



Adstiladrin HCP Portal User Guide

May 2026

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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 \$10 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

ADSTILADRIN®

(trastuzumab herceptin)-vsg

ADSTILADRIN is a registered trademark of the Lilly Companies.

ADSTILADRIN®

(trastuzumab herceptin)-vsg

ADSTILADRIN is a registered trademark of the Lilly Companies.

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

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- 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”

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

Name is required.

Practice NPI

NPI is required.

Street Address

Street Address is required.

Address Line 2 (optional)

City

City is required.

State

State is required.

ZIP

ZIP is required.

Phone

Phone is required.

Email Address

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:

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.)

ADSTILADRIN[®]

(nadosturagene tadarivomer-vncg)

Investigational New Drug (IND) 141-10400-01

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.

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

Login – Create Practice Account - Additional Users

ADSTILADRIN[®]

adalimumab (adalimumab-vmg)

adalimumab (adalimumab-vmg)

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	☒	Edit

Add a User

Next

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- 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

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
User Role is required. Administrators can manage users and prescribers at the practice.

Save Cancel

- 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

Login – Create Practice Account – Additional Prescribers

ADSTILADRIN[®]

(trastuzumab herceptin-vvvq)

Prescription for Intravenous use, 1.1 mg/mL concentrate

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 the 'Create Practice Account Additional Prescribers' page. A modal titled 'Prescriber' is open, allowing the user to add a new prescriber. The modal contains the following fields and labels:

- 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'.

In the background, the main form has a table with the following structure:

Name	SLN	Edit
PrescriberFirst PrescriberLast		

Below the table is an 'Add a Prescriber' button and a 'Next' button.

- 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

ADSTILADRIN[®]

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**.

Users

Edit

Name	Email Address	Role
Test Tester	tparkes@us.imshealth.com	Office/Billing Administrator

Prescribers

Edit

Name	NPI	SLN
PrescriberFirst PrescriberLast	1356315908	

Next

- 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

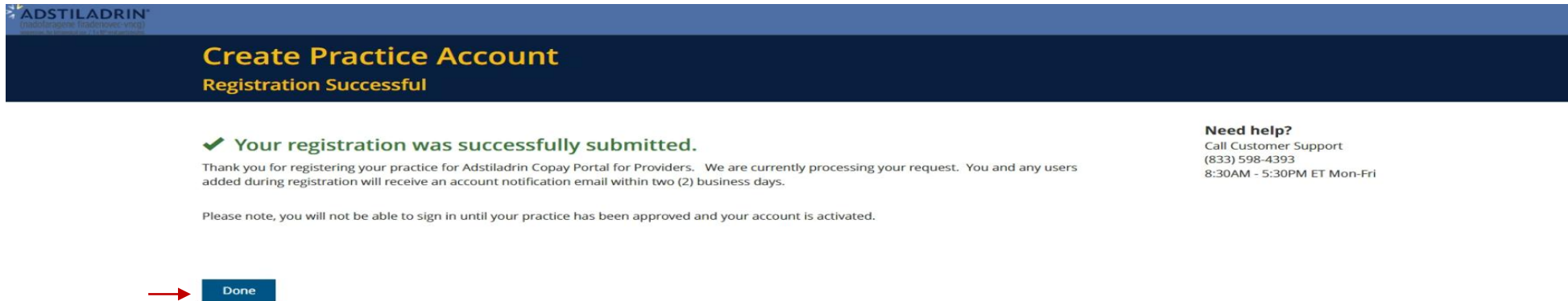


The user will read through the “Practice Agreement” information

- 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”

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Login – Create Practice Account – Registration Successful



