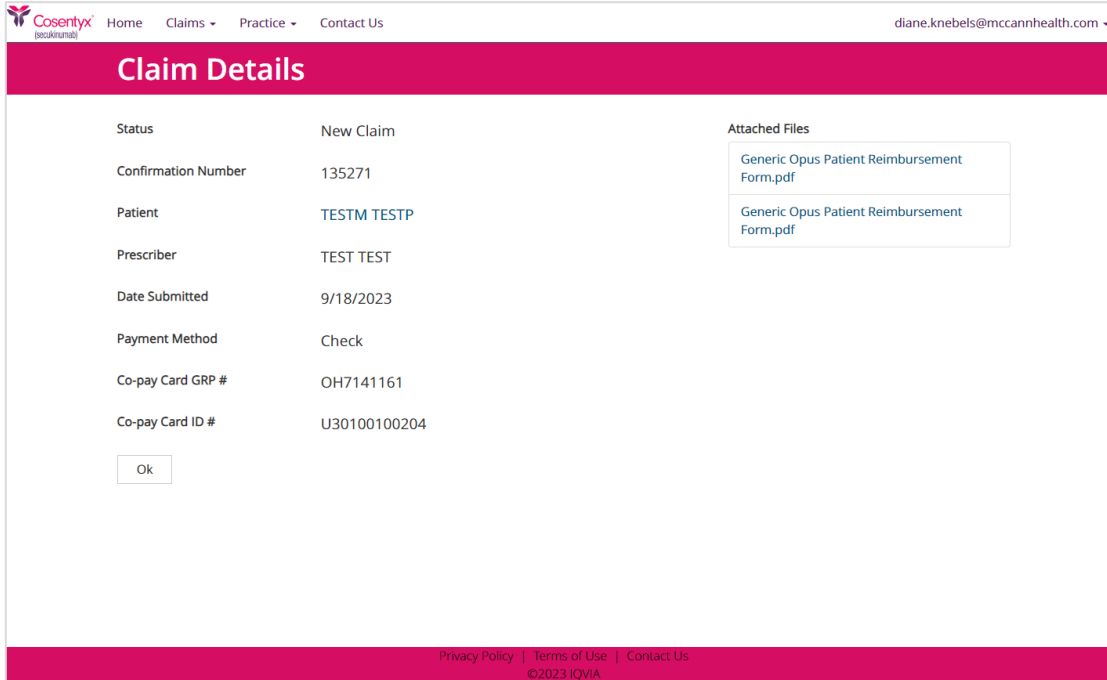
Recent Claims [See all claims](#)

| Status | Confirmation # | Card ID # | Patient | Prescriber | Date of Service | Date Submitted ▼ | Date Updated | Claim Amount |
|-----------|----------------|--------------|--------------|------------|-----------------|------------------|----------------------|--------------|
| New Claim | 135329 | U30100100204 | TESTP, TESTM | TEST, TEST | | 9/20/2023 | View | |
| New Claim | 135271 | U30100100204 | TESTP, TESTM | TEST, TEST | | 9/18/2023 | View | |

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- Welcome Screen
When the “Back to home page” selection is made, the Welcome screen will be displayed containing the recent claims submitted. To view a submitted claim, click on the “View” link on the far right

Submitting a Claim—Claim Details



The screenshot shows the 'Claim Details' page in the Cosentyx portal. The page has a dark red header with the title 'Claim Details'. Below the header, there is a navigation bar with 'Home', 'Claims', 'Practice', and 'Contact Us' links, and a user email 'diane.knebel@mccannhealth.com'. The main content area is divided into two columns. The left column contains a table of claim details, and the right column contains a list of attached files. At the bottom of the page, there is a footer with 'Privacy Policy', 'Terms of Use', and 'Contact Us' links, and a copyright notice '©2023 IQVIA'.

| | |
|---------------------|--------------|
| Status | New Claim |
| Confirmation Number | 135271 |
| Patient | TESTM TESTP |
| Prescriber | TEST TEST |
| Date Submitted | 9/18/2023 |
| Payment Method | Check |
| Co-pay Card GRP # | OH7141161 |
| Co-pay Card ID # | U30100100204 |

Attached Files

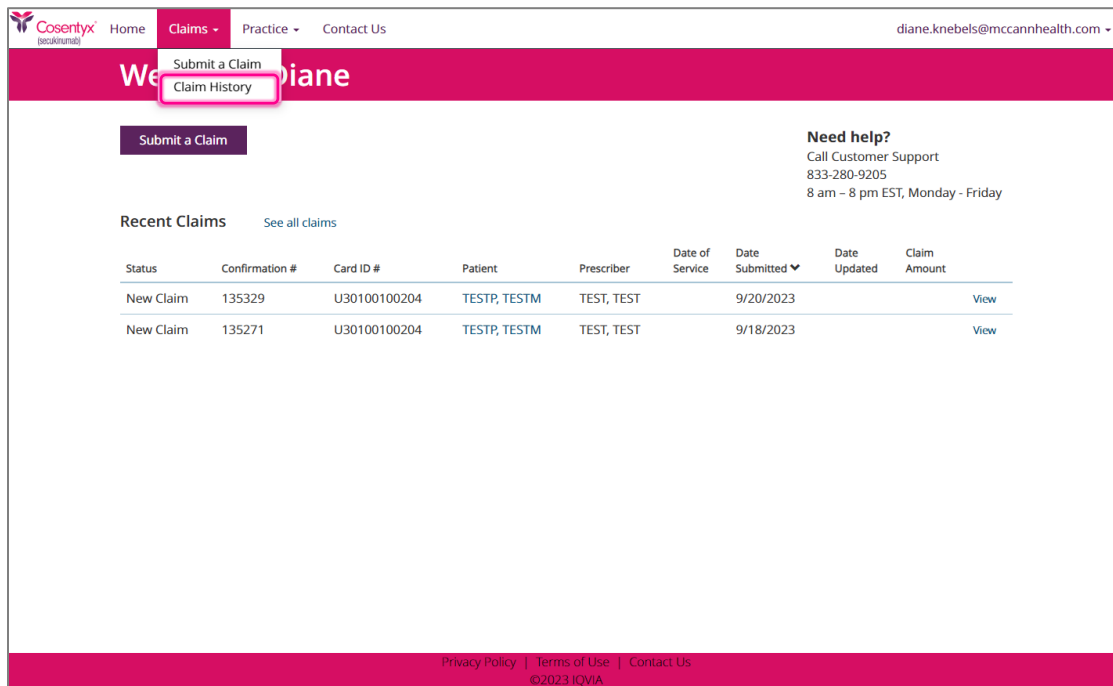
- Generic Opus Patient Reimbursement Form.pdf
- Generic Opus Patient Reimbursement Form.pdf

Ok

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- Claim Details
The screen will display the details of the submitted claim selected by the User

Claim History



Submit a Claim

Need help?
Call Customer Support
833-280-9205
8 am - 8 pm EST, Monday - Friday

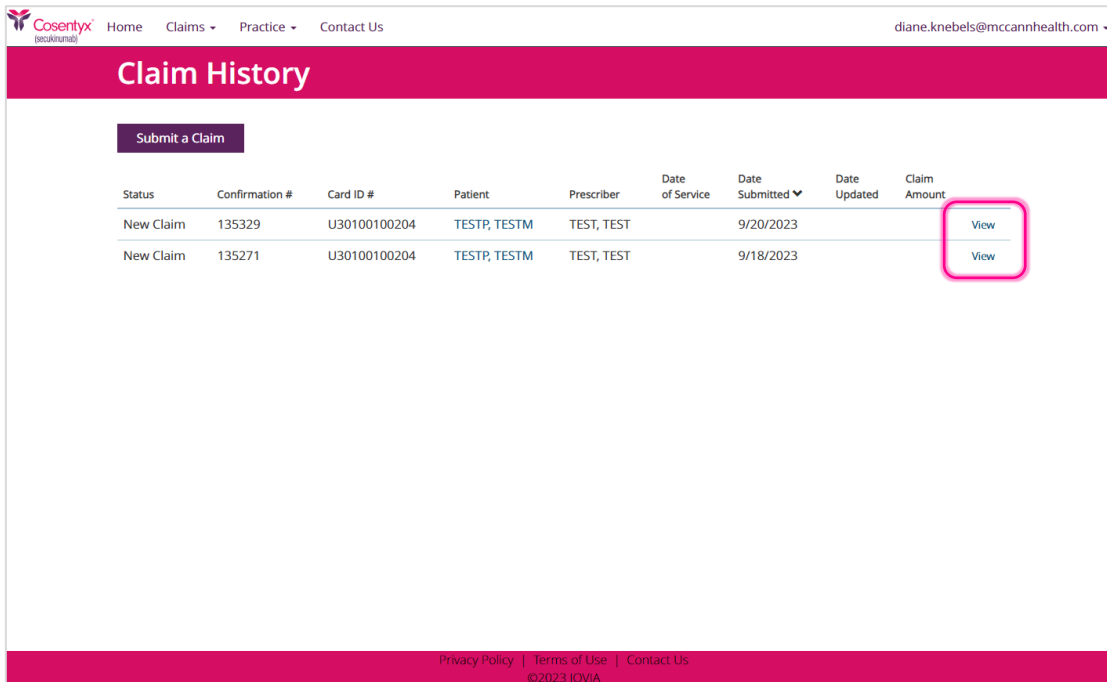
Recent Claims [See all claims](#)

| Status | Confirmation # | Card ID # | Patient | Prescriber | Date of Service | Date Submitted ▼ | Date Updated | Claim Amount |
|-----------|----------------|--------------|--------------|------------|-----------------|------------------|--------------|----------------------|
| New Claim | 135329 | U30100100204 | TESTP, TESTM | TEST, TEST | | 9/20/2023 | | View |
| New Claim | 135271 | U30100100204 | TESTP, TESTM | TEST, TEST | | 9/18/2023 | | View |

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- A User can view a list of submitted claims by selecting the Claim History option from the Claims drop-down menu within the header

Claim History—View



Submit a Claim

| Status | Confirmation # | Card ID # | Patient | Prescriber | Date of Service | Date Submitted ▼ | Date Updated | Claim Amount |
|-----------|----------------|--------------|--------------|------------|-----------------|------------------|--------------|--------------|
| New Claim | 135329 | U30100100204 | TESTP, TESTM | TEST, TEST | | 9/20/2023 | | |
| New Claim | 135271 | U30100100204 | TESTP, TESTM | TEST, TEST | | 9/18/2023 | | |

View
View

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- Claim History
To view an individual claim, click on the “View” link. The Claim Details screen will be displayed as shown on the following page

Claim History—View (cont)

Cosentyx (secukinumab) Home Claims Practice Contact Us diane.knebel@mccannhealth.com

