

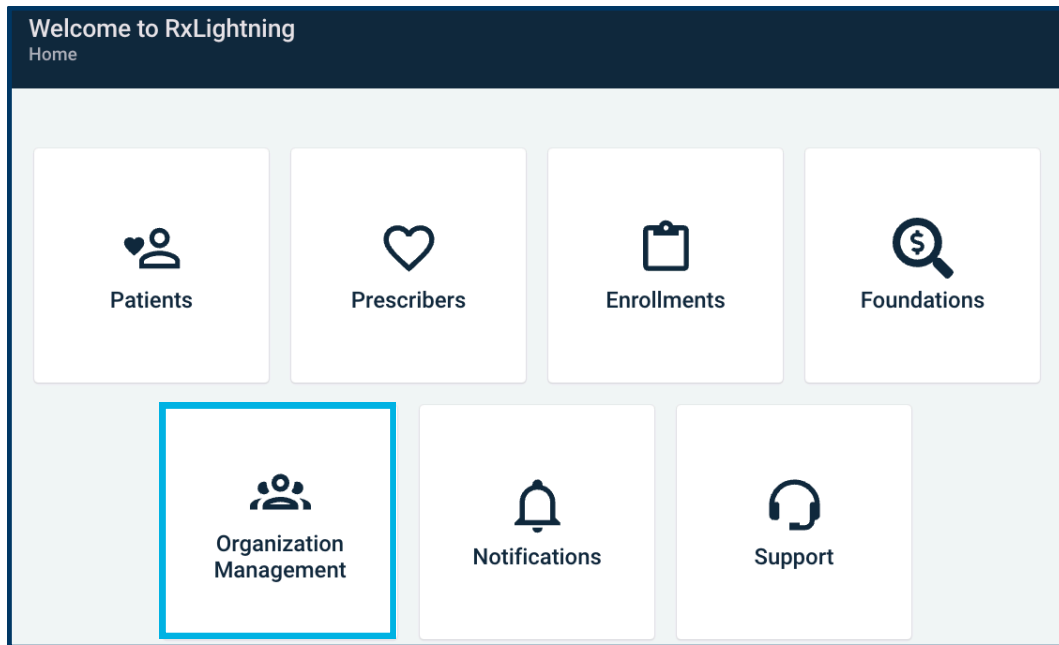
R[⚡]LIGHTNING

User Guide

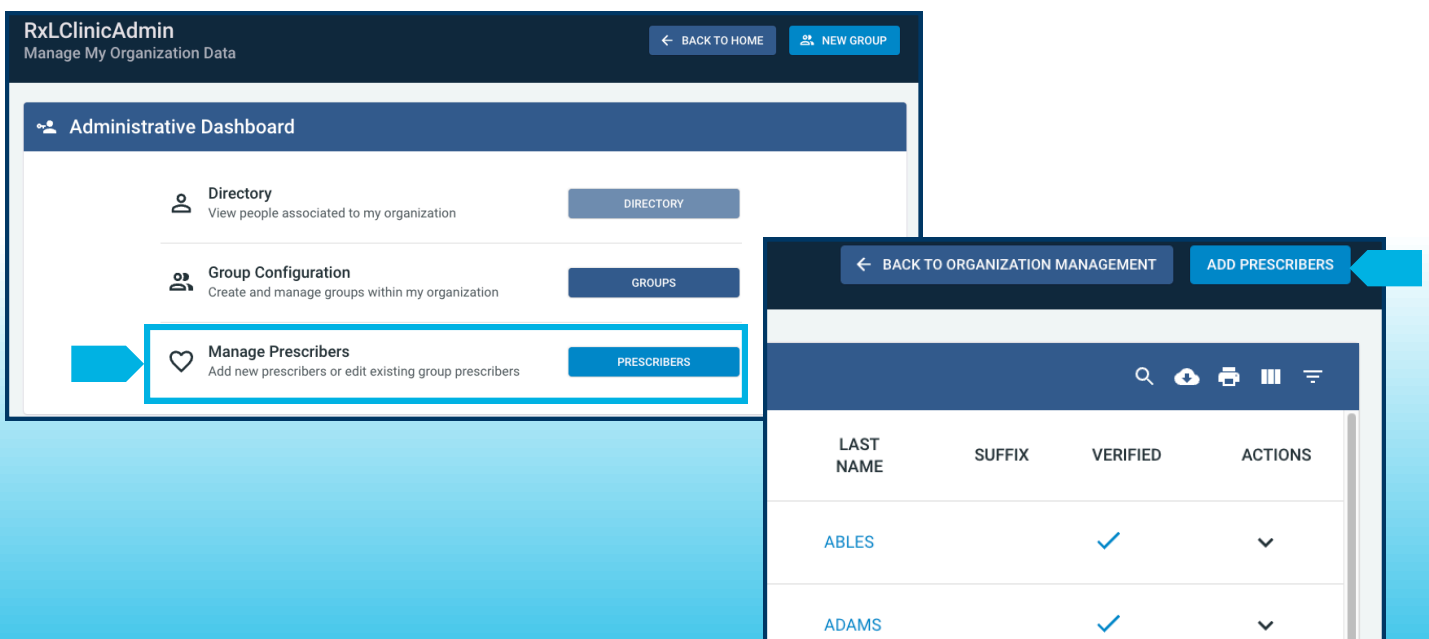
2024

If your organization is new to RxLightning, use this guide to onboard your prescribers. Skip this step if you have previously prescribed through RxLightning.

Click the **Organization Management** tile on the dashboard to view the *Administrative Dashboard* screen.



Click the **Prescribers** button to open the Prescribers page. The *Prescribers* page will show a complete list of the prescribers added to your organization. Click the **Add Prescriber** button to open the *Prescriber Search* screen.




Enter the prescriber's NPI number, First and Last Name, or the State where the prescriber is licensed, then click **Search**.

Prescribers
Add a New Prescriber

← BACK TO PRESCRIBER LIST