ADSTILADRIN®
moxifloxacin hydrochloride tablets

Create Practice Account

Registration Successful

✓ **Your registration was successfully submitted.**

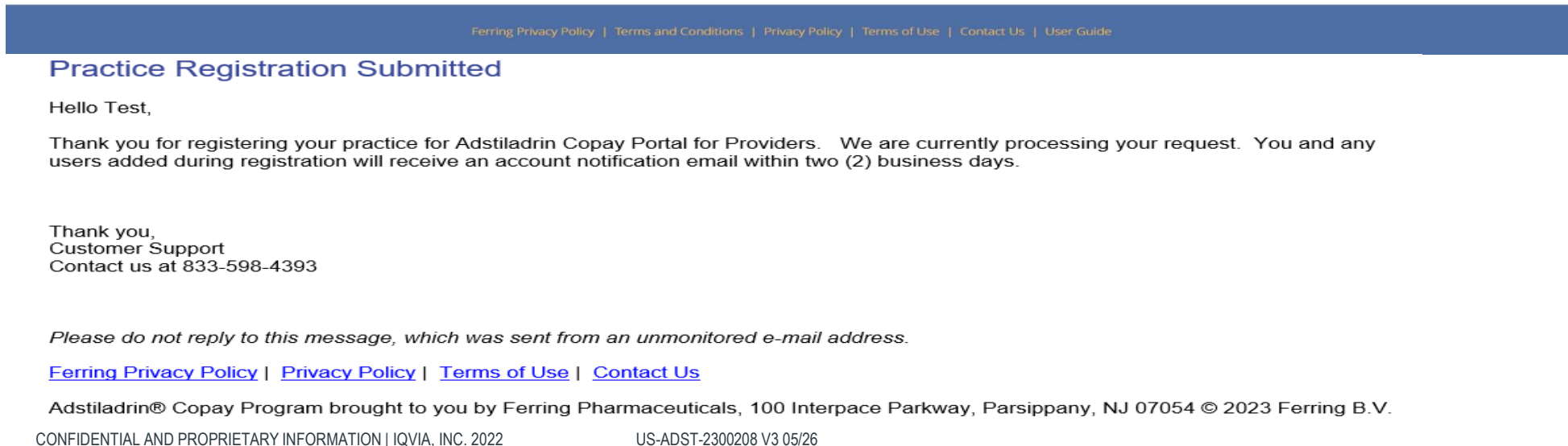
Thank you for registering your practice for Adstiladrin Copay Portal for Providers. We are currently processing your request. You and any users added during registration will receive an account notification email within two (2) business days.

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

→ **Done**

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

- 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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Adstiladrin® Copay Program brought to you by Ferring Pharmaceuticals, 100 Interpace Parkway, Parsippany, NJ 07054 © 2023 Ferring B.V.

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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®

(prescription drug) (VIA)

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Account Activation

Please set your password.

Password

Confirm Password

Your password should have:

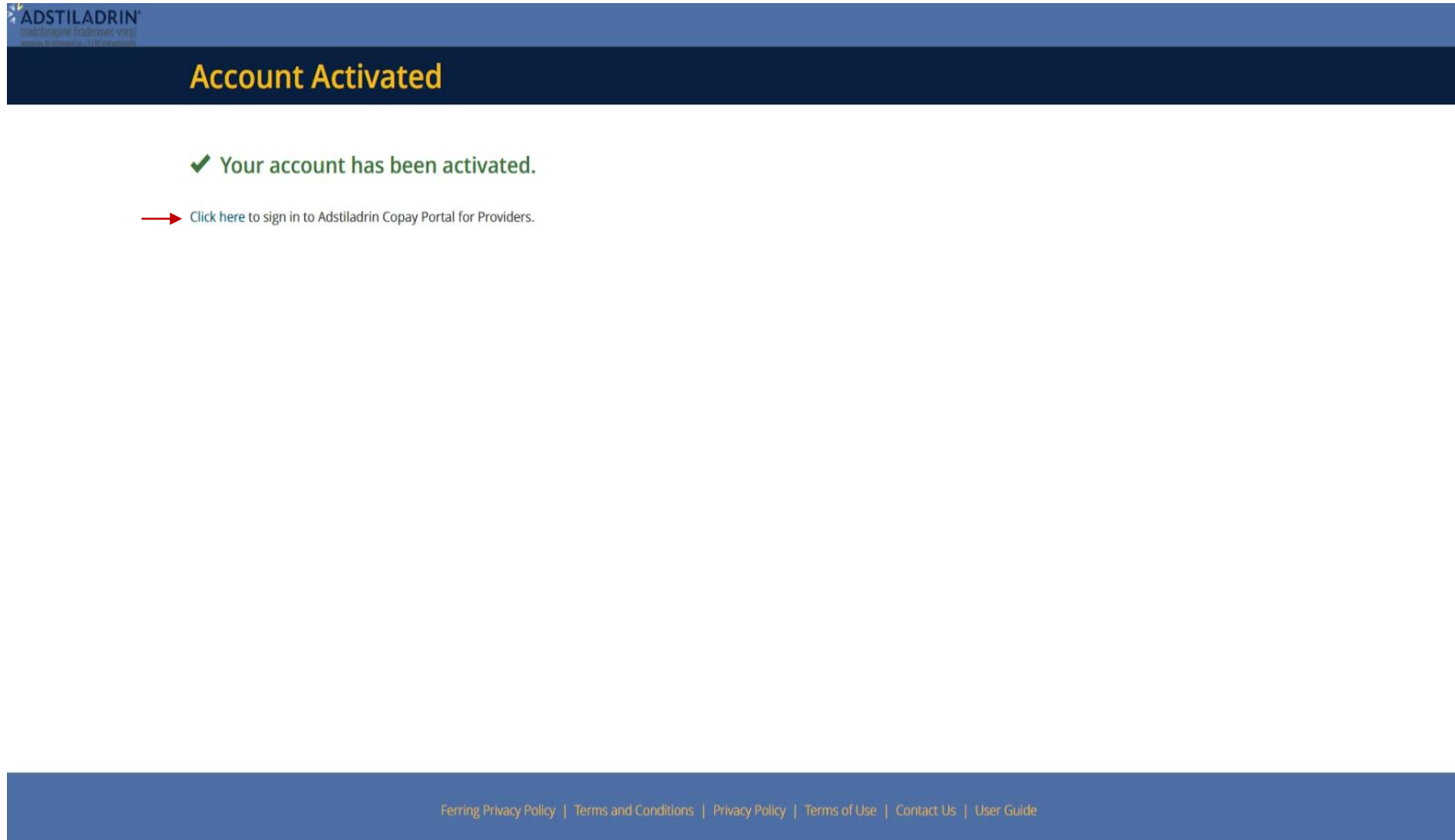
- at least 8 characters
- at least 1 lowercase letter (a-z)
- at least 1 uppercase letter (A-Z)
- at least 1 number (0-9)
- at least 1 special character, such as ! @ # \$ % ^ & + =

→ Save

Cancel

- 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

Account Activation (cont.)



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

Forgot Password

ADSTILADRIN[®]
(radotinone hydrochloride) (US) (NDA 141-215-01)

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[®]
(radotinone hydrochloride) (US) (NDA 141-215-01)

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

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- 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

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.

If you do not see the email, please check your junk mail folder and make sure 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*

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HCP Portal Home Page Functionalities and Submit a Claim

Portal Home Page

ADSTILADRIN[®]

(nadofaragene tiradenovet-vncg)

Investigational use only | For 101 study participants

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*

Portal Home Page Functionalities

The screenshot shows the ADSTILADRIN portal home page. The top navigation bar includes 'Home', 'Claims', 'Practice', and 'Contact Us'. The 'Claims' dropdown menu is open, showing 'Submit a Claim' and 'Claim History'. A red arrow points to the 'Submit a Claim' button. Below the navigation bar, there is a 'Submit a Claim' button and a 'Need help?' section with contact information. The 'Recent Claims' section shows a table with columns: Status, Confirmation #, Card ID #, Patient, Prescriber, Date of Service, Date Submitted, Date Updated, and Claim Amount. A message states '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 ADSTILADRIN portal home page. The top navigation bar includes 'Home', 'Claims', 'Practice', and 'Contact Us'. The 'Practice' dropdown menu is open, showing 'Account', 'Users', 'Prescribers', and 'Patients'. A red arrow points to the 'Submit a Claim' button. Below the navigation bar, there is a 'Submit a Claim' button and a 'Need help?' section with contact information. The 'Recent Claims' section shows a table with columns: Status, Confirmation #, Card ID #, Patient, Prescriber, Date of Service, Date Submitted, Date Updated, and Claim Amount. A 'View' link is present at the end of the first row.