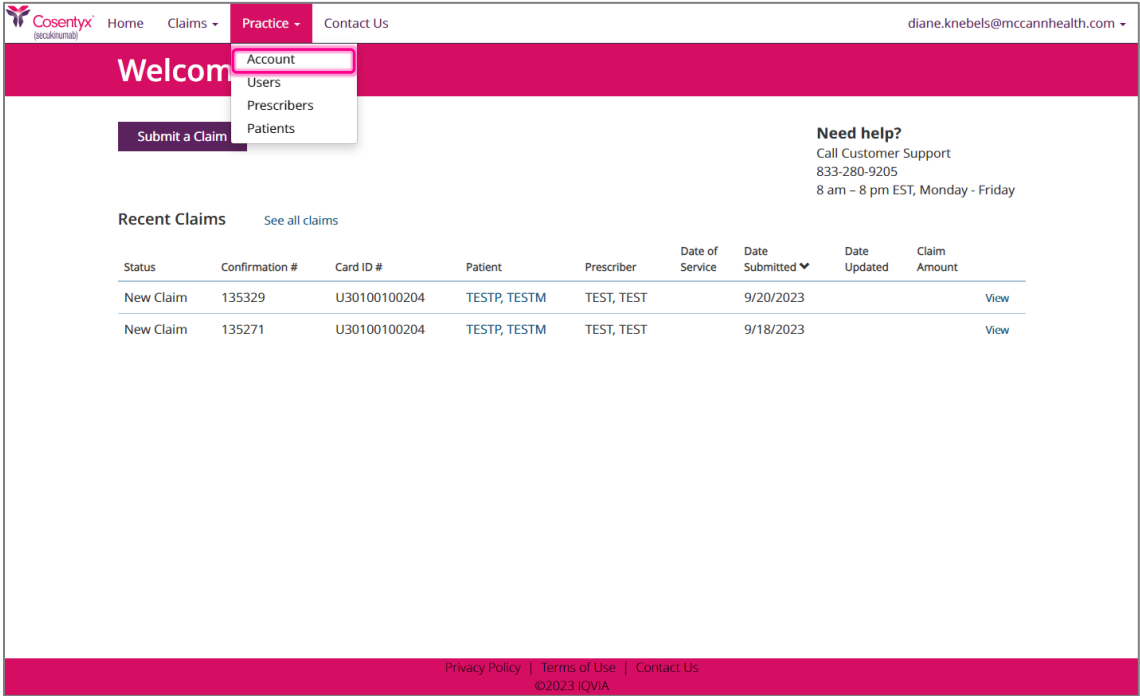
Claim Details

| | | |
|---|--------------|--|
| Status | New Claim | Attached Files <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;">Generic Opus Patient Reimbursement Form.pdf</div> <div style="border: 1px solid #ccc; padding: 5px;">Generic Opus Patient Reimbursement Form.pdf</div> |
| Confirmation Number | 135271 | |
| Patient | TESTM TESTP | |
| Prescriber | TEST TEST | |
| Date Submitted | 9/18/2023 | |
| Payment Method | Check | |
| Co-pay Card GRP # | OH7141161 | |
| Co-pay Card ID # | U30100100204 | |
| <div style="border: 1px solid #ccc; padding: 2px 10px; display: inline-block;">Ok</div> | | |

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- The User can view the details of the claim and also any related attachments

Viewing and Editing Practice Account Information



The screenshot shows the Cosentyx (secukinumab) user interface. At the top, there is a navigation bar with 'Home', 'Claims', 'Practice', and 'Contact Us'. The 'Practice' dropdown menu is open, showing options: 'Account', 'Users', 'Prescribers', and 'Patients'. The 'Account' option is highlighted with a pink box. Below the navigation bar, there is a 'Welcome' message and a 'Submit a Claim' button. To the right, there is a 'Need help?' section with contact information: 'Call Customer Support 833-280-9205 8 am - 8 pm EST, Monday - Friday'. Below this, there is a 'Recent Claims' section with a link to 'See all claims'. A table displays two recent claims with columns for Status, Confirmation #, Card ID #, Patient, Prescriber, Date of Service, Date Submitted, Date Updated, and Claim Amount. Each row has a 'View' link next to the Claim Amount.

| Status | Confirmation # | Card ID # | Patient | Prescriber | Date of Service | Date Submitted | Date Updated | Claim Amount |
|-----------|----------------|--------------|--------------|------------|-----------------|----------------|--------------|----------------------|
| New Claim | 135329 | U30100100204 | TESTP, TESTM | TEST, TEST | | 9/20/2023 | | View |
| New Claim | 135271 | U30100100204 | TESTP, TESTM | TEST, TEST | | 9/18/2023 | | View |

At the bottom of the page, there is a footer with links for 'Privacy Policy', 'Terms of Use', and 'Contact Us', and the copyright notice '©2023 IQVIA'.

- Welcome Screen
To view and/or edit the account information, select “Account” from the drop-down menu under Practice

Viewing and Editing Practice Account Information (cont)



Cosentyx (secukinumab) Home Claims Practice Contact Us diane.knebel@mccannhealth.com

Practice

TEST-MP
NPI: 5555555555

Address
123 Fake Street
Bridgewater, MT 55555

Communications
Phone: (555) 555-5555
Fax: (555) 555-5555
Email: malay.parekh@iqvia.com

Payment Method
Your payments are being mailed by check.
[Manage Electronic Payments](#)

Claim Status Updates
You have opted-out from claim status updates.

[Manage Patients](#)
[Manage Users](#)
[Manage Prescribers](#)

[Edit](#)

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- Practice
The next screen will display the information about the Practice Account, including the communication method for receiving claim status updates
- The User can also use the links on the far right to navigate to Patients, Users', and Prescribers' pages to edit and/or update records

Viewing and Editing Practice Account Information (cont)

Cosentyx Home Claims Practice Contact Us diane.knebel@mccannhealth.com

Practice

Practice Name: TEST-MP Practice NPI: 555555555

Street Address: 123 Fake Street

Address Line 2 (optional):

City: Bridgewater

State: Montana ZIP: 55555

Phone: (555) 555-5555 Email Address: malay.parekh@iqvia.com

Remittance Address Same as practice address

If reimbursements should be mailed to an address other than the practice address, indicate the remittance address here.

Payment Method

You can receive payment for your claims by any of the methods below. Electronic payments require additional setup on our payment provider's website. Changes will take effect for the next claim you submit.

Check

Claim Status Updates

You can choose to receive claim update notifications through fax. If you do not select this option, claim updates will be sent to the email address provided above.

Receive claim status updates at this Fax number:

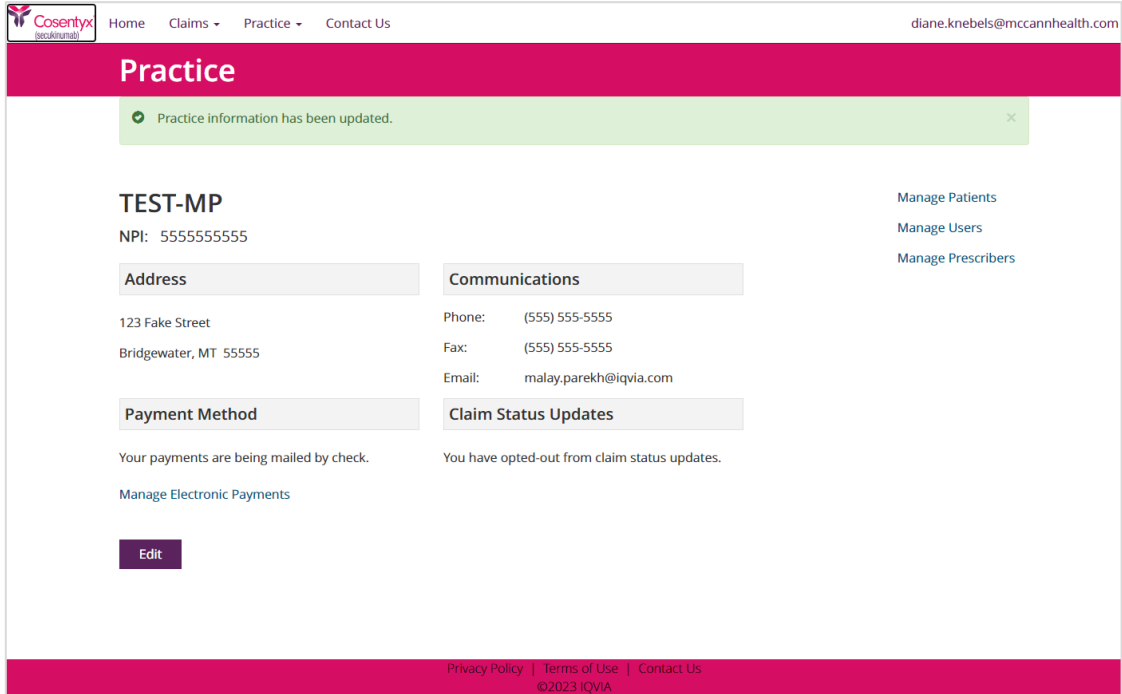
(555) 555-5555

Save Cancel

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- To edit the Practice Account information, click on “Edit.” The User can proceed to edit the information about the practice, except for the Practice NPI. Once the User has completed the edits, click on “Save”

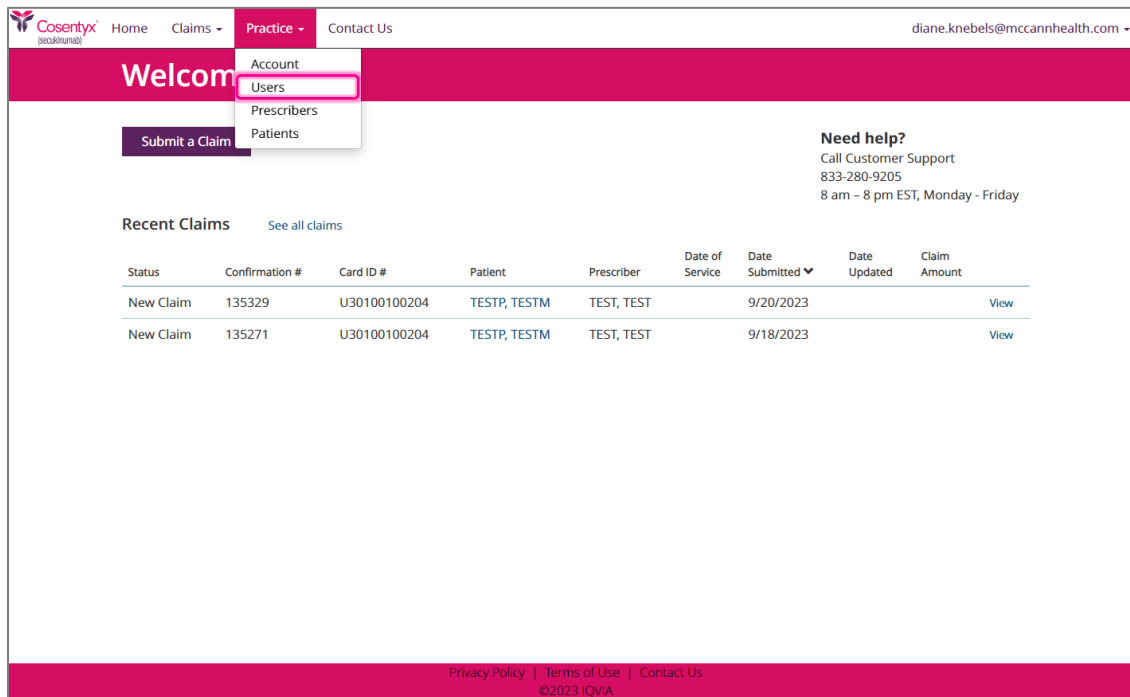
Viewing and Editing Practice Account Information (cont)



