



# Adstiladrin HCP Portal User Guide

January 2025

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# Program Overview

The Adstiladrin Copay Program will provide eligible commercially insured patients, whose insurance does cover the prescription with a Max Benefit of \$12,000 per claim with a minimum patient pay amount of \$100 per claim.

## Co-pay Eligibility

- Commercially insured patients only
- Patients over 18 years of age and have a valid prescription for Adstiladrin
- Residents of the United States or Puerto Rico
- Claim Submission Methods: HCP Buy and Bill Portal or SP Portal
- Reimbursement Methods: Paper checks to HCP's, Electronic Claims to HCP's (EFT); SP standard electronic claims or Paper checks to SP
- Not eligible - Medicare, Medicaid, any other state or federal health insurance, Tricare, cash paying patients, insured but Adstiladrin is not covered

# Portal Overview

The purpose of this document is to provide step-by-step instructions on the use of the Adstiladrin Health Care Provider (HCP) Portal. The Portal is utilized for submitting a new claim for a patient.

- Within the Adstiladrin HCP Portal, user will be able to:
  - Submit a New Claim
  - Search for Patients
  - Edit Users and Prescriber Information
  - Manage Practice Account, users and prescribers
  - Setup and Manage EFT Banking Information



# HCP Co-pay Login and Register your Practice

# Login Instructions – Login Homepage



## Welcome to Adstiladrin Copay Portal for Providers

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

### To submit a medical co-pay claim you will need:

- Explanation of Benefits (EOB) form for insured patients
- Specific information regarding the patient, prescriber, date of therapy administration, etc.

**Please note:** You may only submit a claim if the patient is commercially insured and is not participating in Medicare Part D, VA, TriCare, CHAMPUS, Medicaid, or any other similar federal or state program.

### Sign in

Email

Password

[Forgot password?](#)

Remember my email

[Sign In](#)

or [register your practice](#)



- For a NEW HCP User, the user would select “Register your practice”

OR

- For Existing HCP Users, the user would enter their Username and Password, then select “Sign In”

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# Login – Create Practice Account



## 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 Adstiladrin Copay Portal for Providers, 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 Adstiladrin Copay Portal for Providers.

**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 Adstiladrin Copay Portal for Providers Agreement. You must agree to these terms to proceed with Adstiladrin Copay Portal for Providers.

Begin



- The user will be brought to the introduction page to Create Practice Account
- Once the user reads through the information, select “begin” to proceed

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# Login – Create Practice Account (cont.)



## Create Practice Account

### About The Practice

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

Practice Name <input type="text"/> <small>Name is required.</small>	Practice NPI <input type="text" value="#####"/> <small>NPI is required.</small>
Street Address <input type="text"/> <small>Street Address is required.</small>	
Address Line 2 (optional) <input type="text"/>	
City <input type="text"/> <small>City is required.</small>	
State <input type="text"/> <small>State is required.</small>	ZIP <input type="text" value="#####"/> <small>ZIP is required.</small>
Phone <input type="text" value="(###) ###-####"/> <small>Phone is required.</small>	Email Address <input type="text"/> <small>Email Address is required.</small>

#### 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:

**Next**

- The new HCP user will complete the required fields “About The Practice”
- The user has the option to add a separate remittance address for reimbursement if needed, or can select “Same as practice address”
- Then the user will select their “Payment Method” as either Check or EFT
- Then user will select “Next” will bring you to the page “About you”

# Login – Create Practice Account (cont.)



## 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

Phone is required.

Extension

Role in Practice

User Role is required.

Next

- The new HCP user will complete the required fields and select their “Role in Practice” and choose one of the following; *office/billing administrator, medical doctor, nurse non-prescribing, nurse practitioner, physicians assistant, or other*
- Then the user will select “Next”, and it will bring them to the “Additional Users” page

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# Login – Create Practice Account - Additional Users

## ADSTILADRIN® Create Practice Account Additional Users

You can add up to three additional users at this practice, or skip this step and add more users after your account is activated.

Name	Email Address	Role	Admin	
Test Tester	tparkes@us.imshealth.com	Office/Billing Administrator	<input checked="" type="checkbox"/>	<a href="#">Edit</a>

[Add a User](#)

[Next](#)

- Once the HCP user has created their practice account, they have the option to “Add a User”
- The user can also edit their user information
- If the user selects “Next” it will bring them to the “about the prescriber” page

# Login – Create Practice Account - Additional Users

**ADSTILADRIN**  
Additional Users

## Create Practice Account - Additional Users

You can add up to three additional users at this practice.

Name	Email Address
Test Tester	tparkes@us.imshealth.com

Add a User

[Next](#)

**User**

Email Address An 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  Administrator Administrators can manage users and prescribers at the practice.

User Role is required.