Prescriber Search

NPI | First Name | Last Name | State | SEARCH

Find the prescriber in the search results, then click the **Heart** icon  to register the prescriber. You will then be returned to the *Prescribers* list.

FIRST NAME	LAST NAME	GENDER	CITY	STATE	POSTAL CODE	VERIFIED	ACTIONS
N	ADAMS	F	NISKAYUNA	NY	12309		
DIE	ADKINS	F	GASTONIA	NC	28052		

Assign the prescriber to a group or groups. If the prescriber will need their own username and password to login, click the check box labeled **Create Prescriber Account**, then enter the prescriber's email address. Click **Confirm** when finished.

Gender: GENDER, City: CITY, State: STATE, Postal Code: POSTAL CODE, Verified: VERIFIED

Add New Prescriber

Name: ERIN P ADAMS
NPI: 1508205907

+ ADD GROUP

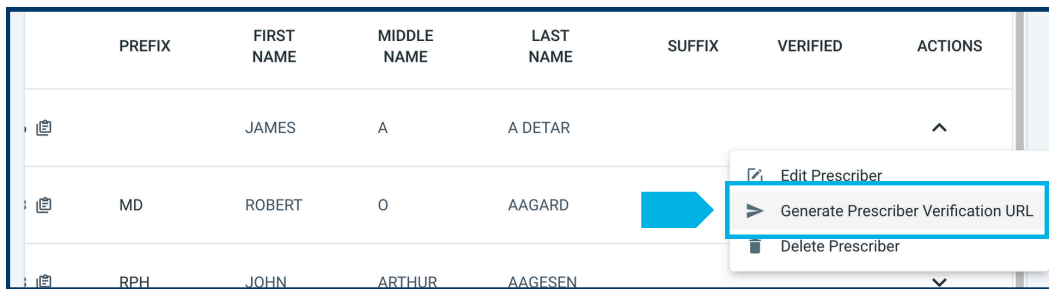
Create Prescriber Account ?