The screenshot shows a web interface for a practice account. At the top, there is a navigation bar with the Cosentyx logo, links for Home, Claims, Practice, and Contact Us, and a user email address: diane.knebels@mccannhealth.com. Below the navigation bar is a red header with the word "Practice" in white. A green notification banner at the top of the main content area states "Practice information has been updated." with a close button. The main content area is divided into several sections: "TEST-MP" with NPI: 5555555555, "Address" (123 Fake Street, Bridgewater, MT 55555), "Communications" (Phone: (555) 555-5555, Fax: (555) 555-5555, Email: malay.parekh@iqvia.com), "Payment Method" (Your payments are being mailed by check. Manage Electronic Payments), and "Claim Status Updates" (You have opted-out from claim status updates.). On the right side, there are three links: "Manage Patients", "Manage Users", and "Manage Prescribers". At the bottom left, there is a purple "Edit" button. The footer contains links for "Privacy Policy", "Terms of Use", and "Contact Us", along with the copyright notice "©2023 IQVIA".

- A screen will display with a message confirming the updated information and will display the Practice Account information

Users

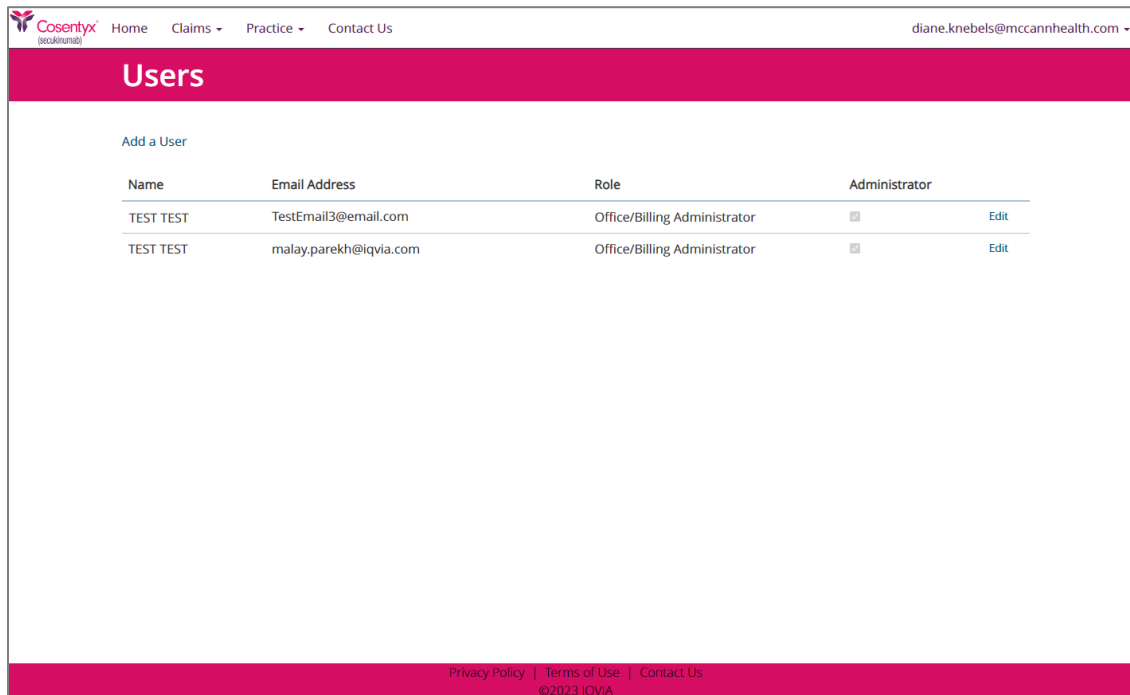


The screenshot shows the Cosentyx web application interface. At the top, there is a navigation bar with the Cosentyx logo, links for Home, Claims, Practice, and Contact Us, and a user email address: diane.knebel@mccannhealth.com. Below the navigation bar, a large pink banner contains the word 'Welcome' and a 'Submit a Claim' button. A dropdown menu is open under the 'Practice' link, with 'Users' highlighted in a pink box. Other options in the menu include Account, Prescribers, and Patients. To the right of the banner, there is a 'Need help?' section with contact information for customer support. Below the banner, there is a 'Recent Claims' section with a link to 'See all claims'. A table displays two recent claims with columns for Status, Confirmation #, Card ID #, Patient, Prescriber, Date of Service, Date Submitted, Date Updated, and Claim Amount. The footer contains links for Privacy Policy, Terms of Use, and Contact Us, along with the copyright notice ©2023 IQVIA.

| Status | Confirmation # | Card ID # | Patient | Prescriber | Date of Service | Date Submitted | Date Updated | Claim Amount |
|-----------|----------------|--------------|--------------|------------|-----------------|----------------|--------------|----------------------|
| New Claim | 135329 | U30100100204 | TESTP, TESTM | TEST, TEST | | 9/20/2023 | | View |
| New Claim | 135271 | U30100100204 | TESTP, TESTM | TEST, TEST | | 9/18/2023 | | View |

- To view and/or edit the Users, select “Users” from the drop-down menu under Practice

Users (cont)



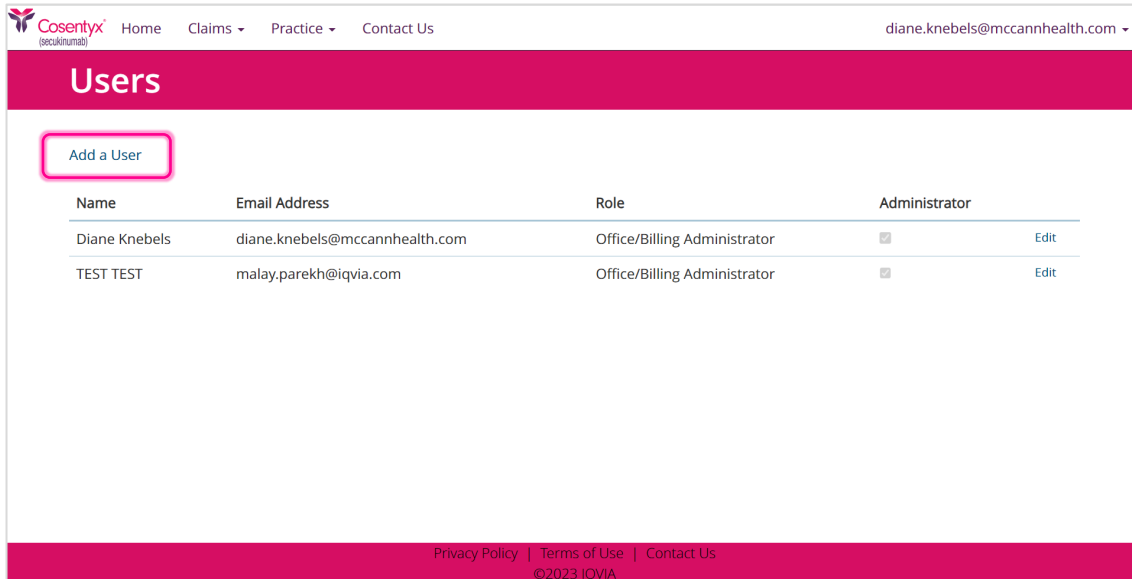
The screenshot shows the 'Users' management page in the Cosentyx system. The page has a dark red header with the 'Users' title. Below the header, there is a navigation bar with 'Home', 'Claims', 'Practice', and 'Contact Us' links, and a user profile dropdown for 'diane.knebel@mccannhealth.com'. The main content area features a table with columns for Name, Email Address, Role, and Administrator. There are two rows of test users, both with the role 'Office/Billing Administrator'. Each row has a checkbox in the Administrator column and an 'Edit' link. At the bottom of the page, there is a footer with links for 'Privacy Policy', 'Terms of Use', and 'Contact Us', and the copyright notice '©2023 IQVIA'.

| Name | Email Address | Role | Administrator |
|-----------|------------------------|------------------------------|--|
| TEST TEST | TestEmail3@email.com | Office/Billing Administrator | <input checked="" type="checkbox"/> Edit |
| TEST TEST | malay.parekh@iqvia.com | Office/Billing Administrator | <input checked="" type="checkbox"/> Edit |

- Users

The Users' main screen will display all current Users registered for the Practice Account. From this screen, new Users can be added, or current Users' information can be updated

Users (cont)



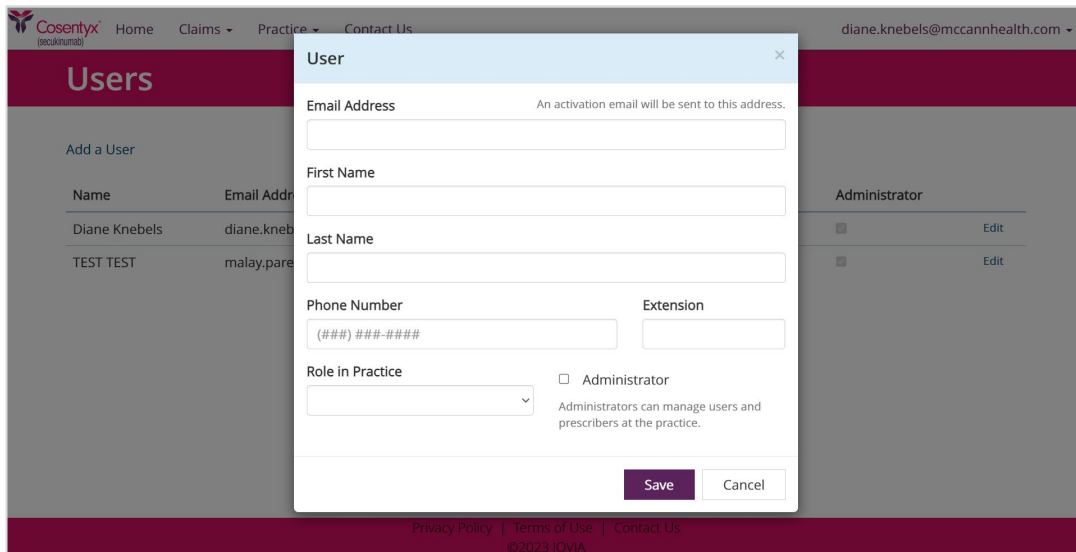
The screenshot shows the 'Users' management page in the Cosentyx system. At the top, there is a navigation bar with the Cosentyx logo, 'Home', 'Claims', 'Practice', and 'Contact Us' menus, and a user profile dropdown for 'diane.knebels@mccannhealth.com'. Below the navigation bar is a red header with the word 'Users'. A button labeled 'Add a User' is highlighted with a red border. Below the button is a table with the following data:

| Name | Email Address | Role | Administrator | |
|---------------|--------------------------------|------------------------------|-------------------------------------|----------------------|
| Diane Knebels | diane.knebels@mccannhealth.com | Office/Billing Administrator | <input checked="" type="checkbox"/> | Edit |
| TEST TEST | malay.parekh@iqvia.com | Office/Billing Administrator | <input checked="" type="checkbox"/> | Edit |

At the bottom of the page, there is a footer with links for 'Privacy Policy', 'Terms of Use', and 'Contact Us', and the copyright notice '©2023 IQVIA'.