[Save](#) [Cancel](#)

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- To add a user, the following information must be filled in and they must select an option from the drop down for the new users “Role in Practice”
- Then select “Save” to save the new user’s information
- *Note: The user can choose to make them an administrator by selecting the box next to “Administrator”*

# Login – Create Practice Account – About Prescriber



## 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)

Next



- The user will complete the prescriber information by filling in the required fields
- Then select “Next” to add additional prescribers

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# Login – Create Practice Account – Additional Prescribers



## 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	
PrescriberFirst PrescriberLast	1356315908		Edit

Add a Prescriber

Next

- The user then has the option to “Add a Prescriber” to the Practice Account
- The user can also “Edit” their prescriber information, if needed
- Then the user selects “Next” it will bring them to the “Review Registration” page

# Login – Create Practice Account – Additional Prescribers

The screenshot shows a web interface for creating a practice account. The main heading is "Create Practice Account - Additional Prescribers". Below this, there is a form with a "Name" section containing "PrescriberFirst" and "PrescriberLast" fields. A "Next" button is visible. A modal window titled "Prescriber" is open, containing the following fields:

- First Name**: A text input field with a red border and the error message "First Name is required." below it.
- Last Name**: A text input field with a red border and the error message "Last Name is required." below it.
- NPI Number**: A text input field with a red border and the error message "NPI Number is required." below it.
- State License Number (optional)**: A text input field.

At the bottom of the modal, there are "Save" and "Cancel" buttons. A red arrow points to the "Save" button. The background shows a table with columns "SLN" and "Edit".

- To add a new prescriber, the following information must be filled in
- Then the user must select “Save” to save the new prescribers information
- *Note: The State License Number is optional*

# Login – Create Practice Account – Review Registration



## Create Practice Account

### Review Registration

Please review the information below before submitting your registration.

#### Practice [Edit](#)

##### Test Practice

NPI: 1356315908

Phone: (111) 111-1111

##### Address:

123 Main St

123 Main St

Fairview, NJ 12345

Payments will be received by check.

Claim status updates will be sent to [tparkes@us.imshealth.com](mailto:tparkes@us.imshealth.com).



Next

#### Users [Edit](#)

Name	Email Address	Role
Test Tester	<a href="mailto:tparkes@us.imshealth.com">tparkes@us.imshealth.com</a>	Office/Billing Administrator

#### Prescribers [Edit](#)

Name	NPI	SLN
PrescriberFirst PrescriberLast	1356315908	

- Once the user has completed the previous steps, the user will be able to review their registration information
- Once reviewed, the user will select “Next” which will bring them to the “Practice Agreement”
- *Note: The user can edit the “practice, users, or prescribers” information by clicking the blue “edit” buttons*

# Login – Create Practice Account – Practice Agreement



## 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; Medigap; 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

Test Tester

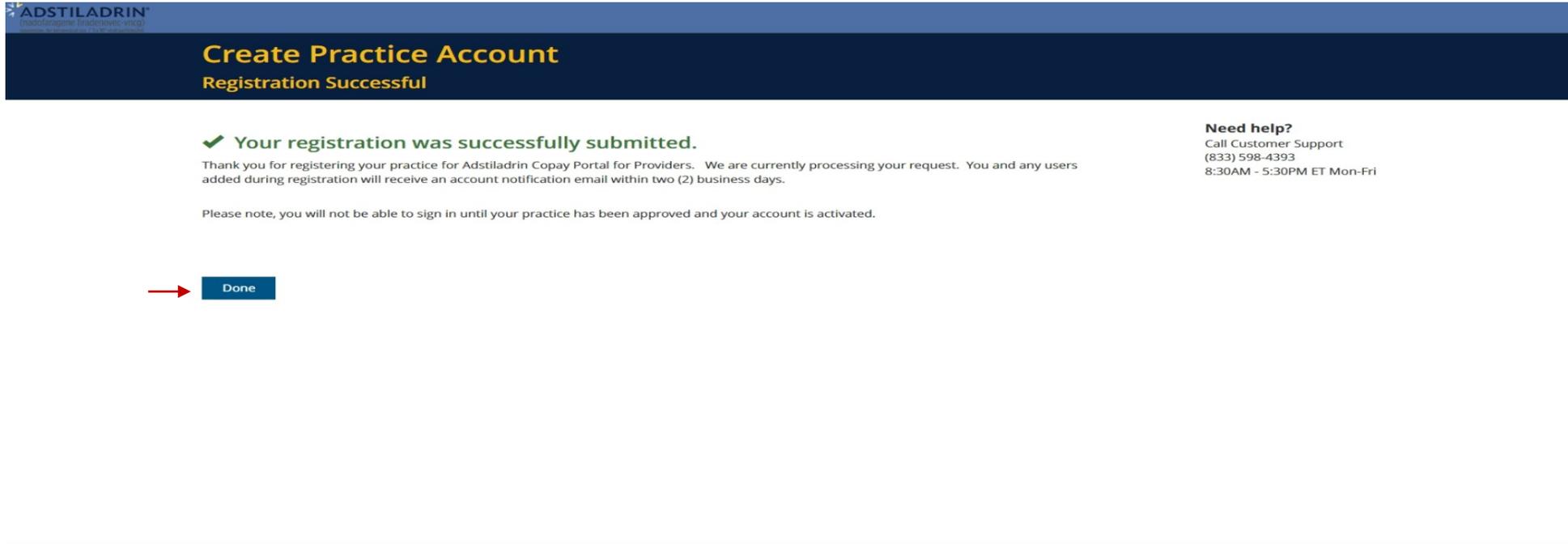
I'm not a robot 

reCAPTCHA  
Privacy - Terms

The user will read through the “Practice Agreement” information

- Then the user will check “Acknowledged and Agree”
- Then the user will need to enter their first and last name
- Then the user will select “I’m not a robot”
- Then the user will select “Finish”

