



fidiacomplete

User Guide
HCP Portal



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Table of Contents

Overview	3
Login and First Time Users	4
Returning Users	5
Forgot Your Password	6
My Profile Page	7
Creating a Referral	8 - 12
Viewing Your Active Referrals	13 - 14
Questions/Assistance	15

Overview

FidiaComplete.com is an online Healthcare Provider tool that allows Healthcare Professionals to:

- Enter new referrals
- Obtain status updates on current referrals
- Direct message the Fidia complete team
- Upload additional clinical documents for Prior Authorization and Pre-Determination reviews

No matter how the Healthcare Provider prefers to submit new referrals (i.e fax), having a user name and password to FidiaComplete.com will allow for these additional support benefits. First Time user and Logging On.

To access Fidiacomplete go to: www.FidiaComplete.com

fidiacomplete
A simple process for your patients' complete benefits summary

Select the prescribed product below

HYMOVIS
HYADD[®]4
High Molecular Weight
Viscoelastic Hyaluronan

TRILURON
sodium hyaluronate

HYALGAN
(sodium hyaluronate)
Defy The Pain

Indications and Important Safety Information

Indications: Hymovis[®], Triluron[®] and Hyalgan[®] are indicated for the treatment of pain in osteoarthritis (OA) of the knee in patients who have failed to respond adequately to conservative non-pharmacologic therapy and to simple analgesics (e.g. acetaminophen).

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Click on desired product



Login and First Time Users

The screenshot shows the top portion of the HYALGAN website. At the top, there is a navigation bar with links for 'HOME TO FIDIA SPECIALTY PRODUCTS', 'APPOINTMENT SCHEDULE INFORMATION', and 'PRESCRIPTION INFORMATION'. Below this is the HYALGAN logo with the tagline 'Defy The Pain' and the phone number '844-632-9266' and fax number '877-447-9734'. A secondary navigation bar includes 'Home', 'About', 'My Profile', 'My Enrollments', 'Contact', and 'Login'. The main content area features a large banner with the text 'fidiacomplete Streamlining access to HYALGAN® A simple process for your patients' complete benefits summary.' Below the banner is a red 'Login' button and two service icons: 'Fax the script to 877-447-9734' and 'Direct messaging for ongoing support'. At the bottom of the banner, there is a section for 'Indication' and 'Important Safety Information'.



The 'User Login' form is displayed in a light gray box with a red 'X' icon in the top right corner. It contains two input fields: 'Username' with a person icon and 'Password' with a key icon. A red button with a play icon is located to the right of the password field. Below the fields is a link for 'Forgot username or password?'. At the bottom of the form is a link for 'New User? Click here to register now >>'.

Enter your User name and Password in the User Login Screen. For first-time users, click "New User?"

Returning Users

Enter the office information that includes: Office Name, address, Phone, Fax, user name and password.

- Accept terms of use.

The screenshot shows the Hyalgan website registration page. At the top left is the Hyalgan logo with the tagline "Defy The Pain". At the top right, contact information is provided: "Phone: 844-632-9266 | Fax: 877-447-9734". Below this is a navigation menu with links for Home, About, My Profile, My Enrollments, Contact, and Login. The main content area is divided into three sections: "Registration" (with instructions), "Prescriber/Practice Registration" (with various input fields for name, address, phone, fax, email, and password), and "User Agreements" (with a checkbox for terms and a "Save" button).

Once completed a Confirmation email will be sent to the email on file.

A blue dialog box titled "Registration Confirmation" with a close button (X). The text inside reads "Thank You! Your registration was successful." and there is an "OK" button at the bottom right.

A dialog box titled "User Login" with a close button (X). It contains two input fields: "Username" and "Password". Below the fields is a link that says "Forgot username or password?". At the bottom, there is a link that says "New User? Click here to register now >>".

A form titled "Forgot Username or Password". It has an input field for "Email Address" and two buttons: "Submit" and "Cancel".

For previously enrolled users that have forgotten their user name or password. Clicking the "Forgot user name and password" link will prompt the user to enter their email address.

Forgot Your Password

To change a current password, click on the highlighter username.



By selecting the “Change Password” Icon you can update passwords for Fidiacomplete. In the My Profile section, the user has the ability to: Update office address, contact information, user names and prescribers.