- 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

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Submit a Claim

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

Submit a Claim Claim History 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.								

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

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Submit a Claim

Patient New Patient

Prescriber PrescriberFirst PrescriberLast

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

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

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

- 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

ADSTILADRIN[®]

metoprolol succinate (trade name - vngg)

submitting the information on this form is optional

Home

Claims ▾

Practice ▾

Contact Us

tparkes@us.imshealth.com ▾

Patient

First Name

First Name is required.

Last Name

Last Name is required.

Co-pay Card GRP #

#####

Co-pay Card GRP # is required.

Date of Birth

MM/DD/YYYY

Date of Birth is required.

Gender

Gender is required.

Co-pay Card ID #

#####

Co-pay Card ID # is required.

Street Address

Street Address is required.

Address Line 2 (optional)

Phone

☒ Home ☐ Mobile

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

Phone is required.

City

City is required.

State

State is required.

ZIP

####

ZIP is required.

Email (optional)

Save

Cancel

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Contact Us

User Guide

- 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[®]

Home

Claims ▾

Practice ▾

Contact Us

tparkes@us.imshealth.com ▾

Patient

✓ Patient has been added.

Submit a Claim

Name

PATIENTFIRST PATIENTLAST

Date of Birth

01/01/1900

Address

123 MAIN ST

123 MAIN ST

FAIRVIEW, NJ 12345

Co-pay Card GRP #

OH3001011

Co-pay Card ID #

K07100108111

Gender

Male

Phone

(111) 111-1111

Email

TPARKES@US.IMSHEALTH.COM

Edit

Close

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Contact Us

User Guide

- 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

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

Submit a Claim

Patient

Please provide the explanation of benefits

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

📎 Attach File

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

Submit

Find a Patient

First Name: Last Name:

test tester Q

Name	Date Of Birth	ZIP
TEST TESTER123	01/01/1985	08807

View Submit Claim

Close

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- 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

TEST TESTER123 PrescriberFirst PrescriberLast

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

Attach File Sample Attachment for C... ✕

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

Submit

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- 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[®]
(radotinone trifenolate vinyg)
A Ferring Pharmaceuticals Inc. / IQVIA product

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](#)

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- 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



HCP Portal Manage Patients, Users, & Prescribers

Practice Account Page

ADSTILADRIN

Home

Claims

Practice

Contact Us

tparkes@us.imshealth.com

Welcome

Account
Users
Prescribers
Patients

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	
New Claim	134606	K07100108111	PATIENTLAST, PATIENTFIRST	PrescriberLast, PrescriberFi		8/4/2023			View

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

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

OR

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

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Practice Account Page – Edit Practice

ADSTILADRIN™ Home Claims Practice Contact Us tparkes@us.lmshealth.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.lmshealth.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 ←

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- 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

ADSTILADRIN

Home

Claims

Practice

Contact Us

tparkes@us.imshealth.com

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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

Q

Add a Patient

- 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

Practice Account Page – Manage Users

ADSTILADRIN

HomeClaimsPracticeContact 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

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ADSTILADRIN

HomeClaimsPracticeContact Us

tparkes@us.imshealth.com

Users

Add a User

Name	Email Address	Role	Administrator	
Test Tester	tparkes@us.imshealth.com	Office/Billing Administrator	☐	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

Practice Account Page – Add a User

The screenshot shows the 'Users' page in the ADSTILADRIN system. A modal form titled 'User' is open, allowing the addition of a new user. The form includes fields for Email Address, First Name, Last Name, Phone Number, and Extension. The 'Role in Practice' dropdown is set to 'Administrator'. The 'Save' button is highlighted with a red arrow.