# Login – Create Practice Account – Registration Successful



**ADSTILADRIN**  
Droga/lekarstwo Tradycyjne/Herb

## Create Practice Account

Registration Successful

✓ **Your registration was successfully submitted.**

Thank you for registering your practice for Adstiladrin Copay Portal for Providers. 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) 598-4393  
8:30AM - 5:30PM ET Mon-Fri

→ **Done**

- Once the practice account has been created the user will see “Your registration was successfully submitted”
- Then the user will select “Done” which will bring them back to the homepage
- *Note: The user will receive “Practice Registration Submitted” email notification. Within 2 business days, the user will receive another email notification to “Activate your Account”, which the user will need to select the link to finish setting up their account and create a password*

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## Practice Registration Submitted

Hello Test,

Thank you for registering your practice for Adstiladrin Copay Portal for Providers. 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,  
Customer Support  
Contact us at 833-598-4393

*Please do not reply to this message, which was sent from an unmonitored e-mail address.*

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# Account Activation

**Subject:** Activate Your Adstiladrin Copay Portal for Providers Account

Test,

Thank you for registering your practice for Adstiladrin Copay Portal for Providers. This e-mail is to let you know your practice has been approved. Please click the link below to activate your account.

→ [Activate](#)

Thank you,  
Adstiladrin Copay Portal for Providers Program Support  
Contact us at 833-598-4393

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ADSTILADRIN  
Ferring Pharmaceuticals, Inc.

## Account Activation

Please set your password.

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 ! @ # \$ % ^ & + =

→

- It will take approximately 2 business days to receive an “Account Activation” notification email
- The user will select “Activate” from the email and will need to create a new password, then select “Save”
- Then it will bring the user to an “Account Activated” page

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# Account Activation (cont.)



## Account Activated

✓ Your account has been activated.

→ [Click here to sign in to Adstiladrin Copay Portal for Providers.](#)

- The user can then select “Click here” to go back to the log in page

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# Forgot Password

**ADSTILADRIN**  
(radolarginone hydrochloride) (US) (NDA 141-215)

## Welcome to Adstiladrin Copay Portal for Providers

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

**To submit a medical co-pay claim you will need:**

- Explanation of Benefits (EOB) form for insured patients
- Specific information regarding the patient, prescriber, date of therapy administration, etc.

**Please note:** You may only submit a claim if the patient is commercially insured and is not participating in Medicare Part D, VA, TriCare, CHAMPUS, Medicaid, or any other similar federal or state program.

**Sign in**

Email

Password  [Forgot password?](#)

Remember my email

[Sign In](#) or register your practice

- The user will be notified if they entered an invalid username or password
- If the user selects “Forgot Password” it will bring the user to the “Forgot Password” page.

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**ADSTILADRIN**  
(radolarginone hydrochloride) (US) (NDA 141-215)

## 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 

[Send Email](#)

**Need help?**

Call Customer Support  
(833) 598-4393  
8:30AM - 5:30PM ET Mon-Fri

- The user will need to enter their email address and select, “I’m not a robot” then select “Send Email”
- Then it will bring the user to “Password reset sent” page

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# Forgot Password (cont.)



## 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@ferringcopay.com](mailto:donotreply@ferringcopay.com).

If you do not see the email, please check your junk mail folder and make sure [SGhanny@us.imshealth.com](mailto:SGhanny@us.imshealth.com) is the correct email address for your Adstiladrin Copay Portal for Providers account. You can also [click here](#) to receive a new link.

### Need help?

Call Customer Support  
(833) 598-4393  
8:30AM - 5:30PM ET Mon-Fri

- The user will have a link sent to their email address to reset their password
- *Note: If the user does not receive the email, the user can also “click here” to receive a new link*



# HCP Portal Home Page Functionalities and Submit a Claim

# Portal Home Page

 Home Claims Practice Contact Us tparkes@us.imshealth.com

## Welcome, Test

[Submit a Claim](#)

### Need help?

Call Customer Support  
(833) 598-4393  
8:30AM - 5:30PM ET Mon-Fri

### Recent Claims [See all claims](#)

Status	Confirmation #	Card ID #	Patient	Prescriber	Date of Service	Date Submitted ▼	Date Updated	Claim Amount
--------	----------------	-----------	---------	------------	-----------------	------------------	--------------	--------------

You haven't submitted any claims yet.