- To add a new User to the Practice Account, select the “Add a User” link from the Users’ main screen

Users (cont)



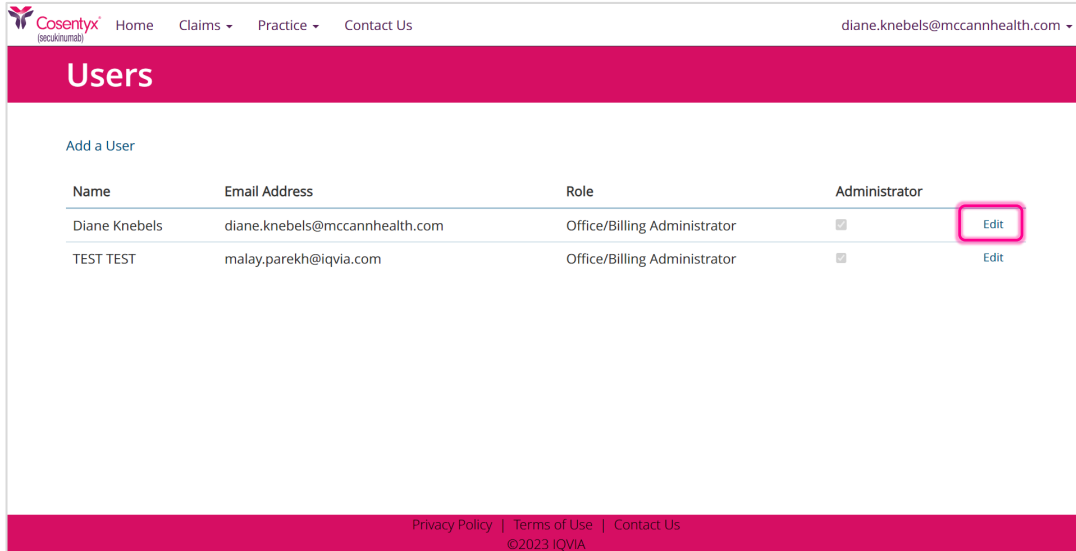
The screenshot displays the 'Users' management page in the Cosentyx system. A modal window titled 'User' is open, allowing for the creation or editing of a user. The form includes the following fields and options:

- Email Address:** A text input field with a note: "An activation email will be sent to this address."
- First Name:** A text input field.
- Last Name:** A text input field.
- Phone Number:** A text input field with a placeholder "(###) ###-####".
- Extension:** A text input field.
- Role in Practice:** A dropdown menu.
- Administrator:** A checkbox with the label "Administrator" and a sub-note: "Administrators can manage users and prescribers at the practice."

At the bottom of the modal are 'Save' and 'Cancel' buttons. The background shows a table of existing users with columns for Name and Email Address, and an 'Administrator' checkbox column.

- On the next screen, enter the User details. All fields are required except for the Extension field and the Administrator checkbox
- If the User entered is responsible for the maintenance of the Users' and Prescribers' information for the Practice Account, ensure the box to the left of Administrator is checked
- Click on "Save." The Users' main screen will display, and the new User will be visible. Ensure to alert all added Users that they will receive an email to validate their account. This validation must be done prior to using the Provider Co-Pay Portal

Users (cont)

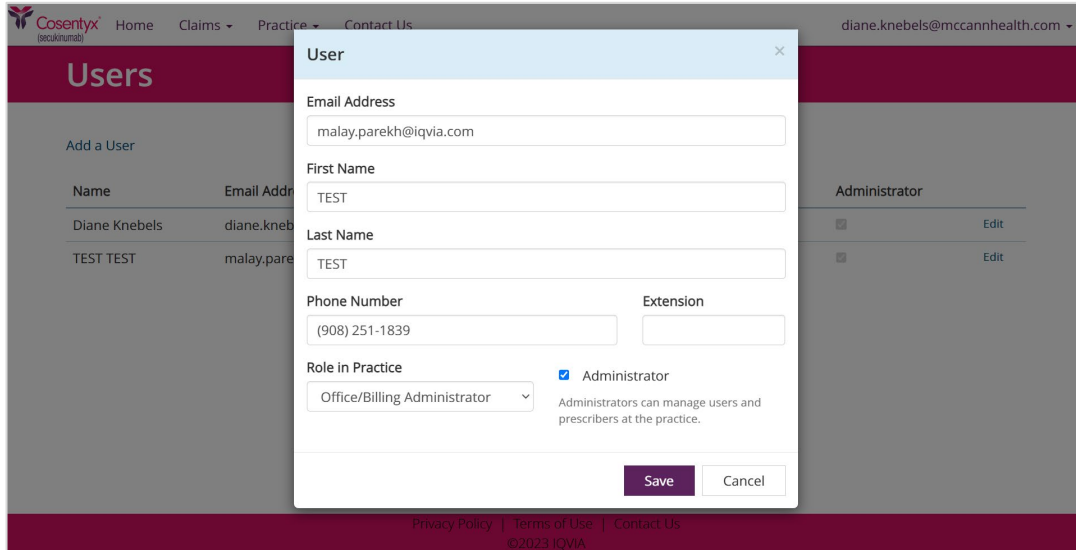


The screenshot shows the 'Users' management page in the Cosentyx system. The page has a navigation bar at the top with 'Home', 'Claims', 'Practice', and 'Contact Us' links, and a user profile dropdown for 'diane.knebels@mccannhealth.com'. Below the navigation is a red header with the word 'Users'. Underneath, there is a link 'Add a User'. A table lists the current users with columns for Name, Email Address, Role, and Administrator. The 'Diane Knebels' row has an 'Edit' link highlighted with a red box. The 'TEST TEST' row also has an 'Edit' link. At the bottom of the page, there are links for 'Privacy Policy', 'Terms of Use', and 'Contact Us', along with the copyright notice '©2023 IQVIA'.

| Name | Email Address | Role | Administrator | |
|---------------|--------------------------------|------------------------------|-------------------------------------|----------------------|
| Diane Knebels | diane.knebels@mccannhealth.com | Office/Billing Administrator | <input checked="" type="checkbox"/> | Edit |
| TEST TEST | malay.parekh@iqvia.com | Office/Billing Administrator | <input checked="" type="checkbox"/> | Edit |

- To edit a current User's contact information, navigate to the Users' main screen and click on the "Edit" link to the right of the User's name

Users (cont)



The screenshot displays the 'Users' management page in the Cosentyx system. A modal window titled 'User' is open, allowing for the creation or editing of a user. The form includes the following fields and options:

- Email Address:** malay.parekh@iqvia.com
- First Name:** TEST
- Last Name:** TEST
- Phone Number:** (908) 251-1839
- Extension:** (empty)
- Role in Practice:** Office/Billing Administrator (selected from a dropdown menu)
- Administrator:** Administrator

Below the form, there is a note: "Administrators can manage users and prescribers at the practice." At the bottom of the modal are 'Save' and 'Cancel' buttons. The background shows a table of users with columns for Name and Email Address, and a table of administrators with checkboxes and 'Edit' buttons.

- The next screen will display the selected User's contact information. Once the required edits are complete, click on "Save." If the incorrect User was chosen for editing, click on "Cancel." Either selection will bring the User back to the Users' main screen

Prescribers

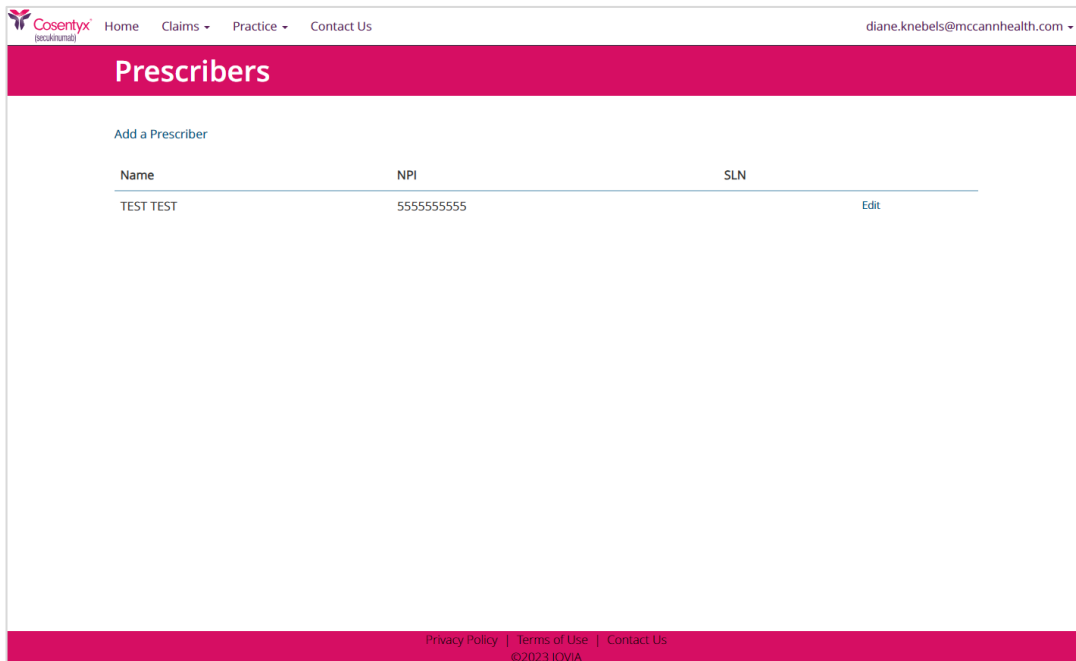


The screenshot shows the Cosentyx web application interface. At the top, there is a navigation bar with the Cosentyx logo, 'Home', 'Claims', 'Practice', and 'Contact Us'. The user's email 'diane.knebel@mccannhealth.com' is displayed on the right. Below the navigation bar, there is a 'Welcome' message and a 'Submit a Claim' button. A dropdown menu is open under 'Practice', showing options for 'Account Users', 'Prescribers' (highlighted with a red box), and 'Patients'. To the right, there is a 'Need help?' section with contact information for customer support. Below this, there is a 'Recent Claims' section with a link to 'See all claims'. A table displays two recent claims with columns for Status, Confirmation #, Card ID #, Patient, Prescriber, Date of Service, Date Submitted, Date Updated, and Claim Amount. Each row has a 'View' link.

