Sandoz One Source HCP Portal User Guide



Index1. User Login - Existing Users2. Forgot Password3. Registration - New Users3. Registration - New Users4. Patient Enrollment5. Dashboard6. Search7. Settings8. Patient Profile



1. User Login – Existing Users

• Once your account has been activated, you will receive an email with a link to create your User Password.



• You can then login from the User Login page with your email address and new Password.



Welcome to the San	idoz One So	ource Healthcare Provider Portal Don't have an Account?	
Veronne back prease enter your details.		Sign up for the Sandoz One Source Healthcare Provider Portal by clicking on the "Create Account" button below, Once registered, you will be able to enroll patients into Sandoz One Source and check their benefits and coverage.	
Password	•	If your Site already has an account please contact your administrator to have you added.	
Remember me Forgo	xt Password?		
Login		Create Account	
This portal is intended for use	by Healthcare Pro	widers and their Office Staff in the United States only.	

2. Forgot Password

• If you forget your password, you can click on "Forgot Password" on the User Login page.

Welcome to the Sand	z One Source Healthcare Provider Portal
User Login	Don't have an Account?
Welcome back! Please enter your details.	Sign up for the Sandoz One Source Healthcare Provider
Username	Once registered, you will be able to enroll patients into Sandoz One Source and check their benefits and coverage.
Password	 If your Site already has an account please contact your administrator to have you added.
Remember me Forgot Pa	sword?
Login This portal is intended for use by	Create Account ealthcare Providers and their Office Staff in the United States only.
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• You will be prompted to enter your Username and click on "Reset Password" button. You will receive an email as follows.

	Welcome to the Sandoz Or	e Source Healthcare Provider Portal	
	Forgot Password?	Don't have an Account?	
	Welcome back! Please enter your details.	Sign up for the Sandoz One Source Healthcare Provider Portal by clicking on the "Create Account" button below. Once registered, you will be able to enroll patients into Sandoz One Source and check their benefits and coverage. If your Site already has an account please contact your administrator to have you added,	
	Reset Password		
	Cancer	create Account	
	This portal is intended for use by Healthca	are Providers and their Office Staff in the United States only.	
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• After this step, you will be navigated to following 2 subsequent screens where you can set up your new password.



salesforce
Reset your password?
Let's get you set up with a new password. Revet Reserved
© 202% Saestore, hr. Al Igniti reserved

salesforce
Change Your Password
Enter a new passnord for presed dartem@text.com. Mate user to functive at lease:
Phaseword was that changed on 3/12/2033, 12:09 FM

3. Registration – New Users

- To register for the HCP Portal, the following steps need to be performed by the dedicated administrator for your office. If your site already has an account, contact your administrator to have you added.
- The administrator will need to enter their applicable User Information.
- They will then be prompted to enter Prescriber Information which will associate the prescriber with the user once the registration is completed.



Lastly, Office Information will associate the site with the user once the registration is completed.

		Registration		
	To get start	ed with the Sandoz One Source portal, fill o	ut the following User details section.	
•	Iser Information	Prescriber Information	Ottice Information	
First Name *		Last Name *	Email Address *	
<u></u>				
Phone Number *		Phone Extension		
-				
		Cancel	ext	
				10-12-12
				SAN © 2024 9
				100 Colle Princetor
one source		Registratio	n	
onë source [.]	Search for your p	Registratio	n criber NPI' field below and then click "Search"	
one source [.]	Search for your p lf you are	Registratio prescriber by entering their NPI in the "Press unable to find your prescriber enter the rec	n riber NPI" field below and then click "Search" juired fields manually then click "Next".	
one source [.]	Search for your p If you are	Registratio prescriber by entering their NPI in the "Press unable to find your prescriber enter the rec @ Prescriber Information	n riber NPI" field below and then click "Search" juired fields manually then click "Next". o Office Information	
one source [.]	Search for your p If you are iser Information	Registratio prescriber by entering their NPI in the "Press unable to find your prescriber enter the rec Prescriber Information	n riber NPI" field below and then click "Search" juired fields manually then click "Next". Office information	
Prescriber NPI *	Search for your p If you are liver information	Registratio prescriber by entering their NPI in the "Preso unable to find your prescriber enter the rec Prescriber Information	n criber NPI" field below and then click "Search" juired fields manually then click "Next". Office internation	
Prescriber NPI*	Search for your If you are iser Information	Registratio prescriber by entering their NPI in the "Press unable to find your prescriber enter the rec Prescriber Information Search	n criber NPI' field below and then click "Search" juired fields manually then click "Next". Office Information	
Prescriber NPI *	Search for your p If you are Jser Information	Registratio prescriber by entering their NPI in the "Presc unable to find your prescriber enter the rec Prescriber information Search Prescriber Last Name	n criber NPT field below and then click "Search" juired fields manually then click "Next". Office Information	
Prescriber NPI * Prescriber First Name	Search for your p If you are iser information	Registratio prescriber by entering their NPI in the "Presc unable to find your prescriber enter the rec Prescriber information Search Prescriber Last Name	n criber NPI" field below and then click "Search" juired fields manually then click "Next". Office Information	
Prescriber NPI * Prescriber First Name	Search for your p If you are Jser Information	Registratio prescriber by entering their NPI in the "Presc unable to find your prescriber enter the rec Prescriber information Prescriber Last Name -	n criber NPI" field below and then click "Search" juired fields manually then click "Next". Office Information	
Prescriber NPI* Prescriber First Name Ptabl# Irenuited for h	Search for your p If you are iser information	Registratio	n criber NPI" field below and then click "Search" juired fields manually then click "Next". Office Information	
Prescriber NPI* Prescriber First Name PTAN# (required for N	Search for your p If you are iser Information	Registratio	n criber NPI" field below and then click "Search" juired fields manually then click "Next". Office Information	
Prescriber NPI* Prescriber First Name PTAN# (required for N	Search for your p If you are iser information	Registratio	n criber NPI' field below and then click "Search" juired fields manually then click "Next". Office Information	
Prescriber NPI* Prescriber First Name PTAN# (required for N	Search for your p If you are iser information	Registratio	n criber NPI' field below and then click "Search" juired fields manually then click "Next". Office Information	
Prescriber NPI* Prescriber First Name PTAN# (required for N .	Search for your p If you are Jser Information	Registratio prescriber by entering their NPI in the "Presc unable to find your prescriber information Prescriber Information Prescriber Last Name - Back	n criber NPI" field below and then click "Search" juired fields manually then click "Next". Office information	
Prescriber NPI * - Prescriber First Name - PTAN# (required for N -	Search for your p If you are ser Information	Registratio	n Criber NPI' field below and then click "Search" juired fields manually then click "Next". Office internation Tax ID # Next	
Prescriber NPI * - Prescriber First Name - PTAN# (required for N -	Search for your p If you are iser information	Registratio prescriber by entering their NPI in the "Presc @ Prescriber information Search Prescriber Last Name - Back	n criber NPI' field below and then click "Search" juired fields manually then click "Next". Office internation Tax ID # Next	SAN