- When the user signs in, they will be brought to the home page
- *Note: This is the view when there are no claims submitted*

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# Portal Home Page Functionalities

The screenshot shows the top navigation bar with 'ADSTILADRIN' logo, 'Home', 'Claims', 'Practice', and 'Contact Us'. The 'Claims' dropdown is open, showing 'Submit a Claim' and 'Claim History'. A red arrow points to 'Submit a Claim'. Below the navigation is a 'Submit a Claim' button. To the right, there is a 'Need help?' section with contact information: 'Call Customer Support (833) 598-4393 8:30AM - 5:30PM ET Mon-Fri'. Below this is a 'Recent Claims' section with a 'See all claims' link and a table header.

Status	Confirmation #	Card ID #	Patient	Prescriber	Date of Service	Date Submitted	Date Updated	Claim Amount
--------	----------------	-----------	---------	------------	-----------------	----------------	--------------	--------------

You haven't submitted any claims yet.

- The user can use the “Claims” drop down menu to “Submit a Claim” or view “Claim History”

The screenshot shows the top navigation bar with 'ADSTILADRIN' logo, 'Home', 'Claims', 'Practice', and 'Contact Us'. The 'Practice' dropdown is open, showing 'Account', 'Users', 'Prescribers', and 'Patients'. A red arrow points to 'Submit a Claim' button. Below the navigation is a 'Submit a Claim' button. To the right, there is a 'Need help?' section with contact information: 'Call Customer Support (833) 598-4393 8:30AM - 5:30PM ET Mon-Fri'. Below this is a 'Recent Claims' section with a 'See all claims' link and a table.

Status	Confirmation #	Card ID #	Patient	Prescriber	Date of Service	Date Submitted	Date Updated	Claim Amount
New Claim	134606	K07100108111	PATIENTLAST, PATIENTFIRST	PrescriberLast, PrescriberFi		8/4/2023		View

- The user can use the “Practice” drop down menu to view their Account, Users, Prescribers, or Patients

# Portal Home Page Functionalities – (cont.)



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

**Customer Support**

(833) 598-4393

8:30AM - 5:30PM ET Mon-Fri

- The user can click the “Contact Us” tab located in the menu bar to view the Customer Support information

# Submit a Claim

The screenshot shows the top navigation bar with 'ADSTILADRIN' logo, 'Home', 'Claims', 'Practice', and 'Contact Us' menus. The 'Claims' menu is open, showing 'Submit a Claim' and 'Claim History' options. A 'Test' button is visible. Below the navigation is a 'Submit a Claim' button. To the right, there is a 'Need help?' section with contact information: 'Call Customer Support (833) 598-4393 8:30AM - 5:30PM ET Mon-Fri'. Below this is a 'Recent Claims' section with a table header: 'Status', 'Confirmation #', 'Card ID #', 'Patient', 'Prescriber', 'Date of Service', 'Date Submitted', 'Date Updated', and 'Claim Amount'. The table content shows 'You haven't submitted any claims yet.'

The screenshot shows the 'Submit a Claim' form. At the top, there are links for 'Privacy Policy', 'Terms and Conditions', 'Contact Us', and 'User Guide'. The form has a 'Patient' input field with a 'New Patient' checkbox and a magnifying glass icon. Below this is a list of required EOB information: 'Patient name', 'J Code or drug name', and 'Date of service'. There is an 'Attach File' button. To the right is a 'Prescriber' dropdown menu with 'PrescriberFirst PrescriberLast' as the selected option. A 'Submit' button is at the bottom. A 'Need help?' section with contact information is on the right. Red arrows point to the 'New Patient' checkbox, the magnifying glass icon, and the 'Prescriber' dropdown menu.

- From the Home page, or the top bar, the user will select “Submit a Claim”
- Then it will take the user to the “Submit a Claim” Page
- *If this is a new claim for a new patient, the user will need to select “New Patient”*
- *If existing patient, then the user can select the magnify glass image to search for the patient*
- Then the user will select the Prescriber based on the drop-down options
- Then the user will select “Attach file” to upload the patient’s EOB
- Then the user will select “Submit”

# Submit a Claim – New Patient

First Name <input type="text"/> <small>First Name is required.</small>	Last Name <input type="text"/> <small>Last Name is required.</small>	Co-pay Card GRP # <input type="text" value="#####"/> <small>Co-pay Card GRP # is required.</small>
Date of Birth <input type="text" value="MM/DD/YYYY"/> <small>Date of Birth is required.</small>	Gender <input type="text" value=""/> <small>Gender is required.</small>	Co-pay Card ID # <input type="text" value="#####"/> <small>Co-pay Card ID # is required.</small>
Street Address <input type="text"/> <small>Street Address is required.</small>		Phone <input type="radio"/> Home <input type="radio"/> Mobile <input type="text" value="(###) ###-####"/> <small>Phone is required.</small>
Address Line 2 (optional) <input type="text"/>		Email (optional) <input type="text"/>
City <input type="text"/> <small>City is required.</small>		
State <input type="text" value=""/> <small>State is required.</small>	ZIP <input type="text" value="#####"/> <small>ZIP is required.</small>	



