

# HCP Portal User Guide

DECEMBER 2019



# Table of Contents

Overview .....	4
Logging On.....	4
Step 1: Creating an Enrollment Referral .....	6
Step 2: Creating an Enrollment Referral .....	9
Step 3: Creating an Enrollment Referral .....	11
Viewing My Request .....	13
Forgot Username or Password .....	14
My Profile.....	15
Changing Prescriber Information .....	16
Changing Office Contact Information .....	16

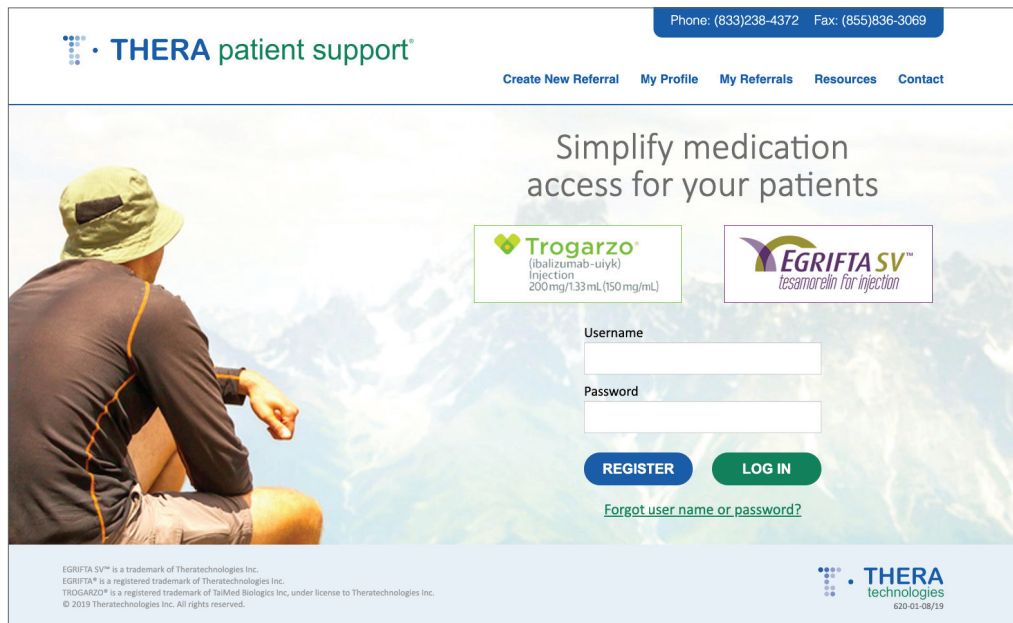
## Overview

The Thera Patient Support™ Prescriber Portal is an online healthcare provider tool that allows eligible program participants to:

- Enter new referral requests
- Obtain status updates on current enrollment referral requests
- Upload additional documentation for enrollment referral requests

## Logging On

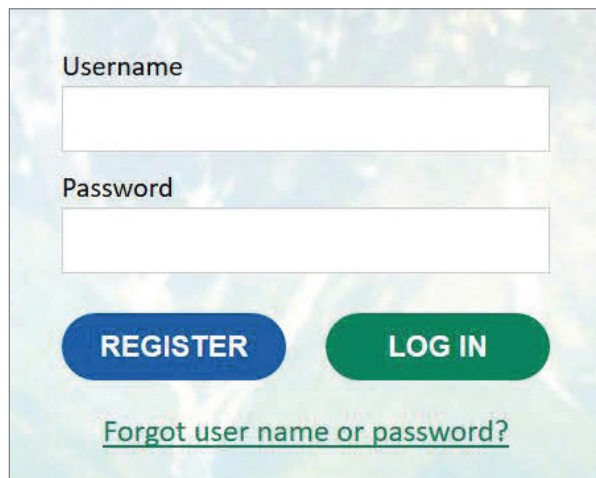
To access the Thera Patient Support™ website go to: **TPS.aspnprograms.com**



The screenshot shows the Thera Patient Support Prescriber Portal login page. At the top, there is a navigation bar with the Thera logo and the text "THERA patient support". To the right of the logo, there is a phone number (833)238-4372 and a fax number (855)836-3069. Below the navigation bar, there are links for "Create New Referral", "My Profile", "My Referrals", "Resources", and "Contact". The main content area features a background image of a person sitting on a mountain peak, looking out over a valley. The text "Simplify medication access for your patients" is displayed in the center. Below this text, there are two medication logos: Trogarzo (ibalizumab-uyyk) Injection, 200mg/1.33 mL (150 mg/mL) and EGRIFTA SV (tesamorelin) For Injection. Below the logos, there are input fields for "Username" and "Password". There are two buttons: "REGISTER" (blue) and "LOG IN" (green). Below the buttons, there is a link for "Forgot user name or password?". At the bottom of the page, there is a footer with small text: "EGRIFTA SV™ is a trademark of Theratechnologies Inc. EGRIFTA® is a registered trademark of Theratechnologies Inc. TROGARZO® is a registered trademark of TaiMed Biologics Inc, under license to Theratechnologies Inc. © 2019 Theratechnologies Inc. All rights reserved." and the Thera Technologies logo with the date 6/20/19 08/13.