		Registration			
	Search	for your Site by entering the "Site NPI" a If you cannot find your Site you can create	and click on " ate a new one	Search". e.	
😒 User	Information	Prescriber Information	• Off	fice Information	
Site NPI *					
		Search			
Office Name		Address 1		Address 2	
City		State		ZIP	
•		select	~		
	By checkin	g this box you are attesting to our Terms & Co Back Subm	onditions for us	sage of this portal.	

4. Patient Enrollment

- To enroll a patient into Sandoz One Source Hub via the HCP portal, you will need to capture the required fields in the enrollment screens, including: Service Selection, Patient Information, Insurance Information, Diagnosis Information, Prescriber Information, and Attestation.
- You can select the services requested from Service Selection screen. At least one checkbox needs to be selected. If Copay is selected, then Coverage Determination checkbox will automatically be selected.



=	one source	CIMERLI, Transcription T		Q Search by Case Number, Name 2
	Dashboard Enroll Patient	Service Selection Select all the services that apply.		
Q	Search Resources	Coverage Determination Benefits Investigation Prior Authorization Appeal Support Sandoz Patient Assistance (SPA) Program	🗌 Сорау	
\$	Settings			
Ð	Log Out			
			Next	
eriva	acy Policy			© 2024 Sandoz Inc. © 2024 Sandoz Inc. 100 College Road West Princeton, NJ 08540 317942 05/2024

• In the Next Step, you will need to capture the patient demographics on the Patient Information screen.



= Oone source			Q Search by Case Number, Name.
Dashboard	Patient Information	Insurance Information	Prescriber Information Prescription Information
Enroll Patient	Please complete all of the required patie	nt details	
Q Search	Fleat News 1	All de Maria	
Resources	-	-	-
Settings			
→ Log Out	MM/DD/YYY	select	~
	Address 1 *	Address 2	City *
	State*	ZIP *	
	select	×] (•	
	Home Phone	Mobile Phone	Email
	Home Phone or Mobile Phone is Mandatory	•	
	Preferred Language	Caregiver/Guardian Name	Caregiver/Guardian Relationship to Patient
	select	· -	select ~
	Patient Financial Information Sandoz Patient Assistance (SPA) I Under this program, Sandoz agrees be met in order for a patient to be e • Reside in the United States or a I • Have limited or no prescription i • Have an adjusted annual househ Federal Poverty Limit (PPL)	Program: ELIGIBILITY CRITERIA to ship product to the provider for patients who nrolled in the program: J.S. Territory surance coverage old income of 2500 of	qualify for the SPA. The terms and conditions below must cription for the Sandoz medication sensed U.S. health care provider n consent form and, when applicable, ocumentation
	Total Gross Income	Household Size	
	•		
		Back Next	
			SANDOZ

- You will then enter the patient's insurance details on the Insurance Information screen. If the patient is uninsured, you can select "No" on the "Has Insurance?" field, and the Insurance Information section will be fully disabled and not required to proceed.
- If you select "Yes", on the "Has Insurance?" field, then Insurance Information section will be enabled, and you can enter the patient's insurance details.
- Type the Payer Name in the "Search Insurance" field(s) (e.g. "Search Primary/Medical Insurance"), select the Payer, and add other details specific to the insurance in the other required fields.