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

My Account *Required field

*Username: test **Change Password**

*Email address: test@test.com

My Account

*Prescriber/Practice Name: test

*Phone Number: (111) 111-1111 Fax Number: []

Sales Representative's Referral Code: []

Do not send me any status update emails

Save **Cancel**

By selecting the “Edit” icon, users can update prescriber’s information, update prescriber contact information, or delete a prescriber or contact.

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

My Account *Required field

*Username: AsembiaTest **Change Password**

*Email address: asembia.test@asembia.com

My Account

*Prescriber/Practice Name: Asembia Test

*Phone Number: (000) 000-0000 Fax Number: []

Sales Representative's Referral Code: []

Do not send me any status update emails

Prescriber Information
You can edit a specific prescriber's profile by clicking **Edit** below.

First Name	Last Name	NPI	Edit
Asembia	Test	0000000000	edit

Add New Prescriber

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

FirstName	LastName	Phone	Edit
Asembia	Test	0000000000	edit

Add New Prescriber Contact

By selecting “Add new Prescriber” from the My Profile page, you will be able to add multiple prescribers to a single account.

Prescriber Information

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

*First Name: Asembia *Last Name: Test

*Address: 100 Test Drive Address 2: []

*Zip: 07000 *City: Test City *State: NJ

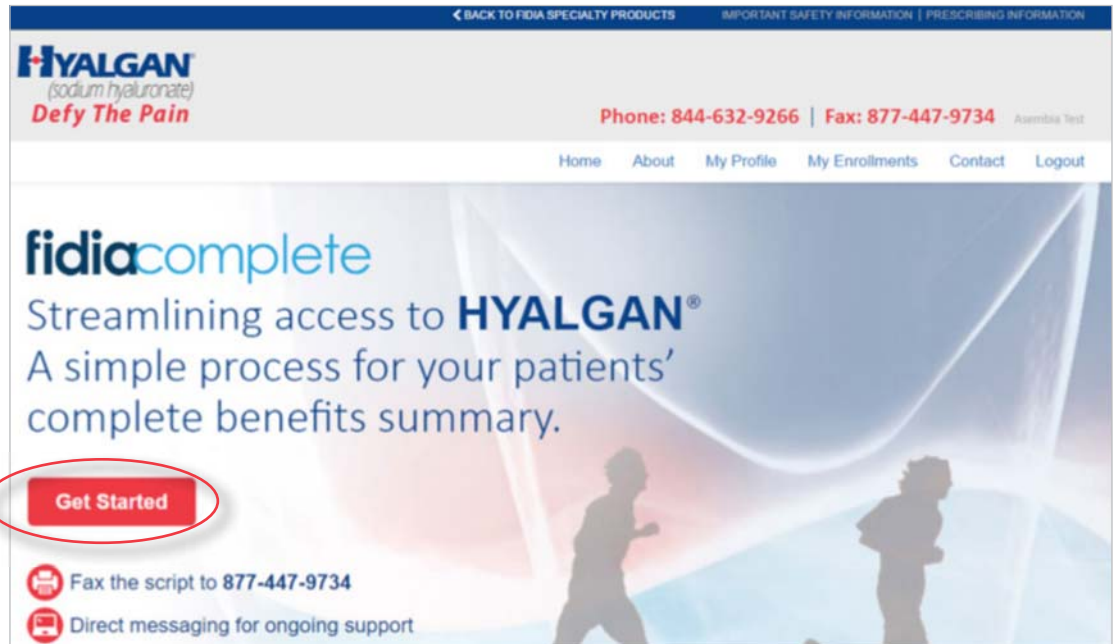
Specialty: [] Phone: (000) 000-0000 *Fax: []

*NPI #: 0000000000 Tax ID: [] State License Number: []

Save **Cancel**

My Profile Page

Starting a new referral can be completed by clicking "Get Started" after logging in from the home page.



Referrals can be created with 2 steps.

Step 1

Enter the patient information, select or add the prescriber and contact, select the medication, and enter all other pertinent information.

If a patient has been previously entered into the system, a message will prompt user to confirm if it's the same patient.