| Status | Confirmation # | Card ID # | Patient | Prescriber | Date of Service | Date Submitted | Date Updated | Claim Amount |
|-----------|----------------|--------------|--------------|------------|-----------------|----------------|--------------|----------------------|
| New Claim | 135329 | U30100100204 | TESTP, TESTM | TEST, TEST | | 9/20/2023 | | View |
| New Claim | 135271 | U30100100204 | TESTP, TESTM | TEST, TEST | | 9/18/2023 | | View |

- Prescribers
To edit a current Prescriber's information, go to the Practice drop-down menu and select Prescribers

Prescribers (cont)

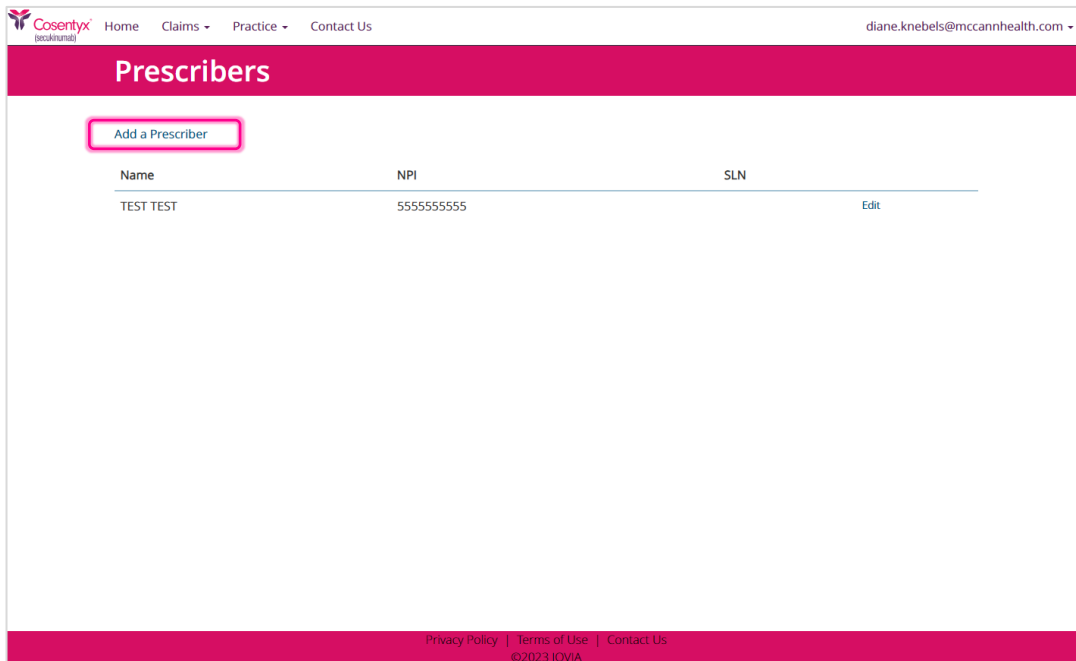


The screenshot shows the 'Prescribers' page in the Cosentyx web application. The page has a dark red header with the 'Prescribers' title. Below the header, there is a link to 'Add a Prescriber'. A table displays a single prescriber entry with columns for Name, NPI, and SLN. The entry shows 'TEST TEST' for Name, '5555555555' for NPI, and an 'Edit' link for SLN. The footer contains links for Privacy Policy, Terms of Use, and Contact Us, along with the copyright notice ©2023 IQVIA.

| Name | NPI | SLN |
|-----------|------------|----------------------|
| TEST TEST | 5555555555 | Edit |

- The Prescribers' main screen will display all current prescribers registered for the Practice Account. From this screen, new prescribers can be added, or current prescribers' information can be updated

Prescribers (cont)

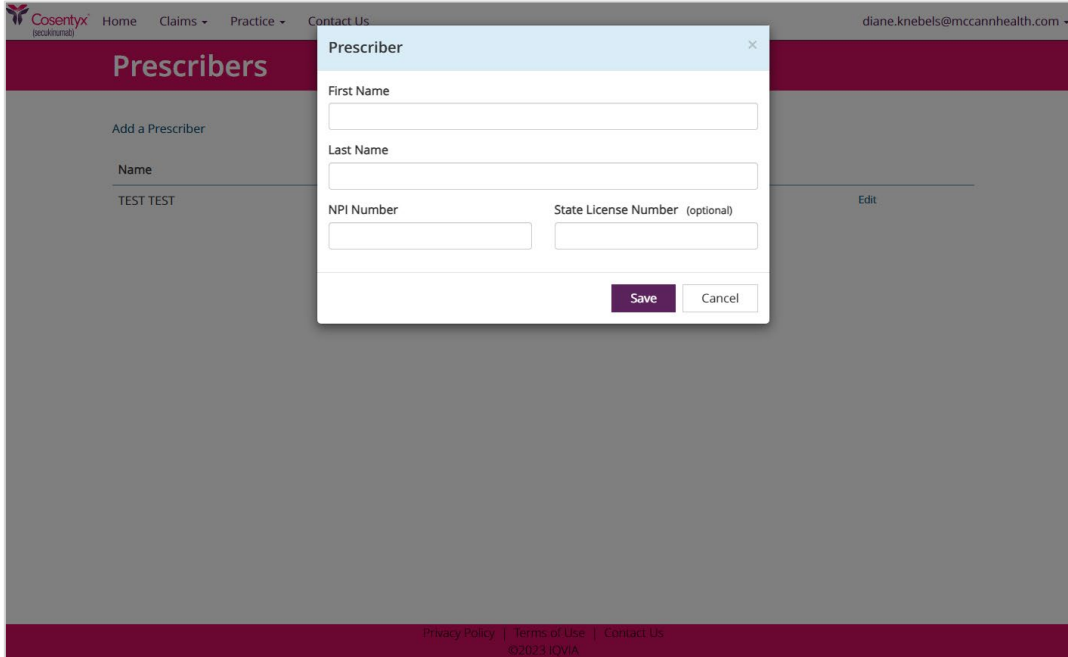


The screenshot shows the 'Prescribers' management page in the Cosentyx system. At the top left, there is a navigation menu with 'Home', 'Claims', 'Practice', and 'Contact Us'. The user's email, 'diane.knebels@mccannhealth.com', is displayed at the top right. A prominent pink header bar contains the word 'Prescribers'. Below this, a pink button labeled 'Add a Prescriber' is highlighted with a red border. A table lists the current prescribers with columns for Name, NPI, SLN, and an Edit link. The table contains one entry: 'TEST TEST' with NPI '555555555' and an 'Edit' link. At the bottom, a footer contains links for 'Privacy Policy', 'Terms of Use', and 'Contact Us', along with the copyright notice '©2023 IQVIA'.

| Name | NPI | SLN | |
|-----------|-----------|-----|----------------------|
| TEST TEST | 555555555 | | Edit |

- To add a new Prescriber to the Practice Account, select the “Add a Prescriber” link from the Prescribers’ main screen

Prescribers (cont)



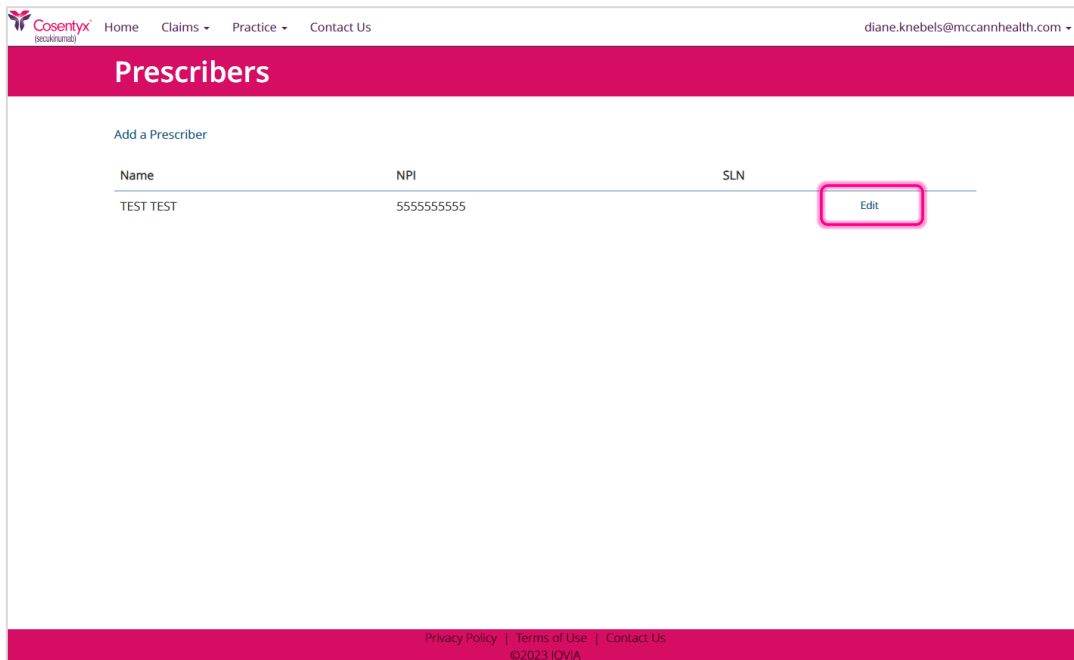
The screenshot displays the 'Prescribers' management interface. A modal window titled 'Prescriber' is open, allowing for the addition of a new prescriber. The modal contains the following fields:

- First Name
- Last Name
- NPI Number
- State License Number (optional)

At the bottom of the modal are 'Save' and 'Cancel' buttons. The background page shows a navigation menu with 'Home', 'Claims', 'Practice', and 'Contact Us'. The user's email, 'diane.knebels@mccannhealth.com', is visible in the top right corner. The footer includes links for 'Privacy Policy', 'Terms of Use', and 'Contact Us', along with the copyright notice '©2023 IQVIA'.