Email Address

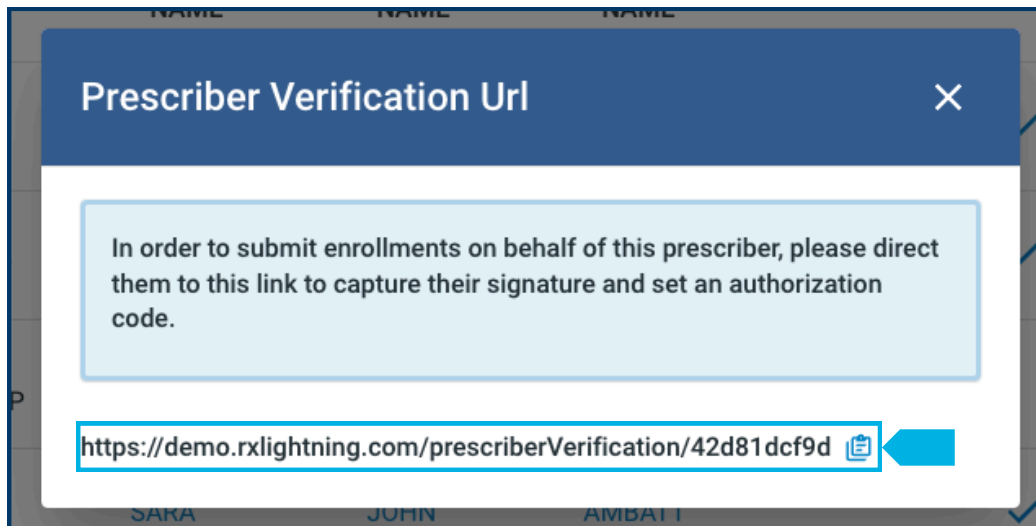
CANCEL CONFIRM

Return to the prescriber list and find the newly registered prescriber. Click the **down arrow** in the **Actions** column. Click **Generate Prescriber Verification URL**.

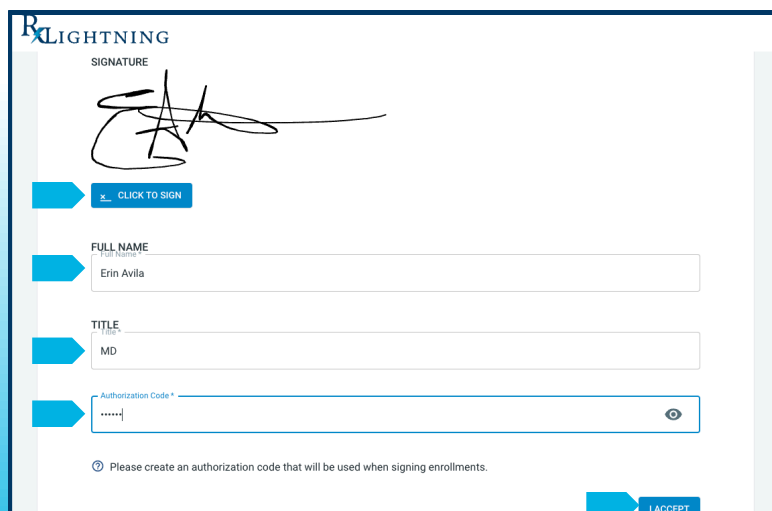
	PREFIX	FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX	VERIFIED	ACTIONS
		JAMES	A	A DETAR			⌵
	MD	ROBERT	O	AAGARD			⌵
	RPH	JOHN	ARTHUR	AAGENSEN			⌵



Copy the URL and paste the link into the preferred communication method (email, messenger, text, etc.) and send to the prescriber.



The prescriber will receive a link to provide their **Signature** and establish their **Authorization Code**. The authorization code is a unique identifier that acts as a password for the prescriber's signature. The prescriber will click the **Click to Sign** button, fill in their full name, their title, and create the authorization code, then the prescriber will click **I Accept**.



Use this guide to submit Manufacturer Assistance applications for your patient.

Open the Patients screen, then use the search tool to locate your patient. Click the **down arrow** in the **Actions** column, then click **New Enrollment**.

Note: Enrollments can also be initiated from within the patient's profile or from the *Enrollments* screen.

Patients
Registered Patients

REGISTER PATIENT

ID	LAST NAME	FIRST NAME	MIDDLE NAME	GENDER	DATE OF BIRTH	MEDICAL RECORD #	ACTIONS
A01F3649	Clearwater	Kevin		M	01/20/1987		^
DB414A11	Cole	Ashley		F	12/01/1990		<ul style="list-style-type: none"> New Enrollment Edit Patient Delete Patient
2665238F	Cole	Ashley		F	12/08/1990		v

Fill in the details on the **Start a New Enrollment** screen. The insurance information will auto-populate if included in the patient profile. If multiple insurances are listed, select a primary insurance from the drop down menu. A secondary insurance can also be selected. Select the **Prescriber** who will authorize the enrollment.

Choose the drug and the destination. When finished, click **Start**.