**First-Time Users:** Click **Register** to begin the registration process. Continue to page 3 of this document.

**Returning Users:** Enter your User Name and Password then click **Login**. Continue to page 4 of this document.



This is a close-up view of the login form fields. It shows the "Username" and "Password" input fields, the "REGISTER" and "LOG IN" buttons, and the "Forgot user name or password?" link. The background is a blurred image of a mountain peak.

## Logging On (cont.)

### New User Registration

Enter the office information: Prescriber Name, Address, Phone, Fax, User Name, Email and Password.

To View **WEBSITE ACCESS TERMS OF USE, HIPAA/ BUSINESS ASSOCIATE TERMS OF USE, PRIVACY POLICY** click the hyperlink. When ready, click the check box to indicate agreement and then click **SAVE**.

The screenshot shows the 'THERA patient support' website interface. At the top right, there are contact numbers: Phone: (833)238-4372 and Fax: (855)836-3069. Below this is a navigation menu with links: Create New Referral, My Profile, My Referrals, Resources, Contact, and Login. The main content area is divided into three sections: 'Registration', 'Prescriber/Practice Registration', and 'User Agreements'. The 'Registration' section contains instructions: 'In order to submit your patient's prescription online and to track their status, please register by completing the fields below.' The 'Prescriber/Practice Registration' section contains several input fields: \*Prescriber/Practice Name, \*Address 1, Address 2, \*Zip, \*City, \*State (dropdown), \*Phone, \*Fax, \*User Name, \*Email, \*Password, and \*Re-enter Password. A note below these fields states: '(Passwords must be a minimum of 8 characters and include 1 lowercase letter, 1 uppercase letter, and 1 number)' and '\*Denotes this entry is mandatory'. The 'User Agreements' section contains a hyperlink: 'WEBSITE ACCESS TERMS OF USE, HIPAA/BUSINESS ASSOCIATE TERMS OF USE, PRIVACY POLICY' and a checkbox with the text: 'By checking this box, I attest that I am a licensed prescriber and agree to the Website Access Terms of use, HIPAA/ Business Associate Terms of Use, and privacy policy'. A green arrow points from the 'Save' button in the 'User Agreements' section to the 'SAVE' text in the left-hand instruction block.

The **Registration Confirmation** screen will display.

The screenshot shows a 'Registration Confirmation' dialog box with a blue header and a close button (X). The main text inside the dialog reads: 'Thank You!' followed by 'Your registration was successful.' At the bottom right of the dialog is a green circular button with the text 'OK'. A green arrow points from the 'OK' button to the 'Click OK.' text in the left-hand instruction block.

Click **OK**.

# Step 1: Creating an Enrollment Referral Request

Enrollment referral requests can be created in 3 steps.

**Step 1:** Enter the patient information, select or add the prescriber, and select or add an office contact.

Prescriber Information:

- If you are requesting an enrollment referral for the first time, you need to assign a prescriber to your username/password
- If you are a returning user, prescriber information will populate automatically

Identify the patient.  
Enter his or her  
information

Click on **Add Prescriber**  
(see page 5)

Click on **Add New  
Office Contact**  
(see page 6)

After entering the  
required information,  
click **Next** to confirm.

Phone: (833)238-4372 Fax: (855)836-3069  
Johnn Doe

Create New Referral My Profile My Referrals Resources Contact Logout

**Step 1**  
Enter patient-specific information and select a Product.

**Patient Information** \*Required field

\*First Name \*Last Name  
\*Address  
\*City \*State \*Zip  
\*SSN \*Date of Birth \*Gender  
\*Telephone Email  
Best time to contact  
 AM  PM  Other  
Contact/Carer/Relationship to the patient  
Telephone  Ok to leave message  
Please list any known allergies to medications or other substances  
 Deliver to Patient's Home  
\*Prescriber  
If the prescriber is not listed in the dropdown, please go to My Profile page to maintain your associated prescriber information.  
\*Office Contact