- On the next screen, enter the Prescriber details in all fields and click on “Save.” The Prescribers’ main screen will display, and the new Prescriber will be visible

Prescribers (cont)



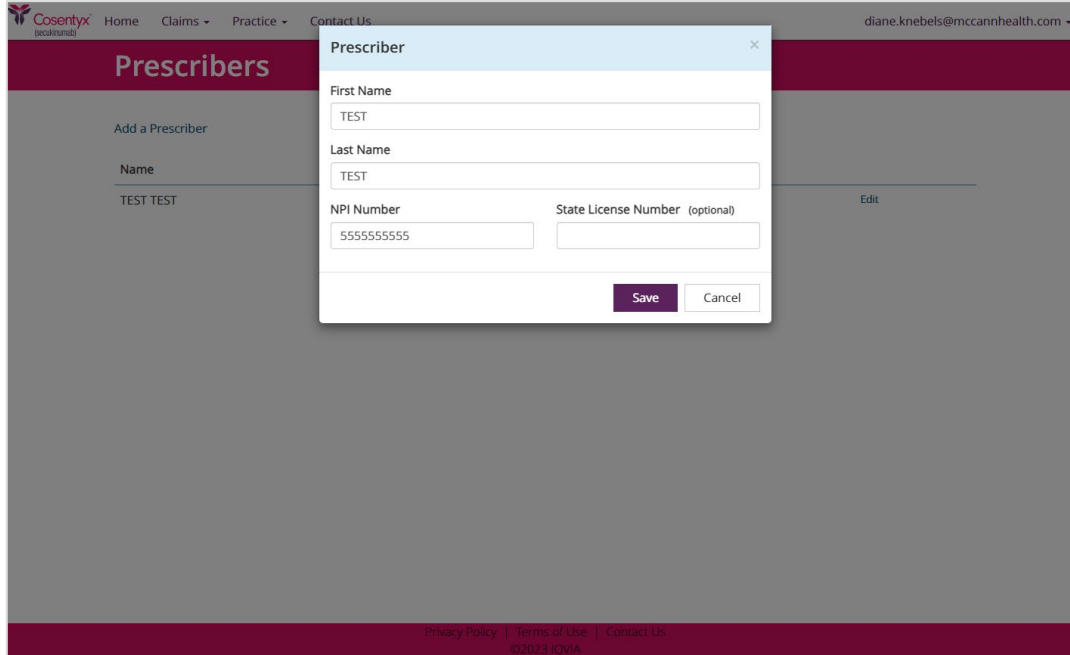
The screenshot shows a web application interface for managing prescribers. At the top, there is a navigation bar with the Cosentyx logo and links for Home, Claims, Practice, and Contact Us. The user's email address, diane.knebels@mccannhealth.com, is displayed in the top right corner. Below the navigation bar is a prominent pink header with the word "Prescribers" in white. Underneath this header, there is a section titled "Add a Prescriber". A table lists a single prescriber with the following details:

| Name | NPI | SLN | |
|-----------|-----------|-----|----------------------|
| TEST TEST | 555555555 | | Edit |

The "Edit" link is highlighted with a pink rectangular box. At the bottom of the page, there is a footer containing links for Privacy Policy, Terms of Use, and Contact Us, along with the copyright notice ©2023 IQVIA.

- To edit a current Prescriber’s information, navigate to the Prescribers’ main screen and click on the “Edit” link to the right of the Prescriber’s name

Prescribers (cont)



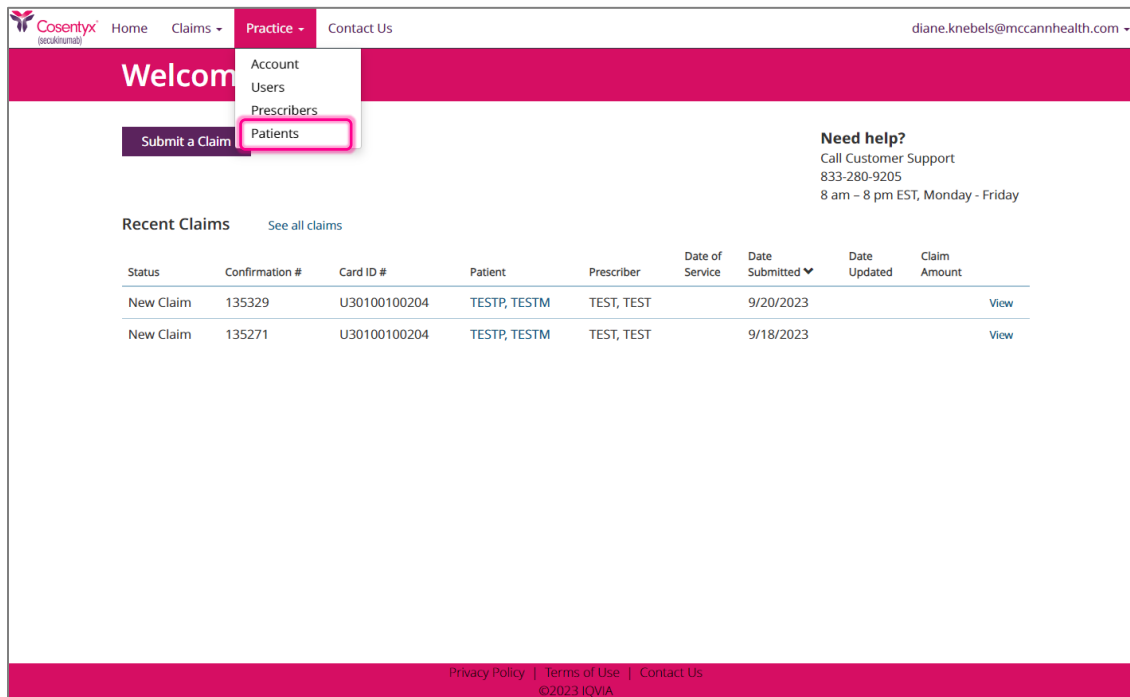
The screenshot displays the 'Prescribers' management interface. A modal window titled 'Prescriber' is open, allowing for the editing of a prescriber's information. The form includes the following fields:

- First Name: TEST
- Last Name: TEST
- NPI Number: 5555555555
- State License Number (optional):

Buttons for 'Save' and 'Cancel' are located at the bottom of the modal. The background interface shows a table with one row containing 'TEST TEST' and an 'Edit' link.

- The next screen will display the selected Prescriber's information. Once the required edits are complete, click on "Save." If the incorrect Prescriber was chosen for editing, click on "Cancel." Either selection will bring the User back to the Prescribers' main screen

Patients



Home Claims Practice Contact Us diane.knebel@mccannhealth.com

Welcome

Submit a Claim

Account
Users
Prescribers
Patients

Need help?
Call Customer Support
833-280-9205
8 am - 8 pm EST, Monday - Friday

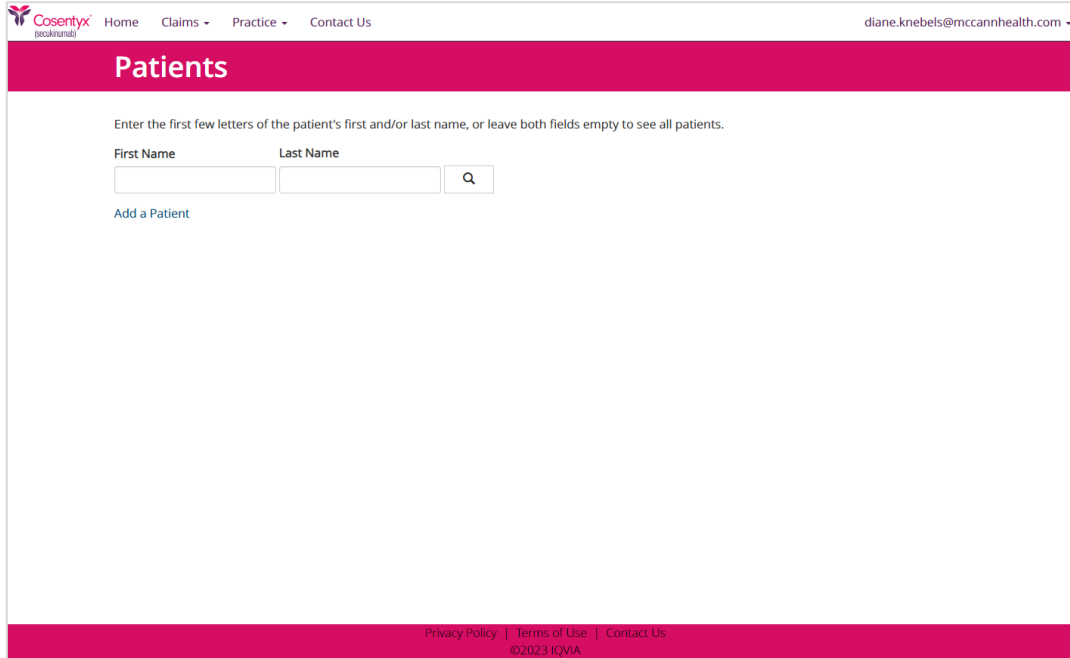
Recent Claims [See all claims](#)

| Status | Confirmation # | Card ID # | Patient | Prescriber | Date of Service | Date Submitted | Date Updated | Claim Amount |
|-----------|----------------|--------------|--------------|------------|-----------------|----------------|--------------|----------------------|
| New Claim | 135329 | U30100100204 | TESTP, TESTM | TEST, TEST | | 9/20/2023 | | View |
| New Claim | 135271 | U30100100204 | TESTP, TESTM | TEST, TEST | | 9/18/2023 | | View |

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- Patients
To start a patient enrollment, the User will go to the Practice tab, select “Patients” from the drop-down menu

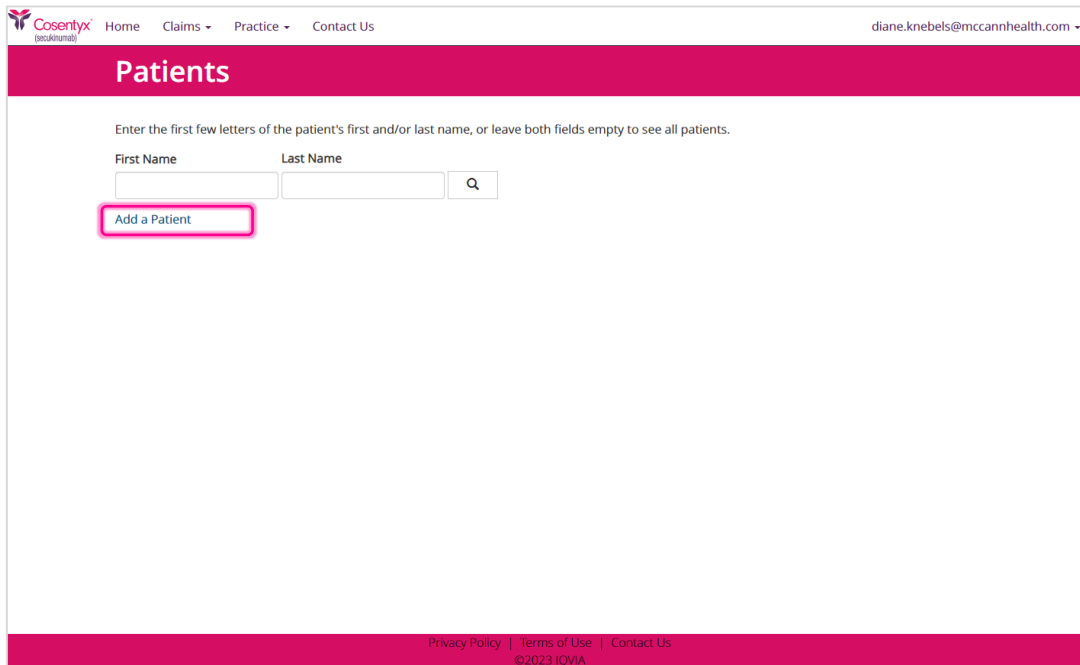
Patients (cont)



The screenshot shows a web application interface for patient management. At the top left is the Cosentyx logo and navigation links: Home, Claims, Practice, and Contact Us. The top right shows the user email: diane.knebels@mccannhealth.com. A prominent red header bar contains the word "Patients" in white. Below this, a search instruction reads: "Enter the first few letters of the patient's first and/or last name, or leave both fields empty to see all patients." There are two input fields labeled "First Name" and "Last Name", followed by a search button with a magnifying glass icon. A blue link "Add a Patient" is positioned below the search fields. At the bottom, a red footer bar contains links for "Privacy Policy", "Terms of Use", and "Contact Us", along with the copyright notice "©2023 IQVIA".