Dashboard Enroll Patient Finary/Medical Insurance * Insurance Type * Search Primary/Medical Insurance * Insurance Type * Search Primary/Medical Insurance * Insurance Type * Search Accounts Log Out Search Accounts Member ID # * • • • • • • • • • • • • • • • • • • •	Prescriber Information Prescription Information Insurance Phone Number
Enroll Patient Please complete the insurance information below. Has Insurance?* • • Ves • No Resources Primary/Medical Insurance Settings Log Out Search Primary/Medical Insurance * Insurance Type * select Member Name * Member ID # * - • • • • • • • • • • • • • • • • • • •	Insurance Phone Number
A Search Has Insurance?* • • Yes • No Resources Primary/Medical Insurance Settings Search Primary/Medical Insurance * Insurance Type * Search Accounts Q Select Member Name * Member ID #* -	Insurance Phone Number
Resources Primary/Medical Insurance Settings Search Primary/Medical Insurance * Log Out Search Accounts Q Select Member Name * Member ID # * - -	Insurance Phone Number
Search Primary/Medical Insurance * Insurance Type * Search Accounts Q select Member Name * Member ID # *	Insurance Phone Number
Log Out Search Primary/Medical Insurance * Insurance Type * Search Accounts Q select Member Name * Member ID # *	Insurance Phone Number
Search Accounts Q select Member Name* Member 10 #*	× -
Member Name * Member ID # *	
	Policy/Group # *
Secondary/Medical Insurance	
Search Secondary/Medical Insurance Insurance Type	Insurance Phone Number
Search Accounts Q select	× .
Member Name Member ID #	Policy/Group #
Pharmacy/Rx Insurance	
Search Pharmacy/Rx Insurance Insurance Type	Insurance Phone Number
Search Accounts Q select	× .
Member Name Member ID #	Policy/Group #
Rx Bin # Rx PCN #	
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Back	
Buck Hext	

• In the next step, enter the diagnosis details on the "Diagnosis Information" screen. Here, Primary ICD Code and Secondary ICD Code fields will have the ICD-10 code values associated with the program.



=	inter source			Q Sea	irch by Case Number, Name	8
	Dashboard	Patient Information	oformation	O Prescriber Information	O Prescription Information	
	Enroll Patient Search Resources Settings Log Out	Please select the ICD-10 diagnosis code that applie Primary ICD Code • E08.3211 Diabetes mellitus due to Secondary ICD code E08.311 Diabetes due to underlying Eye Designation • Left Eye Right Eye Please check one * New to therapy © Switch	S. Other Code Other Code Bilateral (Same Diagnosis) Bilateral (Diff ing from other therapy(ies)	erent Diagnosis)		
		Specify other therapy Avastin ~	Other therapy - Back Ne	xt		
Pr	vacy Policy				SAND © 2024 Sandt 100 College R Princeton, NJ 317942 05/	OZ Inc. oad West 08540 2024



• Next, you will enter the Prescriber and Office Details. The Prescriber and Office picklists will have the Prescribers and Offices associated with the you (the logged in user).

=	one source	CIMERLI. (ranbizumab-eqm)viector			Q Sea	arch by Case Number, Name	8
	Dashboard	Patient Information	Insurance Information	Diagnosis Information	Prescriber Information	O Prescription Information	
田 日 日 日 日 日 日 日 日 日 日 日 日	Enroll Patient Search Resources Settings Log Out	Please select the prescriber and or practice is not listed, then die Prescriber • Gelect Prescriber Office • Select Office	* practice from the lists belo k * Add Prescriber* or * Add	w and click Next. The prescribers Office' to create a new record fo Add New Prescriber Add New Office	s and practices below are asso r this enrollment.	clated to your account. If the pre	scriber
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Priv	vacy Policy					SAND © 2024 Sand 100 College F Princeton, NJ 317942 05	OZ oz Inc. Road West 08540 /2024



• In the next step, capture the Prescription Information. Here, you need to select at least one of the products and fill in associated information.

	(ranibizumab-egm) metion					
Dashboard	Patient Information	Insurance Information	Diagnosis Information	Prescriber Informa	tion Prescription Information	
Enroll Patient						
Q Search	Please complete the following pres	cription information details.				
Resources	CIMERLI 0.5 mg/0.05 mL (10 m	g/mL) single-dose vial (NDC:70	0114-0441-01)			
	Quantity *	Other				
Settings	Select Quantity	×				
→ Log Out	Refills *	Frequen	cy of Treatments *			
	-	select		~		
	Select Quantity Refuls * -	- Frequen	cy of Treatments *	*		
	Select Quantity Refills * - Date of Last injection (if applicable	Frequen select	cy of Treatments * t s scheduled injection date	~		
	Select Quantity Refills * - Date of Last injection (if applicable MM/DD/YYYY	Frequen Select MM/C	cy of Treatments * t s scheduled injection date DD/YYYY	~		
	Select Quantity Refuls * . Date of Last Injection (if applicable MM/DD/YYYY		cy of Treatments * t s scheduled injection date DD/YYYY Back	× ▲ Mext		



• In the next step, you need to capture the Attestation/Consent. If you do not select the checkbox on this screen, you will not be able to submit the enrollment.