**Product Information**  
Product Name  
 TRIDGARZOP  EGRIFTA\*  EGRIFTA SV\*  
NDC:

Add New Office Contact Next

## Step 1: Creating an Enrollment Referral Request (cont.)

On the Prescriber Information page you will add the prescriber's:

- First and Last Name
- Address, City, State and Zip
- Email Address, Phone, and Fax
- NPI

The screenshot shows a 'Prescriber Information' form with the following fields and values:

- \*First Name:** Kamal
- \*Last Name:** Patel
- \*Address:** 1081 Parsippany Blvd
- Address 2:** (empty)
- \*Zip:** 07054
- \*City:** Parsippany
- \*State:** NJ
- Email Address:** kavitha.ramakrishnan@asembia.com
- Specialty:** (empty)
- \*Phone:** (732) 999-9999
- \*Fax:** (973) 917-3553
- \*NPI #:** 1982692927
- Tax ID:** (empty)
- DEA #:** (empty)

At the bottom, there is a checkbox for 'Please send me emails relating to my patient's participation in there. I understand the emails are not encrypted, may be intercepted and may not be confidential. I agree to receive these emails.' and two buttons: 'Verify Prescriber' and 'Cancel'.

After clicking **Verify Prescriber** from the popup, the user will be presented with a series of questions.

The screenshot shows a 'Verification Process' form with the following content:

- Time Remaining:** 4m 24s
- Q1. What year did you graduate from Medical School?**
- Radio button options: 1960, 1971, 1990, 1957

At the bottom, there are two buttons: 'Verify Information' and 'Close'.

**Help desk contact number:**  
(844)297-6009

**Business hours:**  
8:30am – 5pm EST

Each question must be answered correctly and within the time limit (there will be a countdown displayed for the user) for the prescriber to be considered verified and ready to use on the site.

If the user is unable to answer all questions correctly, they will see an alert and can try again with a new series of questions

Once the total attempts (within a set) are exhausted, the user will be displayed an alert instructing them to try again in an hour, or call for additional support.

Once the user answers all the questions successfully, they will receive an alert and the prescriber will be considered verified and ready to be used on the site.

The screenshot shows a 'Success' message box with the following text:

Congratulations!  
You have successfully completed the authentication process.

At the bottom, there is an 'OK' button.

## Step 1: Creating an Enrollment Referral Request (cont.)

You will return to the Patient Information screen. Next, identify a person who will be available to answer questions about the enrollment referral request.

The screenshot shows the 'THERA patient support' portal. At the top right, there are contact numbers: Phone: (833)238-4372 and Fax: (855)836-3069. Below this is a navigation bar with links: Create New Referral, My Profile, My Referrals, Resources, Contact, and Logout. The main content area is titled 'Step 1' and contains two sections: 'Patient Information' and 'Product Information'. The 'Patient Information' section includes fields for First Name (Jane), Last Name (Test), Address (99 Trust Lane), City (West Orange), State (NJ), Zip (07052), SSN (1111), Date of Birth (07/01/1988), Gender (Female), Telephone, Email, and Best time to contact (AM, PM, Other). It also has fields for Contact/Caregiver, Relationship to the patient, Telephone, and a checkbox for 'Ok to leave message'. There is a section for 'Please list any known allergies to medications or other substances' and a checkbox for 'Deliver to Patient's Home'. The 'Prescriber' field is set to 'Kamal Patel'. The 'Office Contact' field is set to 'Sally Kind'. At the bottom right of the 'Patient Information' section, there is a green button labeled 'Add New Office Contact'. A green arrow points from the text 'Select your office contact, or for first time users, click, Add New Office Contact.' to this button. The 'Product Information' section includes a 'Product Name' field with radio buttons for 'TROGARZO', 'EGRIFTA', and 'EGRIFTA SV', and an 'NDC' field. A green arrow points from the text 'Click Save.' to the 'Save' button in the 'Office Contact Information' modal.

Select your office contact, or for first time users, click, **Add New Office Contact.**

The 'Office Contact Information' modal form has a title bar with a close button. The main text says 'Please complete contact information and click Save.' followed by '\*Required field'. There are four input fields: First Name, Last Name, Email Address, and Phone. At the bottom, there are two buttons: 'Save' and 'Cancel'. A green arrow points from the text 'Click Save.' to the 'Save' button.

Click **Save.**

## Step 1: Creating an Enrollment Referral Request (cont.)

This pop up will appear when EGRIFTA is selected during the product selection.

Click **Continue** in order to get back to the prior screen.