Start a New Enrollment

You have the right to select the pharmacy to fill the prescription. The following pharmacies may be able to dispense the medication, but pharmacy availability may vary. Also, there may be pharmacies other than those listed that can dispense the medication. It is advisable to contact the insurance company or the medication's manufacturer directly for the most up-to-date information on pharmacies that can dispense the medication in your area.

Patient * Carrie, Josh
 Prescriber * ABAD, JOSE (1295962...
 Drug * Rolvedon (eflapegrasti...
 Destination * ACCESS4Me Hub

Primary Insurance * Optum Coverage
 Prescriber Address * 20630 ROUTE 19 UN
 Category * Specialty / Other

Secondary Insurance (Optional)
 Prescriber Phone Number * 7247792273
 Office Contact

Additional Support Services Offered
 Hub
 Pap
 Reimbursement
 Copay Card for Commercially Insured Patients

START

Fill in each section of the enrollment form. Information included in the patient's profile will auto-populate where appropriate. All required fields will be marked with an asterisk. (*)

Enrollment Data Josh Carrie JOSE ABAD
Rolvedon ACCESS4Me Hub

1 PATIENT INFORMATION

Support Requested: *

- Benefits Verification
- Prior Authorization
- Claims & Appeals Support
- Co-Pay Assistance for Commercially Insured Patients
- Patient Assistance (PAP)
- Independent Charitable Foundation Information
- First-Cycle Patient Support

If needed, a *refill reminder* can be set for the enrollment. Choose the date you would like to be reminded, either with the date picker or by typing the date into the box. Additionally, reminders can be set to be emailed or text. If chosen, provide a contact method.

6 PRESCRIPTION INFORMATION

Would you like a reminder to refill this order request?

Yes
 No

What date would you like to be reminded? *

You will receive a reminder on the first login on or after the date selected.

Check the box if you would like to be reminded in any of the following additional ways:

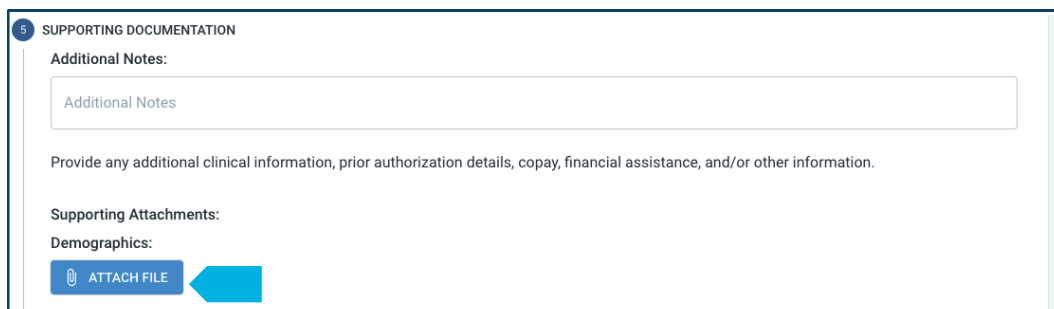
- Email
- Text

The refill reminder will be available after logging in on or after the date chosen. To view reminders, open the *Enrollments* screen, then click the blue **Refill Notifications** button in the bottom right corner.

ABAD, J	Rolvedon	ACCESS4Me Hub	In Progress	09/04/2024 02:41 PM	09/04/2024 02:41
			Created	By: MOORE, MARY	By: MOORE, MARY
ABAD, J	Rolvedon	ACCESS4Me Hub	In Progress	09/04/2024 02:36	09/04/2024 02:36

REFILL NOTIFICATIONS

Some enrollment forms may request additional documentation, such as paper prescriptions, medication lists, etc. If needed, use the *Supporting Documentation* section to attach a file to the enrollment form. If you've received a *prior authorization* key from an external source, you can type the key into the *Additional Notes* box at the top of this section.



The *Prescriber Information* section will populate information from the prescriber's profile. This information is typically pulled from the NPI registry. If any information is incorrect, you can edit the details on this page.