	Ξ	one source.				Q Search by Case Number, Name	8
1		Dashboard Enroll Patient Search Resources Settings Log Out	Attestation I certify that the above therapy is medically n submitting this form. I certify that my patient patient support services, including reimbursem of the patient's treatment with this product, an certify that (a) any service provided through 5 understanding that I would recommend, press understanding that I would recommend, press provided by or through Sandoz One Source for provided by or through Sandoz One Source for provided the satistance (SPA), Sandoz, and its affilia appropriate dispensing pharmacies or alternative By checking this box I agree to the term	reessary, and that the infor is aware of the disclosure - ent and verification service (for Sandor 2 Patient Safety andoz One Source on beh of medical necessity as se any government program o any government program o ex sites of care on my behal est and conditions stated a	mation provided is accurate to the of their personal health information and the services provided by field af of any patient is not made in e equirements. I certify that I have of af of any patient is not made in e y other Sandod product or service forth herein, and that (c) I will not third-party insurer. For the purpose that agents to forward these prescrip	best of my knowledge. By completing a to Sandoz and its business partners for reimbursement professionals in your offi- tained any required patient authorization schange for any express or implied agris for anyone, and that (b) my decision to seek reimbursement for any medication es of transmitting prescriptions, i authori tions electronically, by facsimile, or by m	nd faxing/ r Sandoz's ce, as part . I further sement or prescribe or service ze Sandoz nail to the
			Signature • John Smith	Date 03/12/2024	100 100 100		
				Back	Next		
	e Priva	acy Policy				SAND © 2024 San 100 College Princeton, N 317942 05	doz Inc. Road West J 08540 5/2024



5. Dashboard

- When you login to the HCP Portal, you will navigate to the Dashboard screen as shown below. The "My Patient Cases" table shows the status of your enrolled patients and the "Benefit Investigation Tracking" table shows the status of any Benefit Investigations.
- The side panel on the left-hand side serves as the Navigation Menu and shows the different sections in the HCP Portal.
- If you click on "Enroll Patient" button on the right-hand side, you will navigate to the Enrollment Wizard (Refer to Section 4. Patient Enrollment).