Phone: 1-833-238-4372 Fax: 1-855-836-3069

John Test

Create New Referral My Profile My Referrals Resources Contact Logout

**Step 1**  
Enter patient-specific information and select a product.

**Patient Information** \*Required field

\*First Name: Jane \*Last Name: Test  
\*Address: 59 Test Lane  
\*City: West Orange \*State: NJ \*Zip: 07052  
\*SSN: 1111 \*Date of Birth: 02/01/1965 \*Gender: Male Female  
\*Telephone: (111) 111-1111 Email:  
Best time to contact:  
 AM  PM  Other  
Contact/Caregiver: Relationship to the patient:  
Telephone:  ok to leave message  
 Deliver to Patient's Home  
\*Prescriber: Kamal Patel  
Address 1: 1081 Parsippany Blvd.  
Address 2:  
Zip: 07054  
City: Parsippany  
State: NJ  
Email: kamal.patel@esembal.com  
Phone: 973-917-3555  
Fax: 973-917-3553  
NPI #: 1882692917  
Tax ID:  
DEA:  
If the prescriber is not listed in the dropdown, please go to My Profile page to maintain your associated prescriber information.  
\*Office Contact: Jessica Test  
Email Address: jtest@yahoo.com  
Phone: 111-111-1111 **Add New Office Contact**

**Product Information**

Product Name:  
 EGRIFTA SV™  EGRIFTA SV™  EGRIFTA SV™  
(2 single-dose vials) 200 mg/1.33 mL NDC: 62064012202

Prescription Type:  
 New  
 Continuing Therapy  
 Restart

Loading Dose: 1 dose of 2,000 mg/10 vials diluted in 250 mL of 0.9% NaCl, IV infusion over 15 min  
Maintenance Dose: 800 mg (4 vials) diluted in 250 mL of 0.9% NaCl, IV infusion over 15 min  
 Infusion over 30 min with 30 mL post-infusion flush, every 2 weeks for [x] doses.  
 with 30 mL post-infusion flush, every 2 weeks for [x] doses.

+ Quantity: Dispense 1 month supply  Refills:

+ Diagnosis (ICD-10):  
 I93.0  Other:

+ Flute for Reconstitution/Administration:  
 0.9% NaCl 10 mL syringe  
 0.9% NaCl 250 mL bag  
 0.9% NaCl Flush 50 mL or 100 mL bag

Nursing Orders: Provide skilled nursing visit to administer medication, assess patient's status and response to therapy  
 Dispense As Written

**Preferred Site of Care**

\* Initial Dose: (select one option)  
 Infusion Center  Prescribing Physician Office  Home Infusion

\* All Subsequent Dosing: (select one option)  
 Same as Initial Dose  Different

Authorization for Ancillary Supplies: Needles, syringes, etc., as needed for administration  
+ Drug/Food Allergies:  
 Yes  No/DA

**Click Next.**



## Step 2: Creating an Enrollment Referral Request

**Step 2:** Enter Primary Prescription Insurance information; Secondary Prescription Insurance information (if applicable); and upload insurance cards and relevant documents.

For Primary Insurance enter the Plan Name, Subscriber's Name, Member ID, and Group ID.

Secondary Insurance is optional. Complete the Plan Name, Subscriber's Name, Member ID and Group ID.

Plan Type has a drop down box to make a selection for the insurance type.

Phone: (833)238-4372 Fax: (855)836-3069

THERA patient support

Create New Referral My Profile My Referrals Resources Contact Logout

Step 2

Enter patient insurance information and select the correct Prior Authorization Form and add other documentation.

Insurance Information

Primary Insurance (Required)

\*Plan Type

Secondary Insurance (Optional)

Plan Type

Prescription Plan (Required)

\*Plan Type

Upload Scanned Insurance Card(s)

Accepted file types: PDF, JPG, PNG, GIF

Upload 0 file(s) selected

Upload Relevant Documents

Accepted file types: PDF, JPG, PNG, GIF

Upload 0 file(s) selected

Prior Authorization Form

Fill out the insurance information on the left to view Prior Authorization Forms available for the product and plan that has been entered.

Previous Next

Plan name will start to populate once you begin to type

Subscriber's Name, Policy #, and Group # are needed for the patient's plan

Phone: (833)238-4372 Fax: (855)836-3069

THERA patient support

Create New Referral My Profile My Referrals Resources Contact Logout

Step 2

Enter patient insurance information and select the correct Prior Authorization Form and add other documentation.