- From the “Submit a Claim” page, the user will select “New Patient”
- Then it will take the user to the “Patient” page
- The user will need to fill out the required fields, including the Copay Card GRP# and the Copay Card ID# that was provided by the HUB
- Then the user will select “Save”, then taken to the “Patient” page

# Submit a Claim – New Patient (cont.)

ADSTILADRIN<sup>®</sup> (nadofaragene triadomeric vinct) nasal spray for intranasal use / 2.5 mg/mL suspension Home Claims Practice Contact Us tparkes@us.imshealth.com

## Patient

✔ Patient has been added. ✕

[Submit a Claim](#) ←

Name	Co-pay Card GRP #	Co-pay Card ID #
PATIENTFIRST PATIENTLAST	OH3001011	K07100108111
Date of Birth	Gender	
01/01/1900	Male	
Address	Phone	
123 MAIN ST	(111) 111-1111	
123 MAIN ST	Email	
FAIRVIEW, NJ 12345	TPARKES@US.IMSHEALTH.COM	

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

- The user will be taken to the “Patient” page, where the user can then select “Submit a Claim”
- The user also has the option to “Edit” the patient information, if needed

# Submit a Claim – Existing Patient

The screenshot shows the 'Submit a Claim' page for an existing patient. A 'Find a Patient' pop-up window is open, allowing the user to search for a patient by first and last name. The search results table is as follows:

Name	Date Of Birth	ZIP	
TEST TESTER123	01/01/1985	08807	<a href="#">View</a> <a href="#">Submit Claim</a>

The background page includes a navigation bar with 'ADSTILADRIN', 'Home', 'Claims', 'Practice', and 'Contact Us'. The main content area has a 'Submit a Claim' heading and a form for patient information. A 'Find a Patient' pop-up window is overlaid on the form, with a red arrow pointing to the search button. The pop-up window has a 'Close' button at the bottom right.

- From the “Submit a Claim” page, the user will select the magnify glass image to “Search” for the patient
- The user will enter the patient’s first and last name, then search
- The patient will populate at the bottom of the pop-up and the user can either “View” the patient profile or “Submit Claim” at this time
- If the user selects “Submit Claim” the patient information will automatically populate on the “Submit a Claim” page

# Submit a Claim (cont.)

ADSTILADRIN® Home Claims Practice Contact Us SGhanny@us.imshealth.com

## Submit a Claim

Patient  New Patient Prescriber

**Need help?**  
Call Customer Support  
(833) 598-4393  
8:30AM - 5:30PM ET Mon-Fri

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

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

✖

I hereby certify that:

- the information provided in claims submitted to OPUS Health as part of this Adstiladrin® Copay Program will be accurate
- the information submitted represents only the costs associated with Adstiladrin® and not any administration or other services provided by me or my office/pharmacy as applicable;
- the expenses requested represent eligible patient co-payment, co-insurance, or deductible expenses, actually incurred and not paid by the patient's insurance, flexible spending accounts, health savings account, or any other payer; and
- I would, in the ordinary course of my practice, have charged my patients for such out of pocket expenses.

I also certify that I will ensure that each patient for whom I submit documentation under this program (i) will not be purchasing their Adstiladrin® prescriptions with benefits from any local, state, federal or government program that pays for any portion of medical costs, including but not limited to Medicare including Medicare Part D or Medicare Advantage Plans; Medicaid, including Medicaid Managed Care or Alternative Benefit Plans ("ABPS") under the Affordable Care Act, Medigap, Veterans Administration ("VA"), Department of Defense ("DOD"); TRICARE; or residential correctional program and (ii) meets the other program eligibility criteria specified above. Any other expenses, including, but not limited to, out of network amounts not covered by patient's insurance, are not eligible for patient payment under this program. I understand that I am liable for any misrepresentation herein to the full extent of applicable law.

Agree

- Once the user has the patient information populated and the prescriber selected from the drop down, the user will need to select “Attach file”
- The user must attach a PDF version of the EOB along with the claim *(if the attachment is missing, the user will not be able to submit the claim)*
- Then the user must read through the “Claim Certification Statement” and select “Agree”
- Once the user is ready, the user will then select “Submit”

# Submit a Claim - Claim Submitted

ADSTILADRIN<sup>®</sup> (nadosturagene tiradenovex-vncq)  
Home Claims Practice Contact Us tparkes@us.imshealth.com

## Claim Submitted

✓ The claim has been successfully submitted.

The confirmation number is 134606.

You will be notified once the claim is approved.

[Back to home page](#) ←

- Once the user has submitted the claim, the user will be taken to this “Claim Submitted” page
- The user will view the confirmation number and will receive an email notification with the claim is “Approved” or “Rejected”
- The user can then select “Back to home page” to return to the main page to view the claim history or submit additional claims

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# HCP Portal Manage Patients, Users, & Prescribers

# Practice Account Page

The screenshot shows the top navigation bar of the ADSTILADRIN Practice Account Page. The 'Practice' dropdown menu is open, with a red arrow pointing to the 'Account' option. The page also features a 'Recent Claims' table and a 'Need help?' section.