- The Patients' main screen will display the search tool and the option to "Add a Patient"

Patients (cont)



The screenshot shows a web application interface for managing patients. At the top, there is a navigation bar with the Cosentyx logo and links for Home, Claims, Practice, and Contact Us. The user's email, diane.knebels@mccannhealth.com, is displayed on the right. Below the navigation bar is a prominent pink header with the word "Patients" in white. The main content area contains a search instruction: "Enter the first few letters of the patient's first and/or last name, or leave both fields empty to see all patients." There are two input fields labeled "First Name" and "Last Name", followed by a search icon. A pink-bordered button labeled "Add a Patient" is positioned below the input fields. At the bottom of the page, there is a footer with links for Privacy Policy, Terms of Use, and Contact Us, along with the copyright notice ©2023 IQVIA.

- To add a new Patient to the Practice Account, select the “Add a Patient” link from the Patients’ main screen

Patients (cont)

Cosentyx (secukinumab) Home Claims Practice Contact Us diane.knebels@mccannhealth.com

Patient

First Name Last Name
First Name is required. Last Name is required.

Date of Birth Gender
MM/DD/YYYY Date of Birth is required. Gender is required.

Street Address
Street Address is required.

Address Line 2 (optional)

City
City is required.

State ZIP
State is required. ZIP is required.

Patient Consent
Choose how you would like to collect the patient's consent.

Electronic Signature **Authorization Form**
The patient will receive an email with a link to provide consent online. Attach the authorization form, which will be reviewed by IQVIA Program Support.

Electronic Signature
I have discussed the COSENTYX Co-pay Program with my patient, who has authorized me under HIPAA and state law to disclose their information to Novartis for the limited purpose of enrolling in the COSENTYX Co-pay Program. To complete this enrollment, Novartis may contact the patient by phone, text, and/or email.

Note: If we are unable to validate patient authorization within 20 days, this record will be removed from the system.

Does the patient have a card?
 Yes No

Co-pay Card GRP #
Co-pay Card GRP # is required.

Co-pay Card ID #
Co-pay Card ID # is required.

Phone Home Mobile
(###) ###-#### Phone is required.

Email
Email is required.

Insurance Card
Please attach an image of the patient's insurance card.

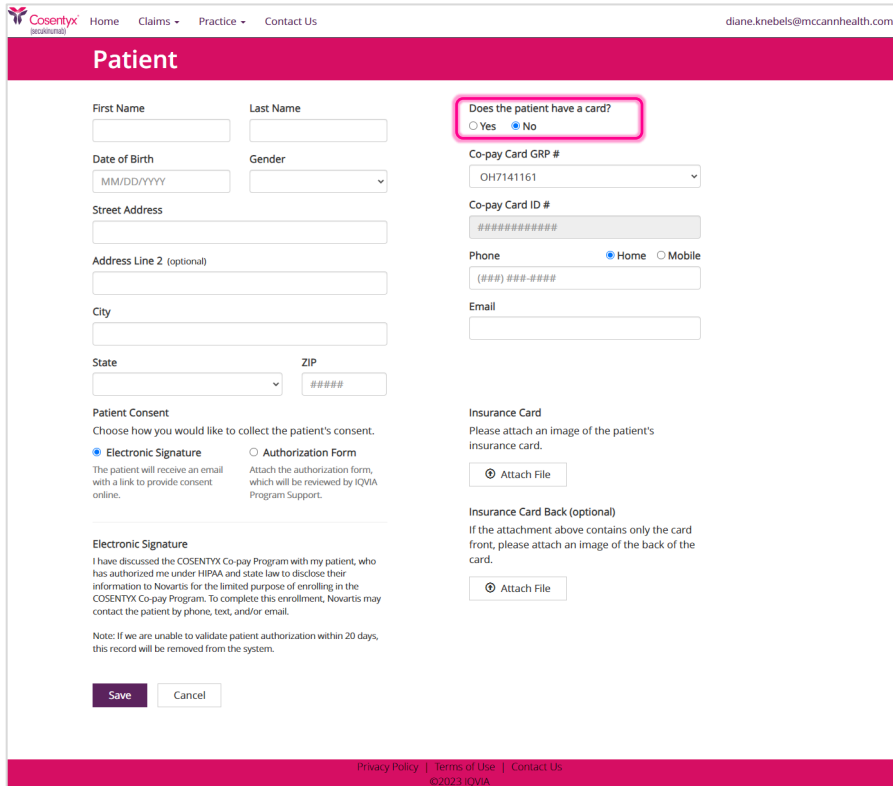
Please select a file.

Insurance Card Back (optional)
If the attachment above contains only the card front, please attach an image of the back of the card.

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- Enter the fields on the Patient data capture screen. All fields highlighted in red are required

Patients (cont)



Patient

First Name Last Name

Date of Birth Gender

Street Address

Address Line 2 (optional)

City

State ZIP

Does the patient have a card?
 Yes No

Co-pay Card GRP #

Co-pay Card ID #

Phone Home Mobile

Email

Insurance Card
Please attach an image of the patient's insurance card.

Insurance Card Back (optional)
If the attachment above contains only the card front, please attach an image of the back of the card.

Patient Consent
Choose how you would like to collect the patient's consent.

Electronic Signature
The patient will receive an email with a link to provide consent online.

Authorization Form
Attach the authorization form, which will be reviewed by IQVIA Program Support.

Electronic Signature
I have discussed the COSENTYX Co-pay Program with my patient, who has authorized me under HIPAA and state law to disclose their information to Novartis for the limited purpose of enrolling in the COSENTYX Co-pay Program. To complete this enrollment, Novartis may contact the patient by phone, text, and/or email.

Note: If we are unable to validate patient authorization within 20 days, this record will be removed from the system.

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- If the patient does not yet have a Co-Pay card, select “No” and one will be generated after clicking “Save”
- If the patient does have a Co-Pay card, select “Yes” and enter the below fields:
 - Co-Pay Card GRP #—Enter the group number from the patient’s Co-Pay card. This is a 9-character alphanumeric value beginning with OH or a 10-character alphanumeric value beginning with EC
 - Co-Pay Card ID #—Enter the 12-digit ID# from the patient’s Co-Pay card
 - Phone—Enter the patient's 10-digit phone number and select the appropriate radio button to indicate if it is a Home or Mobile number
 - Email—Enter the patient’s email address

Patients (cont)

Patient Consent
Choose how you would like to collect the patient's consent.

Electronic Signature
 The patient will receive an email with a link to provide consent online.

Authorization Form
 Attach the authorization form, which will be reviewed by IQVIA Program Support.

[Authorization Form](#) [Download form](#)

By attaching this form, I attest the patient authorization form is complete and accurate. I understand that this form will be verified within 2 business days, after which I will be able to submit claims for reimbursement.

Note: If we are unable to validate patient authorization within 20 days, this record will be removed from the system.

- There are two options available to capture Patient Consent: Electronic Signature and the standard physical Authorization Form
- Authorization Form—Each patient must complete and sign a Co-Pay Authorization Form, and the form must be uploaded to the patient record before the record can be saved. To download the form, click on the “Download” form link, print the form, and assist the patient with completion. Once the form is completed and signed, upload a copy to the patient record by clicking on the “Attach Form” button and browse the computer to locate the appropriate document. Once the document has been located, select the document and click on Open
- Note: The document must be in one of the following formats: picture file (JPG, JPEG, GIF, PNG, BMP, TIF, TIFF) or PDF
- If the wrong document is selected, the User may remove it from the record before saving by clicking on the red “x” next to the document name

[Authorization Form](#) [Download form](#)

✘



Patients (cont)

Cosentyx (secukinumab) Home Claims Practice Contact Us diane.knebel@mccannhealth.com

Patient

✔ Patient information has been updated. ✕

This patient's authorization form is still under review.
If we are unable to validate patient authorization within 20 days, this record will be removed from the system.

| | | |
|---|--|-------------------------|
| Name | Co-pay Card GRP # | Co-pay Card ID # |
| TEST4 TEST5 | OH7141161 | U30100100763 |
| Date of Birth | Gender | |
| 01/11/1970 | Female | |
| Address | Phone | |
| 123 FAKE STREET DENVER, CO 05555 | (123) 456-7890 | |
| | Email | |
| | TESTEMAIL4@EMAIL.COM | |
| Authorization Form | Insurance Card:  Test File.pdf | |
|  Test File.pdf | | |

[Edit](#) [Close](#)

[Privacy Policy](#) | [Terms of Use](#) | [Contact Us](#)
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- This screen will display the patient record details. Once the Authorization Form is approved, the User may Edit the patient record, or Close the record

Patients (cont)

Patient Consent

Choose how you would like to collect the patient's consent.

Electronic Signature

The patient will receive an email with a link to provide consent online.

Authorization Form

Attach the authorization form, which will be reviewed by IQVIA Program Support.

Electronic Signature

I have discussed the COSENTYX Co-pay Program with my patient, who has authorized me under HIPAA and state law to disclose their information to Novartis for the limited purpose of enrolling in the COSENTYX Co-pay Program. To complete this enrollment, Novartis may contact the patient by phone, text, and/or email.

Note: If we are unable to validate patient authorization within 20 days, this record will be removed from the system.

Save

Cancel

- **Electronic Signature**—Each patient must submit their HIPAA consent and attest to complete their enrollment in the Co-Pay Program. The Electronic Signature option allows patients to complete this process online via a link that will be emailed to them after the completion of the Co-Pay Portal enrollment by the prescriber
- To use the Electronic Signature method, patients must **first** authorize Prescribers to share their information with the Program for the limited purpose of completing their enrollment
- Note: A patient email address is a required field for enrollment into the Co-Pay Program

Email

Email is required.