Insurance Information

Primary Insurance (Required)

\*Plan Type

Commercial

\*Plan Name

Autiva

\*Subscriber's Name

Jane Test

\*Policy #

1111111111111111

\*Group #

1111111

Secondary Insurance (Optional)

Plan Type

Prescription Plan (Required)

\*Plan Type

Upload Scanned Insurance Card(s)

Accepted file types: PDF, JPG, PNG, GIF

Upload 0 file(s) selected

Upload Relevant Documents

Accepted file types: PDF, JPG, PNG, GIF

Upload 0 file(s) selected

Prior Authorization Form

Fill out the insurance information on the left to view Prior Authorization Forms available for the product and plan that has been entered.

Previous Next

## Step 2: Creating an Enrollment Referral Request (cont.)

To complete Step 2 upload the following documents: Claims Reimbursement Form(s), Letter of Denial from Insurance Company, and Images of Insurance Card(s) both front and back.


The screenshot shows the THERA patient support portal interface. At the top, there is a header with the THERA logo and contact information: Phone: (833)238-4372, Fax: (855)836-3069. Below the header is a navigation bar with links: Create New Referral, My Profile, My Referrals, Resources, Contact, and Logout. The main content area is titled "Step 2" and contains three sections: "Insurance Information", "Prior Authorization Form", and two upload sections. The "Insurance Information" section includes fields for Plan Type (Commercial), Plan Name (Aetna), Subscriber's Name (Jane Test), Policy # (1111111111111111), and Group # (11111111). The "Prior Authorization Form" section has a heading and a note: "Fill out the insurance information on the left to view Prior Authorization Forms available for the product and plan that has been entered." Below these sections are two upload areas: "Upload Scanned Insurance Card(s)" and "Upload Relevant Documents", both with "Upload" buttons and "0 file(s) selected" text. At the bottom right of the form area, there are "Previous" and "Next" buttons. A green arrow points from the "Upload" button in the "Upload Scanned Insurance Card(s)" section to the text "To Attach Scanned Insurance Cards, click Upload." on the left. Another green arrow points from the "Next" button to the text "Click Next." on the left.

To Attach Scanned Insurance Cards, click **Upload**.

Click **Next**.

## Step 2: Creating an Enrollment Referral Request (cont.)

Once you've input the patient's insurance information, any PA form relevant to the plan will populate



Phone: (833)238-4372 Fax: (855)836-3069  
John Doe

Create New Referral
My Profile
My Referrals
Resources
Contact
Logout

**Step 2**

Enter patient insurance information and select the correct Prior Authorization Form and add other documentation.

### Insurance Information

Primary Insurance (Required)

\*Plan Type: Commercial

\*Plan Name: Aetna

\*Subscriber's Name: Jane Test

\*Policy #: 11111111111111111111 \*Group #: 11111111

Secondary Insurance (Optional)

Plan Type:

Prescription Plan (Required)

\*Plan Type: Commercial

\*Prescription Plan: Aetna

\*Policyholder Name: Jane Test \*Relation to Patient: SELF

Pharmacy Help Desk Phone: 1111111111111111 \*Member ID:

Rs BIN PCN Group ID

### Upload Scanned Insurance Card(s)

Accepted File Types: PDF, JPG, PNG, GIF

Upload: 0 file(s) selected

### Upload Relevant Documents

Accepted File Types: PDF, JPG, PNG, GIF

Upload: 0 file(s) selected

### Prior Authorization Form

Below are the most relevant PA Forms based on the Plan and Product specified for the Prescription Insurance plan type.

**Currently no form is selected.**

EGRIFA SV

General PA Appeal Request - Medicare Advantage Plan

Select this form

General PA Form - Medicare D

Select this form

General PA Form - Medicare D Appeal (Expedited)

Select this form

General PA Form - California

Select this form

General PA Form - Pancrelectomy

Select this form

General PA Form - Claims Appeal Determination

Select this form

General PA Form - Texas

Select this form

General PA Form - Colorado

Select this form


General PA Form - Texas Health Care Services

Select this form

General PA Form - Hospice Med D Request

Select this form

You can select the PA form that may be needed to be proactive for a PA submission for the patient



Portal User Guide

10

## Step 2: Creating an Enrollment Referral Request (cont.)

Once you've select this form you have an option to preview the form or choose a different form or select that form to fill out

The screenshot shows a 'Form Preview' window with a blue header. It contains a 'Preview a different form' button and a 'This is the form I want to fill out' button. The main content is a preview of the Aetna Medical Exception/Precertification Request for Prescription Medications form. The form includes sections for Patient Information, Prescriber Information, and Diagnosis and Medical Information. A 'Close' button is visible at the bottom right.