	O one source	CIMERLI.	yecton					Q Search by Case Nur	mber, Name
	Dashboard	Welcome	to the San	doz One	Source Healt	hcare Pro	vider Portal		
_		 Click "Enrol If you would 	l Patients" in the d like to search	e dashboard be for an existing	elow to get started patient you can sea	verifying your p arch in the bar	patients benefits. above or in the search	section of the portal.	
Ħ	Enroll Patient	For addition	nal resources ab	iout Sandoz Ói	ne Source program	s visit the "Reso	ources" section to view	v and read additional o	collateral.
Q	Search							-	
_		My Patient (Cases					Enroll Patient	
	Resources	Case Number	Enrollment Date	Patient Name	Status	Case Outcome	Reason	To add a patient cl	ick here:
¢	Settings	005423847	11/1/2023	Smith, Bob	🙁 In Progress	Enrolled	Application Received	ENROLL PATIENT	
-	Log Out	005423848	11/2/2023	Hopkins, Bob	On Therapy	On Hold	Services Suspended		
L-7	Log Out	005423849	11/3/2023	Muler, John	Closed	Completed	Services Provided	Contact Us	
		005423850	11/4/2023	Doe, John	G Withdrawn	Opt-Out	No Longer Want Services	For help with servi	ces provided on this
		005423851	11/5/2023	Sanders, Sally	Cancelled	Error	Not Enrolled	portal, please cont	act us:
		< Previous Benefit Inve	estigation Trac	Displa	aying 1 of 2 Page		Next >		20
		Previous Benefit Invertieve Patients due for the patient's name	estigation Trac r reverification ba ime below.	Displa king sed on last BI da	iying 1 of 2 Page te will appear in red b	elow. To request	Next >	Phone	Fax
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		C Previous Benefit Inve Patients due for the patient's na Patient Name Smith, Bob	estigation Trac r reverification ba ime below. Benefits Verified 09/15/2023	Displa king sed on last BI da on Days Until	iying 1 of 2 Page te will appear in red b Due for Reverification	Next Injection D 09/15/2023	Next > reverification, click on tate Status In Progress	Phone (844) 472-6369 Days	Fax: (833) 966-3043 Time
		Previous Benefit Inve Patients due fo the patient's na Patient Name Smith, Bob Sanders, Salty	Astigation Trace r reverification ba imme below. Benefits Verified 09/15/2023 09/16/2023	Displa king sed on last BI da on Days Until 0 1	iying 1 of 2 Page te will appear in red b Due for Reverification	Next Injection D 09/15/2023 09/16/2023	Next > reverification, click on Date Status In Progress On Therapy	Fhone (844) 472-6369 Days Monday - Friday	Fax (833) 966-3043 Time 8:00 AM - 8:00 PM F
		C Previous Benefit Inve Patients due for the patient's name Smith, Bob Sanders, Salty Smith, Bob	estigation Trac r reverification ba- ime below. Benefits Verified 09/15/2023 09/16/2023 09/16/2023	Displa king sed on last BI da on Days Until 0 1 2	iying 1 of 2 Page te will appear in red b Due for Reverification	elow. To request Next Injection D 09/15/2023 09/16/2023 09/17/2023	Next > reverification, click on Cate Status On Progress On Therapy Coced	Fhone (844) 472-6369 Days Monday - Friday	Fax: (833) 966-3043 Time 8:00 AM - 8:00 PM ET
		C Previous Benefit Inve Patients due fo the patients due fo the patient's na Patient Name Smith, Bob Sanders, Saly Smith, Bob Sanders, Saly	estigation Trace r reverification ba imme below. Benefits Verified 09/15/2023 09/16/2023 09/17/2023 09/18/2023	Displa king sed on last BI da on Days Until 0 1 2 2 3	sying 1 of 2 Page	Next Injection D 09/15/2023 09/15/2023 09/17/2023 09/17/2023 09/18/2023	Next > reverification, click on Date Status O In Progress On Therapy C Closed Withdrawn	Phone (844) 472-6369 Days Monday - Friday	Fax: (33) 966-3043 Time 8:00 AM - 8:00 PM ET
		C Previous Benefit Inve Patients due fo the patient's na Patient's na Patient's na Smith, Bob Senders, Sally Senders, Sally Sanders, Doe	Benefits Verified 09/15/2023 09/15/2023 09/17/2023 09/17/2023 09/19/2023	bispla king sed or last BI da on Days Until 0 1 2 3 4	uying 1 of 2 Page te will appear in red b Due for Reverification	Next Injection D 09/15/2023 09/16/2023 09/17/2023 09/19/2023 09/19/2023	Next > reverification, click on bate Status On In Progress On Therapy Closed Withdrawn Clack Cancelled	Phone (844) 472-6369 Days Monday - Friday	Fax: (833) 966 3043 Time 8:00 AM - 8:00 PM ET
		C Previous Benefit Inve Patients due fo the patient's na Patient Name Smith, Bob Senders, Sally Senders, Sally Senders, Sally Senders, Doe C Previous	Benefits Verified 09/15/2023 09/17/2023 09/17/2023 09/19/2023	Displa king ered on last BI da 0 1 2 3 3 4 Displa	uying 1 of 2 Page	elow. To request Next Injection D 09/15/2023 09/16/2023 09/17/2023 09/19/2023	Next > reverification, click on Date Status O In Progress O On Therapy Closed Withdrawn C Cancelled Next >	Phone (844) 472-6369 Days Monday - Friday	Far: (833) 966-3043 Time 8:00 AM - 8:00 PM F
		Previous Benefit Inve Patients due fo the patient's na Patient Name Smith, Bob Sanders, Saly Smith, Bob Sanders, Saly Sanders, Doe C Previous	Stigation Tracc rreverification ba Benefits Verified 09/15/2023 09/16/2023 09/17/2023 09/18/2023 09/19/2023	Displa king on Dass Bida 0 1 2 3 4 2 3 4 5 Displa	uying 1 of 2 Page te will appear in red b Due for Reverification	Next Injection D 99/15/2023 99/16/2023 99/17/2023 99/19/2023	Next > reverification, click on the Status In Progress On Therapy Closed Withdrawn Canceled Next >	Fhone (844) 472-6369 Days Monday - Friday	Fax: (33) 96-3043 Time 8:00 AM - 8:00 PM ET
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6. Search

- When you click on "Search" on the left navigation panel of the Dashboard, you will navigate to the "Search" screen.
- You will see "Search By:" "Patient", "Case", and "Benefit Investigation" options on this screen. You can navigate to the different views when you select the respective radio buttons.
- The "Search By: Patient" screen will display the below information:

=	one source	CIMERLI. (ranibizumab-eqm) resc	Dori				Q Search by	Case Number,	Name
	Dashboard	Search Use this table to s	earch for patients an	d cases.					
٩	Search	Search By 🔘 Par	tient Case B	lenefit Investigation			Q	Search	
	Resources	Name	Date Of Birth	Patient ID	Address 1	Address 2	City	State	ZIP
ŵ	Settings	Quante, Nicholas Joe, Donna	6/2/1965 4/5/1985	1325846	3221	Denali St Carmichael Way	Hayden Locust Fork	AL	35079
Ð	+ Log Out	Previous			Displaying 1 of	f 2 Page			Next >
Priv	vacy Policy							S © 10 Pri 31	ANDOZ 2024 Sandoz Inc. 0 College Road West inceton, NJ 08540 17942 05/2024