Patients (cont)

Cosentyx (secukinumab) Home Claims Practice Contact Us diane.knebel@mccannhealth.com

Patient

✔ Patient has been added. ✕

This patient has not yet provided consent.
If we are unable to validate patient authorization within 20 days, this record will be removed from the system.

| | | |
|-------------------------------------|----------------------|---|
| Name | Co-pay Card GRP # | Co-pay Card ID # |
| TEST4 TEST5 | OH7141161 | U30100100763 |
| Date of Birth | Gender | |
| 01/11/1970 | Female | |
| Address | Phone | |
| 123 FAKE STREET DENVER, CO 05555 | (123) 456-7890 | |
| Electronic Signature | Email | Insurance Card: Test File.pdf |
| ⚠ Awaiting online consent | TESTEMAIL4@EMAIL.COM | |
| 🔄 Resend email | | |

[Edit](#) [Close](#)

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- This screen will display the patient record details. Once the Electronic Signature is completed, the User may Edit the patient record, or Close the record
- For patients using the Electronic Signature, prescribers have an option to resend the Electronic Signature email to patients if they are reporting they have not received the initial email with the link to finish enrolling by clicking the "Resend email" link

Patients (cont)



Subject: COSENTYX® Connect Co-Pay Program Please Complete Your Co-pay Enrollment

Hello,

COSENTYX® Connect Co-Pay Program is following up on a recent request from you and your doctor to help you get the medicine you were prescribed. We need you to complete your patient authorization form for the co-pay program enrollment. Please click the link below to do so.

<https://svc.opushealth.com/eSignatureMicrosite/Consent/Verify?pid=>

If you have questions, please call the COSENTYX® Connect Co-Pay Support Team at 1-844-267-3689.

Thank you,

Your COSENTYX® Connect Co-Pay Support Team

- Once the patient enrollment process is completed by the prescriber for the Electronic Signature option, the patient will receive an email that will contain a link for the patient to complete their enrollment by signing a HIPAA consent and agreeing to the Program terms and conditions

Patients (cont)

eSignature Microsite


We need to verify your identity

Please provide information below and click "Verify" button to proceed.

Last Name

Date of Birth (MM/DD/YYYY)

I'm not a robot



reCAPTCHA
Privacy - Terms

Verify

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- When the patient clicks the link in the email, they will be taken to a security verification page where they will need to provide their last name and date of birth in order to move forward
- Once the patient has entered the required information, they will check off the reCAPTCHA check box and click Verify to be taken to the eSignature Microsite
- Note: A full sample view of the eSignature Microsite is located on the next page

Patients (cont)



Patient Authorization For COSENTYX® Connect Co-Pay Program

Name:

ZIP:



Patient Authorized Representative Signature

By checking the above, I am electronically signing this document, and initial(s). I have also read and agreed to the Novartis [Consent to Receive](#)

HIPAA Patient Authorization. I authorize my healthcare service providers ("Providers") to disclose information about my treatment, and prescription details ("Personal Information and service providers" ("Novartis"), and the Novartis Patient service providers ("NPAF") so they can provide the following:

- Help coordinate insurance coverage for, access to, and
- Communicate with me about possible financial assistance if I am enrolled, administer my participation in those programs,
- Communicate with me about my medication and treatment product and other related information.
- Communications may be customized based on Personal Information
- Conduct quality assurance and other internal business operations related to my treatment.

In delivering the Services, Novartis and NPAF may share information with healthcare service providers, or with government agencies or other financial institutions. They may combine information collected from me that information to administer the Services. My participation in the Services or NPAF for providing certain aspects of the Services on my enrollment or participation. Once I authorize disclosure of my information, it is protected by federal health privacy law and applicable state law.

I understand that I do not have to sign this Authorization to get my medication or insurance coverage, that I have a right to a copy, and I can cancel this Authorization at any time by calling 1-844-267-3689 or writing to:

Customer Interaction Center
Novartis Pharmaceuticals Corporation
One Health Plaza
East Hanover, NJ 07936-1080

This Authorization will expire 5 years after I sign it, or earlier if required by state law, unless I cancel it sooner. If I cancel it, I may no longer qualify for Services from Novartis or NPAF, but it will not impact my Providers' treatment or my insurance benefits.

I also understand that if a Provider is disclosing my Personal Information to Novartis or NPAF on an authorized, ongoing basis, my cancellation will be effective with respect to that Provider as soon as they receive notice of my cancellation. Cancellation will not affect prior uses or disclosures.

I agree for myself and certify (if applicable) that my caregiver agrees to receive nonmarketing calls and texts from Novartis or NPAF, including through an autodialer or prerecorded voice, at the number(s) provided. Please visit the Novartis website: <https://www.novartis.us>.

COSENTYX® Connect Co-Pay Program

I have read and agree to the COSENTYX® (secukinumab) Connect Co-Pay Program Terms and Conditions below. I direct the COSENTYX® Connect Co-Pay Program to make Co-Pay benefit payments on my behalf directly to my health care providers for qualifying claims.

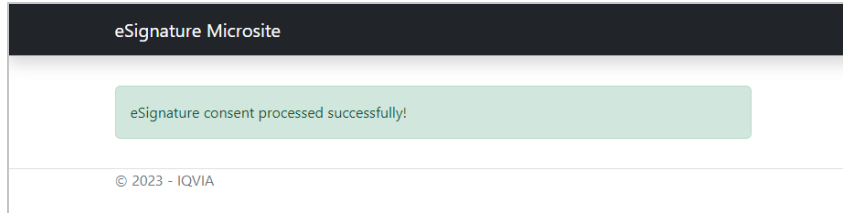
COSENTYX® Connect Co-Pay Program Terms and Conditions:

*Limitations apply. Valid only for those with private insurance. Program provides up to \$16,000 annually for the cost of COSENTYX and up to \$150 per infusion (up to \$1,950 annually) for the cost of administration. Co-pay support for infusion administration cost not available in Rhode Island or Massachusetts. 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 healthcare 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 healthcare 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 US 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.

- Once in the eSignature Microsite, the patient's basic information will be displayed at the top of the page and the patient will need to complete the following information, at minimum, to submit the consent form:

- The first check box next to the signature line. It will auto-fill the current date. This is the HIPAA consent
- The second check box, "I have read and agree to the COSENTYX® (secukinumab) Connect Co-Pay Program Terms and Conditions below. I direct the COSENTYX® Connect Co-Pay Program to make Co-Pay benefit payments on my behalf directly to my health care providers for qualifying claims."

Patients (cont)



- Once completed and submitted, the Electronic Signature Consent is processed and the patient's enrollment account in the Co-Pay Portal is complete

Patient Authorization Form



COSENTYX® Patient Authorization for COSENTYX® Connect Co-Pay Program

Fax: 1-631-822-2893 Co-Pay Program Portal: cosentyx.opushealth.com

PATIENT AUTHORIZATION & ADDITIONAL CONSENTS

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

Patient/Authorized Representative

Date of Signature MM/DD/YYYY

COSENTYX® Connect Co-Pay Program

I have read and agree to the COSENTYX® Co-Pay Program Terms and Conditions below. I direct the COSENTYX® Connect Co-Pay Program to make co-pay benefit payments on my behalf directly to my healthcare providers for qualifying claims.

Limitations apply. Valid only for those with private insurance. Program provides up to \$16,000 annually for the cost of COSENTYX and up to \$150 per infusion (up to \$1,500 annually) for the cost of administration. Co-pay support for infusion administration cost not available in Rhode Island or Massachusetts. Patient is responsible for any costs once limit is reached in a calendar year. Program not valid (i) under Medicare, Medicaid, TRICARE, VA, DND, or any other federal or state healthcare programs, (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 healthcare 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 US and Puerto Rico. This Program is not health insurance. Program may not be combined with any third-party rebate, coupon, or other. 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.

For questions, please call: 1-844-267-3689

Continued on next page



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East Hanover, New Jersey 07936-1080

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COSENTYX® Patient Authorization for COSENTYX® Connect Co-Pay Program

Patient Authorization. I authorize my healthcare providers, pharmacies and health insurers, and their service providers ("Providers") to disclose information relating to my insurance benefits, medical condition, treatment and prescription details ("Personal Information") to Novartis Pharmaceuticals Corporation, its affiliates and service providers ("Novartis") and the Novartis Patient Assistance Foundation, Inc., and its service providers ("NPAF") so they can provide the following support services (the "Services"):

- Help coordinate insurance coverage for, access to, and receipt of my medication.
- Communicate with me about possible financial assistance, including Novartis co-pay or NPAF programs, and, if I am enrolled, administer my participation in those programs.
- Communicate with me about my medication and treatment, including reminders, health and lifestyle tips, and product and other related information.
- Communications may be customized based on Personal Information obtained from my Providers.
- Conduct quality assurance and other internal business activities and ask for feedback related to the Services or my treatment.

In delivering the Services, Novartis and NPAF may share my Personal Information with each other, with my Providers, or with government agencies or other financial assistance programs that might help me pay for my medication. They may combine information collected from me with information collected from other sources and use that information to administer the Services. My pharmacies or other health care providers may receive payment from Novartis or NPAF for providing certain Services, such as medication or refill reminders, based on my enrollment or participation. Once I authorize disclosure of my Personal Information, it may no longer be protected by federal health privacy law and applicable state laws. I understand I do not have to sign this Authorization to get my medication or insurance coverage, that I have a right to a copy, and can cancel this Authorization at any time by calling 1-844-267-3689 or writing to:

Customer Interaction Center
Novartis Pharmaceuticals Corporation
One Health Plaza
East Hanover, NJ 07936-1080

This Authorization will expire 5 years after I sign it, or earlier if required by state law, unless I cancel it sooner. If I cancel it, I may no longer qualify for Services from Novartis or NPAF, but it will not impact my Provider's treatment or my insurance benefits. I also understand that if a Provider is disclosing my Personal Information to Novartis or NPAF on an authorized, ongoing basis, my cancellation will be effective with respect to that Provider as soon as they receive notice of my cancellation. Cancellation will not affect prior uses or disclosures.

I agree for myself and certify (if applicable) that my caregiver agrees to receive nonmarketing calls and texts from Novartis or NPAF, including through an autodialer or prerecorded voice, at the number(s) provided.

Please visit the Novartis website: <https://www.novartis.us>.

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www.novartis.us



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- Front and back of Patient Authorization Form

Contact Us



Cosentyx (secukinumab) Home Claims Practice Contact Us diane.knebels@mccannhealth.com

Contact Us

Please feel free to contact us with any questions or issues regarding your account.

Customer Support
833-280-9205
8 am – 8 pm EST, Monday - Friday

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- Contact Us
If the User has a question that cannot be addressed in this guide, please use the following information for assistance. This information is available on most pages throughout the portal from the navigation menu and on the Contact Us screen

Thank you for using the COSENTYX[®] (secukinumab) Provider Co-Pay Portal

You can now:

- Enroll a patient and obtain a Co-Pay card for manual medical claims adjudication
- View patient claims activity and benefit amount
- Add/edit patient demographic information
- Add/edit patient insurance information
- Submit a medical claim to IQVIA for claims adjudication

Remember to bookmark the portal for future use: www.COSENTYX.opushealth.com