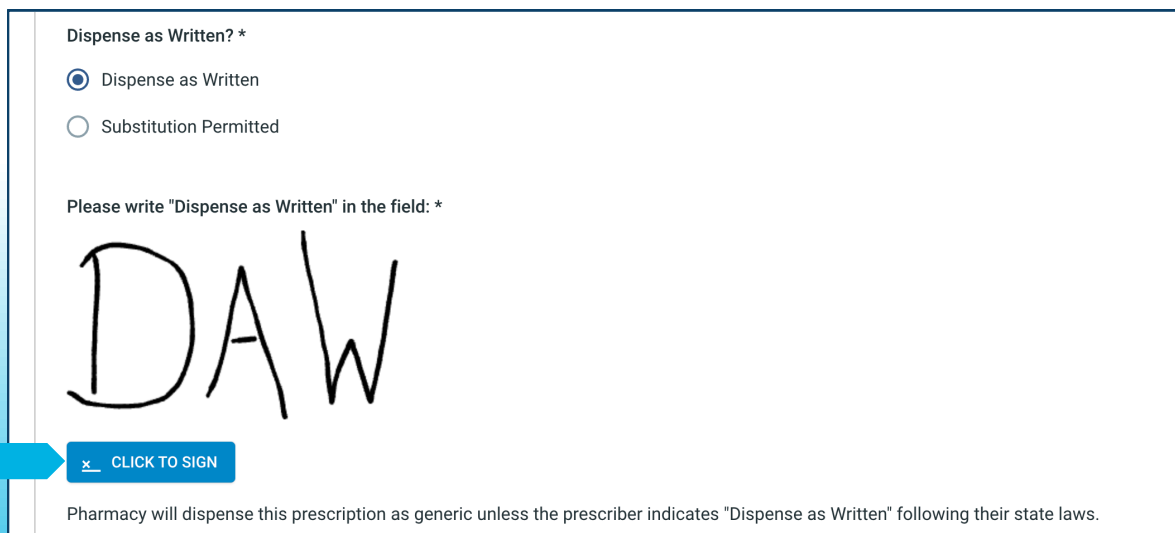
Note: Editing the details will not modify the prescriber's profile. The prescriber or the organization's admin will need to update the information in the profile manually.



The *Prescriber Authorization* will need to be provided. The prescriber, or if applicable, a prescriber delegate, will make the selection between ***Dispense as Written***, or ***Substitutions Permitted***.

If *Dispense as Written* is selected, click the ***Click to Sign*** button. Write *Dispense as Written* or ***DAW*** in the signing box, then click ***Save***.

Note: This signing box is ***NOT*** for the prescriber's signature.



The prescriber, or a prescriber's delegate/designee, will enter the prescriber's authorization code. Choose the date using the date picker, or type it into the date field. The prescriber or the prescriber's delegate/designee will click the **Certification** checkbox to certify that the prescriber is a licensed provider within their state to prescribe medication for the patient.

If you are a prescriber, please enter your prescriber authorization code.
If you are a prescriber agent, please enter your agent authorization code.

Authorization Code *

Date: *

Certification: *

I certify that I am a licensed provider or an authorized designee of a licensed provider in my state to prescribe medication for this patient.

← PREVIOUS STEP NEXT STEP →

The Patient will need to provide their consent to submit the application. If the patient is in the office, click **Yes**. The patient will fill in the details of the form in the office using a computer, tablet, or other device.

If the patient is not present, click **No**. The patient's consent can be collected electronically by sending a secure link via text or email. The text will be active for 72 hours. If the 72 hour window lapses, the link can either be sent again, or a different option can be chosen.

10 PATIENT AUTHORIZATION

Is the patient in the office? *

Yes

No

How would you like us to capture the patient's authorization information? *

Text Messaging

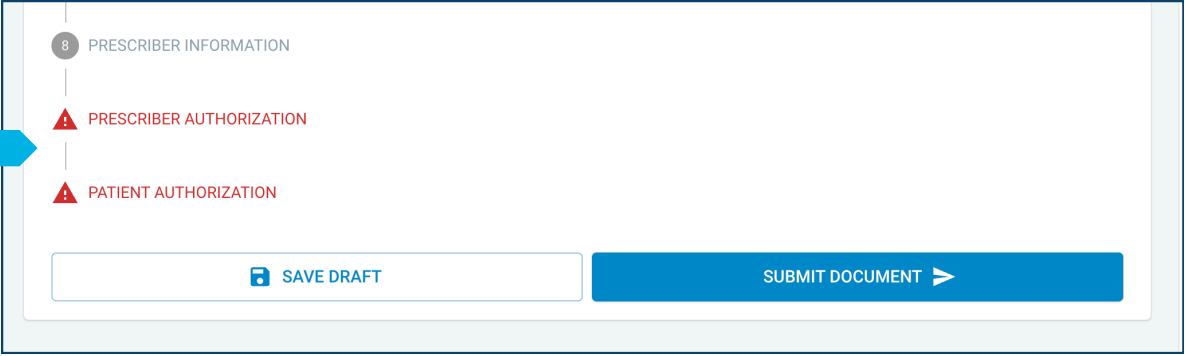
Email

Print, mail to patient, when complete upload to send.