=	one source.		tan				Q Search by Ca	se Number, Name 2
::: ∎ Q	Dashboard Enroll Patient Search	Search Use this table to Search By Pa	search for patient tient ① Case	s and cases.	n:		Q s	iearch
	Resources	Case Number	Patient ID	Enrollment Date	Patient Name	Status	Case Outcome	Reason
		005423847	3456745456	11/1/2023	Smith, Bob	🤣 In Progress	Enrolled	Enrolled
ŵ	Settings	005423847	2345234523	11/1/2023	Smith, Bob	Closed	Completed	Covered
		< Previous			Displayin	g 1 of 2 Page		Next >
di Priva	cy Policy							SANDOZ © 2024 Sandoz Inc. 100 College Road West

• The "Search by: Case" screen will display the below information:

• The "Search by: Benefit Investigation" screen will display the below information:

	=	one source		•		Q Search b	y Case Number, Name
T	111 121 0	Dashboard Enroll Patient Search	Search Use this table to sear Search By O Patien	ch for patients and cases. t Case	gation		Q Search
1	=	Resources	Patient Name	Benefits Verified on	Days Until Due for Reverification	Next Injection Date	Status
		Resources	Smith, Bob	09/15/2023	0	09/15/2023	In Progress
	¢	Settings	Sanders, Sally	09/16/2023	1	09/16/2023	 On Therapy
	€→	Log Out	Smith, Bob	09/17/2023	2	09/17/2023	Closed
			Sanders, Sally	09/18/2023	3	09/18/2023	C Withdrawn
			Sanders, Doe	09/19/2023	4	09/19/2023	S Cancelled
			C Previous		Displaying 1 of 2 Page		Next >
	eriva	icy Policy					© 2024 Sandoz Inc. 100 College Road West Princeton, NJ 08540 317942 05/2024



7. Settings

- You will navigate to the Settings screen if you click on the "Settings" option on the left navigation panel OR if you select the user icon on the right upper corner.
- The Settings screen has 4 sub screens: User Details, Prescribers, Offices and Users.
- The "User Details" screen shows the details of the logged in user. You can click on the pencil icon to edit your user details.

=	one source	CIMERLI (ranibizumab-eqm)irrection	V			Q Search by	Case Number, Name
	Dashboard Enroll Patient	Settings This section allows yo	ou to efficiently mana	ge various aspects of	your account, includin	g user details, prescribers, of	ffices, and users.
Q	Search	User Details	Prescribers	Offices	Users		
	Resources	My Information	1				Change Password
\$	Settings	First Name	Last Name	Email doppa whi	ite@gmail.com	Phone 903-771-1325	User type
	Log out						
eriva) acy Policy						SANDOZ © 2024 Sandoz Inc. 100 College Road West Princeton, NJ 08540 317942 05/2024

- If you click on the "Prescribers" tab, you will navigate to the "Prescribers" screen. This shows the prescribers associated with the logged in user.
- If you click on the "Add Prescriber" button, then you can add a new prescriber. The added prescriber will get associated with you and be visible in the table.



			Q Search by Case Numb	er, Name
Dashboard	Settings This section allows you to efficiently ma	nage various aspects of your account, includi	ing user details, prescribers, offices, and	users.
Q Search	User Details Prescribers	Offices Users		
Resources	Prescribers List			
Settings	Please check and validate that the list of pro	viders below is accurate and up to date		
[→ Log Out	Q Search			Add Prescriber
	First Name	Last Name	NPI	
	Nicholas	Quante	123456789	
	Donna	Joe	876467848	
	< Previous	Displaying 1 of 2 Page		Next >
Privacy Policy				SANDOZ © 2024 Sandoz Inc. 100 College Road West Princeton, NJ 08540 317042 05/2024

• If you click on the "Offices" tab, you will navigate to the "Offices" screen. This shows the offices associated with the logged in user. Click on the "Add Office" button to add a new office. The new office will get associated with you and be visible in the table.

					O Search by Case	Number, Name.
	(ranibizumab-eqm) intection					
Dashboard	Settings This section allows you	I to efficiently manage vari	ous aspects of your a	ccount, including user det	ails, prescribers, office	s, and users.
2 Search	User Details	Prescribers	Offices	Jsers		
Resources	Offices List					
Settings	Please check and validate	e that the list of offices below	is accurate and up to da	te		
➔ Log Out	Q Search					Add Office
	Site Name	Address One	City	State	Zip	
	Duke Oncology	123 Place Street	Rateigh	North Carolina	27616	
	Oncology Doctors of Am	ierica 5672 Main Street	New York	US	27616	
	< Previous		Displayi	ng 1 of 2 Page		Next
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ivacy Policy						100 College Road W Princeton, NJ 0854



- If you click on the "Users" tab, you will navigate to the "User" screen. This screen shows any users associated with the prescribers or offices associated with the logged in user.
- If you are assigned as an Administrator, you can add a new user by clicking on "Add User" button. You can also edit other users by clicking on the pencil icon.