Users

Add a User

Name	Email Address
Samantha Ghanny	SGhanny@us.imshealth.com
Test1 Tester1234	test.testster@gmail.com

User

Email Address
[Redacted]
Email is required.

First Name
[Redacted]
First Name is required.

Last Name
[Redacted]
Last Name is required.

Phone Number
[Redacted]
Phone is required.

Extension
[Redacted]

Role in Practice
[Redacted]
User Role is required.

☐ Administrator
Administrators can manage users and prescribers at the practice.

Save **Cancel**

- 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

Payment Method

Your payments are being mailed by check.

Edit

Communications

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

Claim Status Updates

Receiving claim status updates by email.

Manage Patients

Manage Users

Manage Prescribers

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

ADSTILADRIN

Home

Claims

Practice

Contact Us

tparkes@us.imshealth.com

Prescribers

Add a Prescriber

Name	NPI	SLN	Edit
PrescriberFirst PrescriberLast	1356315908		

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Terms of Use

Contact Us

User Guide

- 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 displays the ADSTILADRIN Practice Account Page. The top navigation bar includes links for Home, Claims, Practice, and Contact Us, along with a user email address SGhanny@us.imshealth.com. The main heading is 'Prescribers'. Below this, there is a section for 'Add a Prescriber' with a table containing columns for 'Name', 'PrescriberFirst', and 'PrescriberLast'. A modal form titled 'Prescriber' is open in the center, featuring input fields for 'First Name', 'Last Name', 'NPI Number', and 'State License Number (optional)'. Red text indicates that 'First Name is required.', 'Last Name is required.', and 'NPI Number is required.'. Red arrows point to the 'Save' button and the 'State License Number' field. The background shows a table with a single row for a prescriber named 'SLN' and an 'Edit' button.

- 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 displays the ADSTILADRIN Practice Account Page. The top navigation bar includes links for Home, Claims, Practice, and Contact Us, along with a user email address SGhanny@us.imshealth.com. The main heading is 'Prescribers'. Below this, there is a section titled 'Add a Prescriber' with a table containing columns for Name, PrescriberFirst, and PrescriberLast. A modal dialog titled 'Prescriber' is open in the center, featuring input fields for First Name, Last Name, NPI Number, and State License Number (optional). Red error messages indicate that First Name, Last Name, and NPI Number are required. A red arrow points to the 'Save' button at the bottom of the modal. The background is dimmed to show the underlying page structure.

- 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

ADSTILADRIN®
(nadotaragene firadenovet-vncc)
adstilaragene firadenovet-vncc

Home Claims ▾ Practice ▾ Contact Us

SGhanny@us.imshealth.com ▾

Practice

Practice information has been updated.

IQVIA Demo

NPI: 1233222331

Address

77 corporate drive
bridgewater, NJ 08807

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](#) ←

Edit

Communications

Phone: (862) 221-4388
Email: SGhanny@us.imshealth.com

Claim Status Updates

Receiving claim status updates by email.

Manage Patients

Manage Users

Manage Prescribers

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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