Once you have selected your form auto populate the information for the patient and prescriber

The screenshot shows the Aetna Medical Exception/Precertification Request for Prescription Medications form with patient and prescriber information populated. The patient's name is Jane Test, and the prescriber's name is Kamal Patel. The form includes sections for NON-SEDATING ANTIHISTAMINE, PROTON PUMP INHIBITOR, and ORAL & TOPICAL ANTIFUNGAL. A 'Signature Options' window is open over the form, showing a digital signature of Kamal Patel.

You will have signature options, you can do a digital signature, a saved signature, or an uploaded signature

The screenshot shows the 'Signature Options' window with three options for signing the form. Option 1: You can sign the form with your mouse below. Option 2: You can select your previously saved signature from the drop down below. Option 3: Or upload an image of your signature. The window includes buttons for 'Apply Signature', 'Cancel', and 'Clear Signature'.

# Step 3: Creating an Enrollment Referral Request

Step 3: Review the enrollment referral request and make any necessary changes.

To make any changes, click **Edit**.

Once you complete your review, click **Add Signature**.

Phone: (833)238-4372 Fax: (855)836-3069

John Doe

Create New Referral
My Profile ●
My Referrals
Resources
Contact
Logout

---

**Referral Review**  
Review all selections and proceed by creating a product referral.

**Patient Information** Edit

JANE TEST  
99 Trust Lane  
West Orange, NJ 07062  
PRIMARY PHONE: (111) 111-1111  
EMAIL:  
EMERGENCY CONTACT:

SEX: FEMALE  
DATE OF BIRTH: 07/01/1988  
SSN: 1111  
CELL PHONE:

Trogazo®  
Quantity: 30  
Refill: 0  
Sig:  
Diagnostic:

**Delivery Option:**

**Insurance Information** Edit

<p><b>PRIMARY INSURANCE</b> Aetna Subscriber: Jane Test Relation to Patient: 1111111111111111 GROUP#: 11111111 PHONE:</p>	<p><b>SECONDARY INSURANCE</b> Subscriber: Relation to Patient: GROUP#:  PHONE:</p>	<p><b>PRESCRIPTION INSURANCE</b> Aetna Subscriber: Jane Test Relation to Patient: Self PERSON CODE: ID#: 1111111111111111 RXGRP#:  PC#:  RXBIN#:</p>
---	--	--

**Prior Authorization**

General PA Form

[View/Edit](#)

**Insurance Card**

Upload

**Supporting Documentation**

Upload

**Prescriber Information** Edit

Kamal Patel  
NPI: 1982692927  
Taxid:  
DEA:  
Specialty:  
  
Staff Contact: Sally Kind  
Phone: (111) 111-1111  
Email: skind@gmail.com

1081 Parsippany Blvd  
Parsippany, NJ 07054  
kavitha.ramakrishnan@asembia.com  
Phone: (732) 999-9999  
Fax: (973) 917-3553

Add Signature

**Provider Attestation**

By signing below, I verify that the information being disclosed in this enrollment form is complete and accurate to the best of my knowledge. I understand that ASPN Pharmacies, LLC (ASPN) reserves the right at any time and for any reason, without notice, to modify this enrollment form or to modify or discontinue any services or assistance provided through this Program. I understand that Thera Saphire ("gC-Saphire") and Thera Refill Cards ("gC Refill Cards") have distinct NDC Numbers. I authorize ASPN or one of its member pharmacies to dispense either the gC-Saphire kit or gC Refill Cards where therapeutically appropriate for the patient upon receipt of this enrollment form and for when refilling this prescription. I authorize ASPN as my designated agent to use and disclose my patient's protected health information as may be necessary for treatment, payment, and healthcare operations, including to verify the accuracy of any information provided, to verify patient eligibility, to provide for payment and reimbursement, and to forward the above prescription information, by fax or other mode of delivery, to a pharmacy for fulfillment. Finally, I allow ASPN to email me regarding prescription status updates and act as my prior authorization agent in dealing with prescription and medical insurance companies.

Previous
Create Referral

## Step 3: Creating an Enrollment Referral Request (cont.)

1. Sign with your mouse (optional). Enter the full name of the prescriber (required). Then, click **Apply Signature**.
2. Apply a signature that has been previously saved. Then, click **Apply Signature**.
3. Upload a written signature in PDF, JPEG, PNG or GIF. Then, click **Upload**.

**Signature Options**

**Option 1:** You can sign the form with your mouse below.

Please continue your signature.

\*Then type in your full name.

Apply Signature Cancel

Clear Signature

**Option 2:** You can select your previously saved signature from the drop down below.

Kamal Patel Apply Signature Cancel

**Option 3:** Or upload an image of your signature.

Browse... No file selected.