	CIMERLI. (ranibizumab-eqm)insetion	T			Q Search by Case Number,	Name 2
Dashboard	Settings This section allows y	ou to efficiently mana	ge various aspects of your account	, including user details, pr	escribers, offices, and us	ers.
Q Search	User Details	Prescribers	Offices Users			
 initial settings initial settings initial settings 	Below is a list of users Q Search	with access to this porta	account. Click Add User to create new.			Add User
	First Name Nicholas Donna	Last Name Quante Joe	Email Address Olie@gmail.com nursenancy@hotmail.com	Phone Number 555-555-5555 555-555-5555	User Type Administrator User	Action
	< Previous		Displaying 1 of	2 Page		Next >
Privacy Policy					S © 100 Pri 31	ANDOZ 2024 Sandoz Inc. 0 College Road West inceton, NJ 08540 7942 05/2024

8. Patient Profile

- If you click on a Case Number hyperlink or a Patient Name hyperlink within the HCP Portal, you will navigate to the "Patient Profile" screen.
- The "Patient Profile" screen has 2 sections: Case Details and Enrollment Details.
- Under Case Details, there is a "Patient Journey" table that displays the Program case associated with the patient and any associated service cases.
- Under Case Details, you will also see a "Benefit Investigation Tracking" table with the BI case details for any BIs completed for that patient. From this section, you can add a next injection date or submit a request to the Hub for reverification.
- The "Medical Benefit Copay Details" and "Pharmacy Benefit Copay Details" tables will display the patient's Copay processing information if they are eligible for the copay card.



Dashboard	Patient Name Bob Smith	Date of Birth 11/20/1989	Hub Patient ID	Phone Number 555-555-5555	Address 1 123 Place Street	More Details Click Here
Enroll Patient						
Search	Case Details	Enrollment Detai	ls			
Resources	Patient Journey	/				
Settings	Case Number	Enrollment Date	Case Type	Status	Case Outcome	Reason
00000080	005423847	11/1/2023	Program	In Progress	Enrolled	Application Received
Log Out	005423848	11/1/2023	Benefit Investigations	Closed	PA Required	Submit PA
	005423849	11/1/2023	Prior Authorization	Closed	PA Required	Benefits Available
	005423850	11/1/2023	Appeal	Closed	Approved-1st Level Appeal	Paid Upon Resubmission
	005423851	11/1/2023	PAP	S Enrolled	Approved	Eligibility Appeal Approved
	Benefit Investi	gation Tracking	everify Update Next Inject	ion Date	De	ownload Summary of Ben
	Benefit Investig	gation Tracking	Leverify Update Next Inject	ion Date Next	De	ownload Summary of Ben Status
	Benefit Investig Benefits Verified on 04/01/2024	gation Tracking	everify Update Next Inject Days Until Next Reverification 0	ion Date Next 09/15	Injection Date	Status
	Benefit Investig Benefits Verified on 04/01/2024 Medical Benefit Member ID	gation Tracking F t Copay Details Grot	veverify Update Next Inject Days Until Next Reverification o	Ion Date Next	Injection Date /2023	Status Status
	Benefit Investig Benefits Verified on 04/01/2024 Medical Benefit Member ID 24563453456	gation Tracking F t Copay Details Gree 4567	veverify Update Next Inject Days Until Next Reverification o	Next 09/15 Payer ID 23452	Injection Date	Status Status Status Status Status Status
	Benefit Investig Benefits Verified on 04/01/2024 Medical Benefit Member ID 34563453456 The Copay Details I	gation Tracking t Copay Details Grou 4567 isted are for commercial	veverify Update Next Inject Days Until Next Reverification 0 10 45674 45674 batients only. Terms & Conditi	Payer ID 23452 ons Apply. For instructions or	Injection Date 12023	Status Closed Status Status Enrolled
	Benefit Investig Benefits Verified on 04/01/2024 Medical Benefit Member ID 34563453456 The Copay Details I Pharmacy Bene	gation Tracking F t Copay Details Groo 4567 isted are for commercial p efit Copay Details	veverify Update Next Inject Days Until Next Reverification o up 45674 45674	Payer ID 23452 ons Apply. For instructions or	Injection Date V2023	Status Status Status Status Enrolled
	Benefit Investig Benefits Verified on 04/01/2024 Medical Benefit Member ID 34563453456 The Copay Details I Pharmacy Bene Member ID	gation Tracking F t Copay Details Groo 4567 isted are for commercial p efit Copay Details Gro	veverify Update Next Inject Days Until Next Reverification o up 45674 datients only. Terms & Conditi	Payer ID 23452 Dins Apply. For instructions or BIN	Injection Date V2023 n submitting a claim, click here PCN	Status Status Status Status Status Status Status Status
	Benefit Investig Benefits Verified on 04/01/2024 Medical Benefit Member ID 34583453456 The Copay Details I Pharmacy Bene Member ID 34563453456	gation Tracking F t Copay Details Groo 4567 sisted are for commercial efft Copay Details Groo 4567	veverify Update Next Inject Days Until Next Reverification o up 45674 batients only. Terms & Conditi up 245674	Payer ID 23452 BIN 234522	Injection Date V2023 In submitting a claim, click here PCN 1523	Status
	Benefit Investig Benefits Verified on 04/01/2024 Medical Benefit Member ID 34563453456 The Copay Details I Pharmacy Bene Member ID 34563453456 The Copay Details I	gation Tracking F t Copay Details Grou 4567 isted are for commercial efit Copay Details Grou 4567	veverify Update Next Inject Days Until Next Reverification o up 45674 abatients only. Terms & Conditi up 145674 abatients only. Terms & Conditi	Payer ID 23452 ons Apply: For instructions or BIN 23452452 ons Apply.	Injection Date V2023 n submitting a claim, click here PCN 1523	Status