Status	Confirmation #	Card ID #	Patient	Prescriber	Date of Service	Date Submitted	Date Updated	Claim Amount
New Claim	134606	K07100108111	PATIENTLAST, PATIENTFIRST	PrescriberLast, PrescriberFI		8/4/2023		View

- To view the Practice Account Page, user will navigate the Practice drop-down menu and select “Account”

The screenshot shows the 'Practice' section of the ADSTILADRIN Practice Account Page. It displays practice information for 'Test Practice' (NPI: 1356315908) and includes sections for Address, Communications, Payment Method, and Claim Status Updates. A red arrow points to the 'Edit' button at the bottom left. On the right side, there are links for 'Manage Patients', 'Manage Users', and 'Manage Prescribers', with a red arrow pointing to 'Manage Users'.

- The user can edit the practice information by selecting “edit”

OR

- The user can manage the patients, users, or prescribers

# Practice Account Page – Edit Practice

ADSTILADRIN Home Claims Practice Contact Us tparkes@us.imshealth.com

## Practice

Practice Name: Test Practice Practice NPI: 1356315908

Street Address: 123 Main St

Address Line 2 (optional): 123 Main St

City: Fairview

State: New Jersey ZIP: 12345

Phone: (111) 111-1111 Email Address: tparkes@us.imshealth.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:

(###) ###-####

**Save** **Cancel**

- To edit the Practice Account information the user will update the necessary fields and select “save” to save the changes made or “cancel” to return to the Practice Account Page
- *Note: The user can also update the “Payment Method” at this page as well. If they switch from Check to EFT, there will be a red pop-up at the top to remind the user to setup their bank account information*

# Practice Account Page – Manage Patients

ADSTILADRIN Home Claims Practice Contact Us tparkes@us.imshealth.com

## Practice

**Test Practice**  
NPI: 1356315908

**Address**  
123 Main St  
123 Main St  
Fairview, NJ 12345

**Communications**  
Phone: (111) 111-1111  
Email: tparkes@us.imshealth.com

**Payment Method**  
Your payments are being mailed by check.

**Claim Status Updates**  
Receiving claim status updates by email.

[Edit](#)

Manage Patients  
Manage Users  
Manage Prescribers

- To manage patients the user will select “Practice” from top menu bar
- Then select “Account”
- Then select “Manage Patients” on the right side
- Then it will take the user the “Patients” page, which will list out all the patients for this account
- The user can either “Search” for a patient or “Add a patient” at this time

ADSTILADRIN Home Claims Practice Contact Us tparkes@us.imshealth.com

## Patients

Enter the first few letters of the patient's first and/or last name, or leave both fields empty to see all patients.

First Name Last Name

[Add a Patient](#)

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# Practice Account Page – Manage Users

ADSTILADRIN Home Claims Practice Contact Us tparkes@us.imshealth.com

## Practice

**Test Practice**  
NPI: 1356315908

**Address**  
123 Main St  
123 Main St  
Fairview, NJ 12345

**Communications**  
Phone: (111) 111-1111  
Email: tparkes@us.imshealth.com

**Payment Method**  
Your payments are being mailed by check.

**Claim Status Updates**  
Receiving claim status updates by email.

Manage Patients  
Manage Users  
Manage Prescribers

Edit

- To manage users the user will select “Practice” from top menu bar
- Then select “Account”
- Then select “Manage Users” on the right side
- Then it will take the user the “Users” page, which will list out all the users that have access for this account
- The user can either “Edit” a user or “Add a User” at this time

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ADSTILADRIN Home Claims Practice Contact Us tparkes@us.imshealth.com

## Users

Add a User

Name	Email Address	Role	Administrator
Test Tester	tparkes@us.imshealth.com	Office/Billing Administrator	<input type="checkbox"/> Edit

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# Practice Account Page – Add a User

The screenshot displays the 'Users' management interface. A modal window for adding a new user is centered on the screen. The form contains the following fields and options:

- Email Address:** A text input field with a red border and the error message 'Email is required.' below it.
- First Name:** A text input field with a red border and the error message 'First Name is required.' below it.
- Last Name:** A text input field with a red border and the error message 'Last Name is required.' below it.
- Phone Number:** A text input field with a red border and a placeholder '(###) ###-####'. Below it is the error message 'Phone is required.'.
- Extension:** An empty text input field.
- Role in Practice:** A dropdown menu with a red border and a downward arrow. Below it is the error message 'User Role is required.'.
- Administrator:** An unchecked checkbox with the label 'Administrator'. Below it is the text 'Administrators can manage users and prescribers at the practice.'

At the bottom of the modal, there is a red arrow pointing to a blue 'Save' button and a white 'Cancel' button. The background shows a table with columns 'Name' and 'Email Address', listing users like 'Samantha Ghanny' and 'Test1 Tester1234'. To the right, there is a list of 'Administrators' with checkboxes and 'Edit' links.