Prescriber Information Edit Digital Signature

Kamal Patel 1081 Parsippany Blvd  
NPI: 1982692927 Parsippany, NJ 07054  
Taxid: kavitha.ramakrishnan@asembia.com  
DEA: Phone: (732) 999-9999  
Specialty: Fax: (973) 917-3553

Staff Contact: Sally Kind  
Phone: (111) 111-1111  
Email: skind@gmail.com

Add Signature

Provider Attestation

By signing below, I verify that the information being disclosed in this enrollment form is complete and accurate to the best of my knowledge. I understand that ASPN Pharmacies, LLC (ASPN) reserves the right at any time and for any reason, without notice, to modify this enrollment form or to modify or discontinue any services or assistance provided through this Program. I understand that Thera Sapphire ("gC-Sapphire") and the Thera Refill Cards ("gC Refill Cards") have distinct NDC Numbers. I authorize ASPN or one of its member pharmacies to dispense either the gC-Sapphire kit or gC Refill Cards where therapeutically appropriate for the patient upon receipt of this enrollment form and for when refilling this prescription. I authorize ASPN as my designated agent to use and disclose my patient's protected health information as may be necessary for treatment, payment, and healthcare operations, including to verify the accuracy of any information provided, to verify patient eligibility, to provide for payment and reimbursement, and to forward the above prescription information, by fax or other mode of delivery, to a pharmacy for fulfillment. Finally, I allow ASPN to email me regarding prescription status updates and act as my prior authorization agent in dealing with prescription and medical insurance companies.

Previous Create Referral

When you are ready to submit, click **Create Referral**.

A message will display confirming that you created the enrollment referral request successfully.

Referral Complete

You can review the status of all your referrals by clicking [here](#), or you can create a new referral by clicking [here](#).

## Viewing My Request

[Create New Referral](#) [My Profile](#) [My Referrals](#) [Resources](#) [Contact](#) [Logout](#)

To view your previous enrollment referrals, click **My Referrals**.

### Cancel

Specialty Pharmacy Rx Status

Prescriber:  Product:  Rx Status:  Last Updated:  Patient:  First Name Or Last Name

Prescriber Name	Patient Name	Product	Referral Submitted	Status	Info	Last Updated	Message	Voucher	Actions
Kamal Patel	Jane Test	EGRIFTA SV	9/6/2019	Unassigned - Unassigned		09/06/2019 01:58 PM	<a href="#">View all messages</a>		<a href="#">Cancel</a> <a href="#">Edit PA</a>

To display details of your referral, click the description under **Referral Submitted**.

To display a request's history, click the green **i icon**.

By selecting view messages the MDO can input a message or view a message from the HUB

To cancel an enrollment referral request, click **Cancel**.



## Viewing My Request (cont.)

### Enrollment Referral Request History

Phone: (833)238-4372 Fax: (855)836-3069  
John Doe

THERA patient support®

Create New Referral My Profile My Referrals Resources Contact Logout

Patient Enrollment: Jane Test

Status

Enrollment Submitted: 9/6/2019

Triage for Processing:

Product Shipped:

Cancelled:

Prior Authorization Approval Date:

Prior Authorization Expiration Date:

Attachments:

PA\_FORM\_34436.pdf Edit PA  
INTAKEFORM\_34436.pdf

Insurance Card Supporting Documentation (i.e. Prior Authorization Forms)

Upload Upload

To view the uploaded attachments, click **Attachments**.

To upload additional documents, click **Upload**.

## Forgot Username or Password

In the event that a username or password is forgotten, click the **Forgot Username or Password?** link below the Login module.

Username

Password

REGISTER LOG IN

[Forgot user name or password?](#)

Phone: (833)238-4372 Fax: (855)836-3069

THERA patient support®

Create New Referral My Profile My Referrals Resources Contact Login

Forgot Username or Password

\*Email Address

Submit Cancel

Enter your email address and click **Submit**. A link to reset your password will be emailed to you.



# My Profile

[Create New Referral](#)
[My Profile](#)
[My Referrals](#)
[Resources](#)
[Contact](#)
[Logout](#)

To change your profile information, click **My Profile**.

**THERA patient support**  
 Phone: 1-833-238-4372 Fax: 1-855-836-3069  
 JOHN TEST

[Create New Referral](#)
[My Profile](#)
[My Referrals](#)
[Resources](#)
[Contact](#)
[Logout](#)

**My Profile**  
 You can check your alerts, edit information about your account and change your password. Be sure to click **SAVE** when finished.