Enter the Patient's Cell Phone Number:

Phone number *

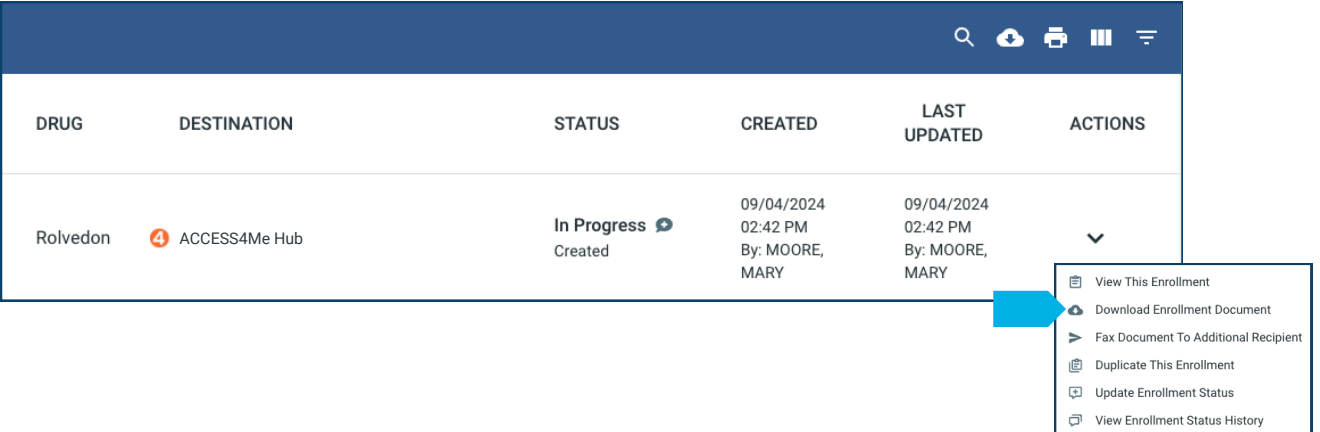
Once all needed information on the form is filled in, click **Submit Document**. If any required questions are missed, the form will not submit and the missing fields will be highlighted in red. Fill in the missing information and click **Submit Document** again. The portal will then return to the *Enrollments* screen.



The screenshot shows a form with a progress indicator at the top. The first step, 'PRESCRIBER INFORMATION', is completed. The second step, 'PRESCRIBER AUTHORIZATION', and the third step, 'PATIENT AUTHORIZATION', both have red warning icons and are highlighted in red, indicating they are incomplete. A blue arrow points to the 'PRESCRIBER AUTHORIZATION' step. At the bottom of the form, there are two buttons: 'SAVE DRAFT' and 'SUBMIT DOCUMENT' with a right-pointing arrow.

The *Enrollments* screen will show all submitted enrollment forms available for your profile. Each listing will show the *patient name*, *prescriber name*, the *requested drug*, the *destination*, the name of the person who submitted the enrollment as well as the most recent *status*.

Click the **Actions** menu to view additional options for the enrollment. You can download a copy of the completed enrollment form by clicking **Download Enrollment Document**.



The screenshot shows the 'Enrollments' screen with a table of enrollment records. The table has columns for DRUG, DESTINATION, STATUS, CREATED, LAST UPDATED, and ACTIONS. A blue arrow points to the 'ACTIONS' dropdown menu for the first record.

DRUG	DESTINATION	STATUS	CREATED	LAST UPDATED	ACTIONS
Rolvedon	4 ACCESS4Me Hub	In Progress Created	09/04/2024 02:42 PM By: MOORE, MARY	09/04/2024 02:42 PM By: MOORE, MARY	<ul style="list-style-type: none">View This EnrollmentDownload Enrollment DocumentFax Document To Additional RecipientDuplicate This EnrollmentUpdate Enrollment StatusView Enrollment Status History