- From the “Account” page, the user will select “Manage Users”
- Then the user will be taken to the “Users” page and can either “Edit” a user or “Add a User”
- To add a new user, complete the required fields, then select “save”
- *Note: Extension and Administrator check box are optional*

# Practice Account Page – Manage Prescribers

ADSTILADRIN Home Claims Practice Contact Us tparkes@us.imshealth.com

## Practice

**Test Practice**  
NPI: 1356315908

**Address**  
123 Main St  
123 Main St  
Fairview, NJ 12345

**Communications**  
Phone: (111) 111-1111  
Email: tparkes@us.imshealth.com

**Payment Method**  
Your payments are being mailed by check.

**Claim Status Updates**  
Receiving claim status updates by email.

[Edit](#)

- Manage Patients
- Manage Users
- Manage Prescribers

- From the “Account” page, the user will select “Manage Prescribers”

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ADSTILADRIN Home Claims Practice Contact Us tparkes@us.imshealth.com

## Prescribers

[Add a Prescriber](#)

Name	NPI	SLN	
PrescriberFirst PrescriberLast	1356315908		<a href="#">Edit</a>

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- Then the user will be taken to the “Prescribers” page and can either “Edit” a prescriber or “Add a Prescriber”

# Practice Account Page – Edit a Prescriber

The screenshot shows the ADSTILADRIN Practice Account Page. The main heading is "Prescribers". Below it, there is an "Add a Prescriber" button and a table with columns "Name", "SLN", and "Edit". A modal form titled "Prescriber" is open, containing the following fields:

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

Red arrows in the image point to the First Name, Last Name, and NPI Number fields, and another red arrow points to the "Save" button. The "Save" button is highlighted in blue.

- From the “Account” page, the user will select “Manage Prescribers”
- Then the user will be taken to the “Prescribers” page and can either “Edit” a user or “Add a Prescriber”
- To “Edit” an existing prescriber, select on the “Edit” button next to the prescriber name, then complete the required fields, then select “save”
- *Note: State License Number is optional*

# Practice Account Page – Add a Prescriber

The screenshot shows the 'Prescribers' page in a web application. A modal window titled 'Prescriber' is open, allowing a user to add a new prescriber. The modal contains the following fields and error messages:

- First Name:** A text input field with a red border and the error message 'First Name is required.' below it.
- Last Name:** A text input field with a red border and the error message 'Last Name is required.' below it.
- NPI Number:** A text input field with a red border and the error message 'NPI Number is required.' below it.
- State License Number (optional):** A text input field.

At the bottom of the modal, there are two buttons: 'Save' (highlighted with a red arrow) and 'Cancel'.

- From the “Account” page, the user will select “Manage Prescribers”
- Then the user will be taken to the “Prescribers” page and can either “Edit” a user or “Add a Prescriber”
- To “Add” a new prescriber, the user will select “Add a Prescriber” then complete the required fields, then select “save”
- *Note: State License Number is optional*



# EFT Payment / Setup

# Account Practice - Manage Electronic Payments

The screenshot shows the ADSTILADRIN practice management interface. At the top, there is a navigation bar with 'Home', 'Claims', 'Practice', and 'Contact Us' links, and a user email 'SGhanny@us.imshealth.com'. Below the navigation bar is a dark blue header with the word 'Practice' in yellow. A green notification bar states 'Practice information has been updated.' The main content area is divided into two columns. The left column contains the practice name 'IQVIA Demo', NPI '1233222331', and four sections: 'Address' (77 corporate drive, bridgewater, NJ 08807), 'Communications' (Phone: (862) 221-4388, Email: SGhanny@us.imshealth.com), 'Payment Method' (Payments are being electronically transferred to your payment account. Please complete setup of your payment account by clicking the link below, or switch to another payment method by editing your account. [Manage Electronic Payments](#) ←), and 'Claim Status Updates' (Receiving claim status updates by email.). A blue 'Edit' button is located below the 'Payment Method' section. The right column contains three links: 'Manage Patients', 'Manage Users', and 'Manage Prescribers'. At the bottom of the page, there is a footer with links for 'Ferring Privacy Policy', 'Terms and Conditions', 'Privacy Policy', 'Terms of Use', 'Contact Us', and 'User Guide'.

From the Practice Account page, if the user selected “Electronic Payment” as their payment method, the user would need to select “Manage Electronic Payments”