 To request reverification, you can click on the "Reverify" link next to "Benefit Investigation Tracking". This will navigate you to the "Reverify Benefits" screen. Here, all fields will be auto populated based on the initial enrollment. If you need to edit the fields, click on the edit buttons (pencil icon) in front of the respective sections, and the fields in that section will become editable. Then select "Submit" to send the request for reverification to the Hub.



	Reverify Benefits				×	ne 2
Dashboar	Please check the following details below fro Click to edit the corresponding section if an	om the patients current benefits investation sything has changed. (This page will be prej	case to e opulated	nsure it is accurate and update to date.))		e Details Ik Here
Q Search	Insurance Information 🧪				^	
Resource	Has Insurance? *					nload Summary
i Settings	Primary/Medical Insurance					15
[→ Log Out	Search Primary/Medical Insurance *	Insurance Type *		Insurance Phone Number		Inrolled
	Search Accounts	Q select	~	-		
	Member Name *	Member ID # *		Policy/Group # *		is
				<u></u>		enrolled
	Secondary/Medical Insurance					
	Search Secondary/Medical Insurance	Insurance Type		Insurance Phone Number		
	Search Accounts	Q select	~	-		ns
	Member Name	Member ID #		Policy/Group #		enrolled
	Pharmacy/Rx Insurance					
	Search Pharmacy/Rx Insurance	Insurance Type		Insurance Phone Number		
	Search Accounts	Q select	~	•		
	Member Name	Member ID #		Policy/Group #		
	2	-		-		
	Rx Bin #	R× PCN #				
	Office Information 🖌				^	
	Office *					
	Duke Primary Care	~				
	Prescription Information 🧪				^	
	CIMERLI 0.5 mg/0.05 mL (10 mg/mL) single-	dose vial (NDC:70114-0441-01)				
	Quantity *	Other				
	Select Quantity	× .				
	Refills *	Frequency of Treatments *				
		select	~			
	CIMERLI 0.3 mg/0.05 mL (6 mg/mL) single-d	ose vial (NDC:70114-0440-01)				
	Quantity *	Other				
	Select Quantity	· .				
	Refills *	Frequency of Treatments *				
		select	~			
	Date of Last Injection (if applicable)	Patient's scheduled injection date				
	Select Date	Select Date	-			
			_			
		Cancel Submit				
4					S A © 201 100_C	N D O Z 4 Sandoz Inc. oliege Road West

• If you click on the "Enrollment Details" tab from the Patient Profile screen, you will see various screens shown in different tabs. These screens will display the information entered during enrollment. All the fields in the "Enrollment Details" tab are auto populated and non-editable. Call Sandoz One Source if you need to make an update to one of these fields.



Dashboard	Patient Name Date of Bob Smith 11/20/	Birth Hub Patient ID Phon 1989 XXXXXXX 555-	Address 1 More Details -555-5555 123 Place Street Click Here
Enroll Patient	Case Details Enrolli	ment Details	
Search			
Resources	Patient Information Insurance	e Information Diagnosis Information Prescriber Inform	mation Prescription Information
Settings	Patient Information		
Log Out	First Name *	Middle Name	Last Name *
			•
	Date Of Birth *	Sex *	
	MM/DD/YYYY	select	~
		Address 2	circula.
	Address 1 *	Address 2	
	State*	ZIP *	
	select	~	
	Home Phone	Mobile Phone	Email
	Preferred Language	Caregiver/Guardian Name	Caregiver/Guardian Relationship to Patient
	select	•	select
	Patient Financial Information		
	Sandoz Patient Assistance (SPA) Program: ELIGIBILITY CRITERIA		
	Under this program, Sandoz agrees to ship product to the provider for patients who qualify for the SPA. The terms and conditions below met in order for a patient to be enrolled in the program:		
	 Reside in the United States or a U.S. Territory Have limited or no prescription insurance coverage Have an adjusted annual household income of 2500 of Federal Poverty Limit (FPL) Have a valid prescription for the Sandoz medication Be treated by a licensed U.S. health care provider Complete and sign consent form and, when applicable, provide income documentation 		
	Total Gross Income	Household Size	