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US-ADST-2300208 V3 05/26

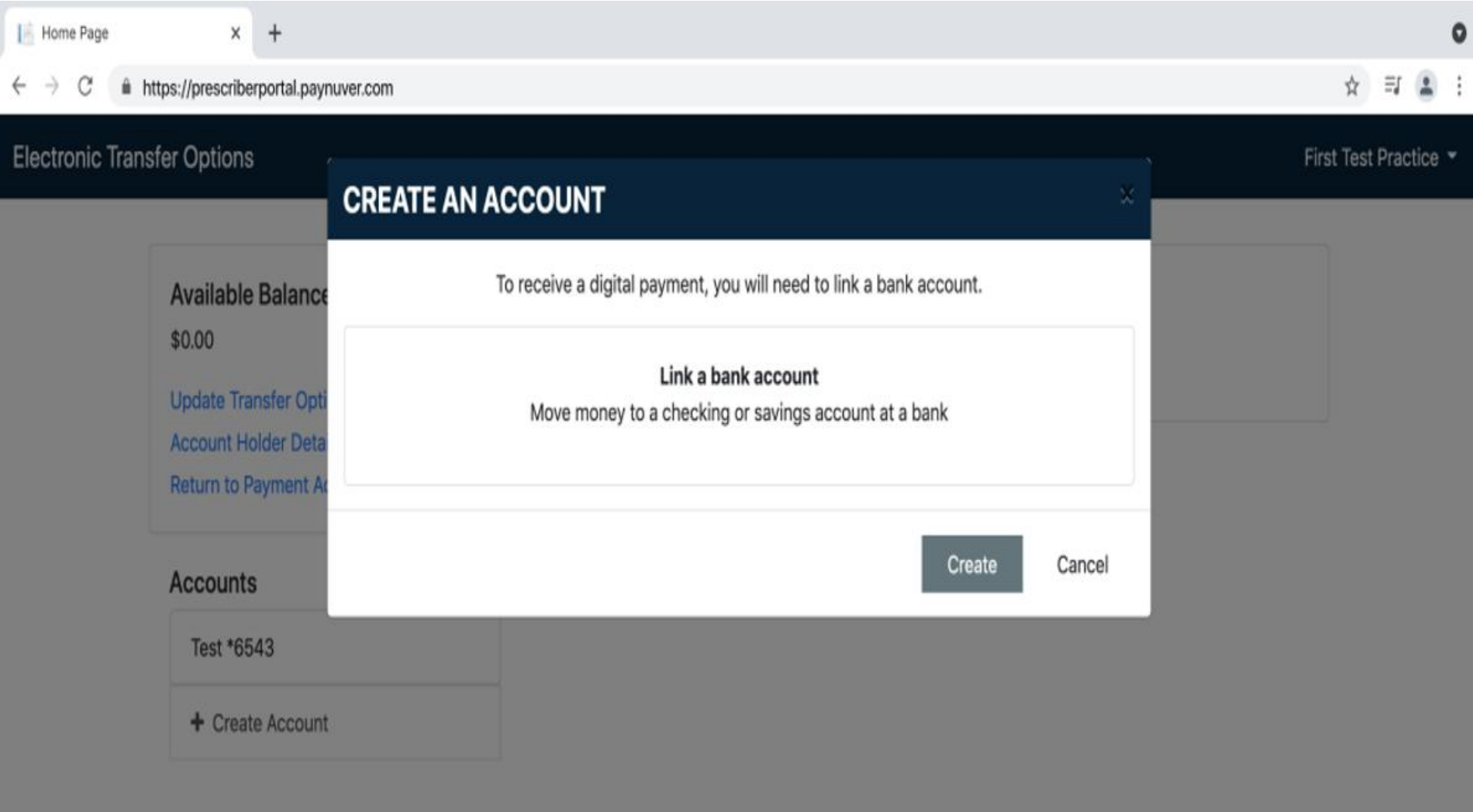
41

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

Home Page x +

https://testprescriberportal.paynover.com

Electronic Transfer Options First Test Practice

Available Balance

\$0.00

Update Transfer Options

Account Holder Details

Return to Payment Accounts

Accounts

+ Create Account

BANK ACCOUNT

Nickname *

What do you want to call this account?

Routing Number * ⓘ

The institutional routing number

Confirm Routing Number *

Confirm the routing number

Account Number * ⓘ

The account number

Confirm Account Number *

Confirm the account number

Account Type

Choose...

Add This Bank Account Cancel

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

Electronic Transfer Options

Home Page

+

https://prescriberportal.paynuver.com

☆

☰

👤

⋮

Electronic Transfer Options

First Test Practice ▾

Available Balance

\$0.00

[Update Transfer Options](#)

[Account Holder Details](#)

[Return to Payment Account](#)

Transaction History

No Transactions Yet...

Accounts

Test *6789

Test 2 *7890

+ Create Account

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