**My Account** \*Required field  
 \*Username: jtest [Change Password](#)  
 \*Email address: jtest@gmail.com

**My Account**  
 \*Prescriber/Practice Name: John Test  
 \*Phone Number: (111) 111-1111 Fax Number:

Save Cancel

**Prescriber Profile**  
 Please note once the verification process has started, you will have 1 minute 30 seconds to complete 3 questions to validate the prescriber. Please be sure the prescriber is present at the time of initiation. You will have 3 attempts to successfully complete the questionnaire. Each attempt will present a new set of questions. If you are unsuccessful at all 3 attempts, there will be a 1 day lockout period for the prescriber being verified. Following the third and fourth attempt, the lockout period will increase to 24 hours. You can edit a specific prescriber's profile by clicking Edit below.

First Name	Last Name	NPI	Verified	Edit
Kamal	Patel	1982692927	YES	Edit
John	Test	1111111111	NO	Verify

[Add New Prescriber](#)

**Office Contact Profile**  
 You can edit a specific contact profile by clicking Edit below.

First Name	Last Name	Phone	Edit
Jessica	Test	1111111111	edit

[Add New Office Contact](#)

To update your password, click **Change Password**.

## Changing Prescriber Information

You can update the Prescriber Information such as First Name, Last Name, Address, Phone and Fax.

To update the Prescriber Information, click **Edit**.

**My Profile**  
 You can check your alerts, edit information about your account and change your password. Be sure to click **SAVE** when finished.

**My Account** \*Required field  
 \*Username: jdoe123 [Change Password](#)  
 \*Email address: jdoe123@gmail.com

**My Account**  
 \*Prescriber/Practice Name: John Doe  
 \*Phone Number: (111) 111-1111 Fax Number: (111) 111-1111

Save Cancel

**Prescriber Profile**  
 Please note once the verification process has started, you will have 5 minutes to complete 4 questions to validate the prescriber. Please be sure the prescriber is present at the time of initiation. You will have 3 attempts to successfully complete the questionnaire. Each attempt will present a new set of questions. If you are unsuccessful at all 3 attempts, there will be a 1 day lockout period for the prescriber being verified. Following the third and fourth attempt, the lockout period will increase to 24 hours. You can edit a specific prescriber's profile by clicking Edit below.

First Name	Last Name	NPI	Verified	Edit
John	Doe	1111111111	NO	Verify
Kamal	Patel	1982692927	YES	Edit

[Add New Prescriber](#)

**Prescriber Contact Profile**  
 You can edit a specific contact profile by clicking Edit below.

First Name	Last Name	Phone	Edit
Sally	Kind	1111111111	edit

To save your changes, click **Save**.

**Prescriber Information** ✕

Please complete prescriber information and click Save. \*Required field

\*First Name: John \*Last Name: Doe  
 \*Address: 123 Main Street Address 2:  
 \*Zip: 07932 \*City: Florham Park \*State: NJ  
 Email Address: jdoe123@gmail.com Specialty: \*Phone: 111-111-1111 \*Fax: 111-111-1111  
 \*NPI #: 1111111111 Tax ID: 1111111111 DEA #: 11111111

Please send me emails relating to my patient's participation in thera. I understand the emails are not encrypted, may be intercepted and may not be confidential. I agree to receive these emails.

Verify Prescriber Cancel Delete Prescriber

## Changing Office Contact Information

You can update the Office Contact Information such as, First Name, Last Name, Email Address and Phone.

The screenshot shows the 'My Profile' page. On the left, under 'My Account', there are fields for Username (jdoe123), Email address (jdoe123@gmail.com), Prescriber/Practice Name (Johnn Doe), and Phone Number ((111) 111-1111). A 'Change Password' button is next to the Username field. On the right, under 'Prescriber Profile', there is a table of prescribers and a 'Prescriber Contact Profile' section.

First Name	Last Name	NPI	verified	Edit
John	Doe	1111111111	NO	Verify
Kamal	Patel	1982692927	YES	Edit

Below the table is an 'Add New Prescriber' button. Under 'Prescriber Contact Profile', there is a table with columns for First Name, LastName, Phone, and Edit.

First Name	LastName	Phone	Edit
Sally	Kind	1111111111	edit

Below this table is an 'Add New Prescriber Contact' button. A green arrow points from the 'edit' link in the table to the 'Prescriber Contact Information' dialog box shown in the next screenshot.

To update the Office Contact Information, click **Edit**.

The 'Prescriber Contact Information' dialog box contains the following fields:

- First Name: Sally
- Last Name: Kind
- Email Address: skind@gmail.com
- Phone: (111) 111-1111

At the bottom are 'Save' and 'Cancel' buttons. A green arrow points from the 'Save' button to the text below.

To save your changes, click **Save**.