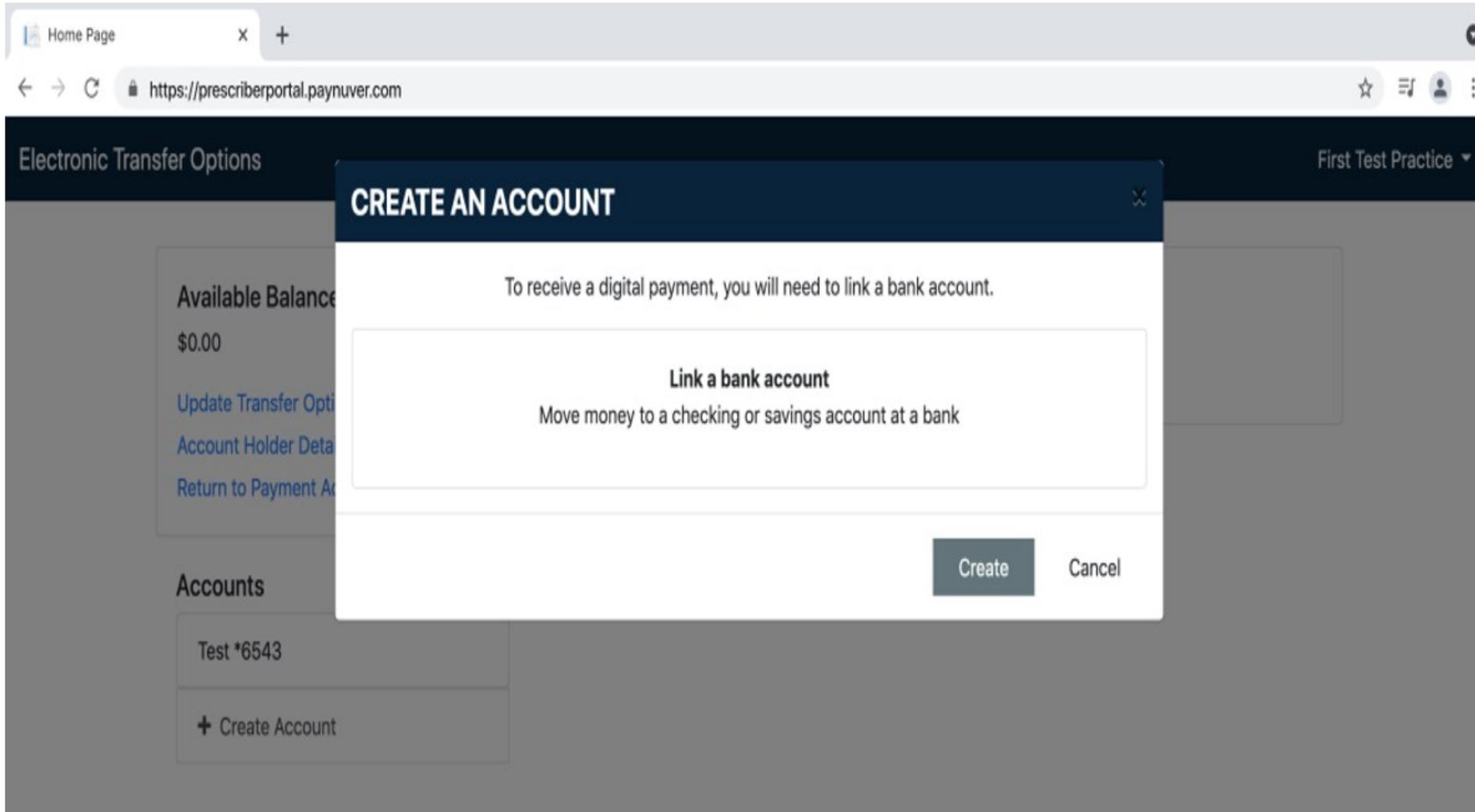
*Note: It is important that the HCP selects “Manage Electronic Payments” and set up their banking information with Transcard to complete EFT setup*

# *Electronic Payment*

For Electronic Payments, the user will be taken to a secure paynuver site to link banking information.

You have the option of submitting payment via check or electronic payment. For information on electronic payment, additional information will be provided.

# Create An Account – Paynuver



After selecting Manage Electronic Payments on the Adstiladrin HCP Portal the user will be directed to paynuver to create an account. The user will be prompted to select Link a bank account and then select Create

# Bank Account Setup

The screenshot shows a web browser window with the URL <https://testprescriberportal.paynover.com>. The page title is "Electronic Transfer Options" and the user is logged in as "First Test Practice". A modal window titled "BANK ACCOUNT" is open, containing the following fields:

- Nickname \***: A text input field with the placeholder text "What do you want to call this account?".
- Routing Number \* ⓘ**: A text input field with the placeholder text "The institutional routing number".
- Confirm Routing Number \***: A text input field with the placeholder text "Confirm the routing number".
- Account Number \* ⓘ**: A text input field with the placeholder text "The account number".
- Confirm Account Number \***: A text input field with the placeholder text "Confirm the account number".
- Account Type**: A dropdown menu with the placeholder text "Choose...".

At the bottom of the modal, there are two buttons: "Add This Bank Account" (highlighted in dark blue) and "Cancel".

The user will be prompted to fill in account details to add the bank account

# Electronic Transfer Options

Home Page x +

https://prescriberportal.paynuver.com

Electronic Transfer Options First Test Practice

**Available Balance**  
\$0.00

[Update Transfer Options](#)  
[Account Holder Details](#)  
[Return to Payment Account](#)

**Accounts**

Test \*6789

Test 2 \*7890

+ Create Account

**Transaction History**  
No Transactions Yet...

From the Electronic Transfer Options page, the user can add additional accounts and view transaction history.