The image shows the "Step 1" enrollment form. It is divided into three main sections: "Enrollment Type", "Patient Information", and "Select Product". The "Enrollment Type" section has radio buttons for "Patient Request" and "Add Through Specialty Pharmacy Ref". The "Patient Information" section includes fields for "Patient Name", "DOB", "Sex", "Race", "Mailing Address", "Phone", "Fax", "Email", and "Specialty Pharmacy". There are "Add New Patient" and "Add New Office Contact" buttons. The "Select Product" section has a dropdown menu for "Product" and a "Select" button. The form also includes a "Start" button at the bottom right.

Matching Patients

We found 1 matching patient.
You may select a patient to populate the form.

Name	Birthdate	Zip	
Test, Asamba	01/01/1901	07000	select

Cancel

Creating a Referral

Select a prescriber or add a new prescriber. To enter a new Health Care Professional, select “add a new prescriber”.

Select appropriate quantity, dose form, injection site, and other required information. By selecting “Primary Diagnosis,” a drop down menu will appear revealing all associated codes with the drug.

*Prescriber
Asembia Test

Asembia Test

*Prescriber

Add New Prescriber

*Primary Diagnosis

- M17.0 : (715.16) Bilateral primary osteoarthritis of knee
- M17.10 : (715.16) "Unilateral primary osteoarthritis, unspecified knee"
- M17.11 : (715.16) "Unilateral primary osteoarthritis, right knee"
- M17.12 : (715.16) "Unilateral primary osteoarthritis, left knee"
- M17.2 : (715.26) Bilateral post-traumatic osteoarthritis of knee
- M17.30 : (715.26) "Unilateral post-traumatic osteoarthritis, unspecified knee"
- M17.31 : (715.26) "Unilateral post-traumatic osteoarthritis, right knee"
- M17.32 : (715.26) "Unilateral post-traumatic osteoarthritis, left knee"
- M17.9 : (715.36) "Osteoarthritis of knee, unspecified"
- Other

*Select Product
HYALGAN® 20mg/2ml

Sig: Administer by intra-articular injection as directed

*Quantity: 3 5 Other [input field]

*Dose: Vial Syringe

*Injection Site: Right knee Left knee Bilateral

Does the patient have a failure, contraindication, or intolerance to the following treatment options? (Check all that apply)

- Non-pharmacologic (e.g. exercise, physical therapy, weight loss if overweight)
- Intra-articular corticosteroids
- Non-steroidal anti-inflammatory medications (e.g. ibuprofen)
- Non-narcotic analgesics (e.g. acetaminophen)

*Does the individual have documented symptomatic osteoarthritis of the knee?
 Yes No

*Has the patient tried any other medications for this condition?
 Yes No

*Primary Diagnosis

Step 2

Enter the primary and secondary medical insurance, prescription plan as well as upload any relevant documents if available. If the user does not have all the insurance cards available please select “Not Applicable/Cash”.

Step 2 Insurance Information

Primary Insurance (Optional)
Plan Type: [dropdown]

Secondary Insurance (Optional)
Plan Type: [dropdown]

Prescription Plan (Optional)
Plan Type: [dropdown]

Upload Scanned Insurance Card(s)
Accepted file types: PDF, JPG, PNG, GIF
[Upload] [File(s) selected]

Upload Relevant Documents
Accepted file types: PDF, JPG, PNG, GIF
[Upload] [File(s) selected]

Previous Next

Creating a Referral *continued*

To enter the Primary insurance, select either: Commercial, Medicare, Medicaid or Not Applicable/Cash.

Select appropriate quantity, dose form, injection site, and other required information. By selecting "Primary Diagnosis," a drop down menu will appear revealing all associated codes with the drug.

Enter in the remaining plan information Such as: Plan name, Subscriber name, ID and Group.

Insurance Information
Primary Insurance (Required)
*Plan Type
Commercial
Medicare
Medicaid
Not Applicable/Cash
Prescription Plan (Required)

Insurance Information
Primary Medical Insurance (Required)
Plan Type *
Commercial
Plan Name *
Aetna
Regional Plan *
Aetna Health Inc - New Jersey
Subscriber Name
Jane Doe
Relation to Patient
Self
Member ID# *
89798
Group # *
Insurance Phone
(888) 888-8888

Plan Type *
Commercial
Prescription Plan *
CVS Car
CVS Caremark
CVS Caremark

The system will generate the most appropriate plan name by typing in the beginning characters.

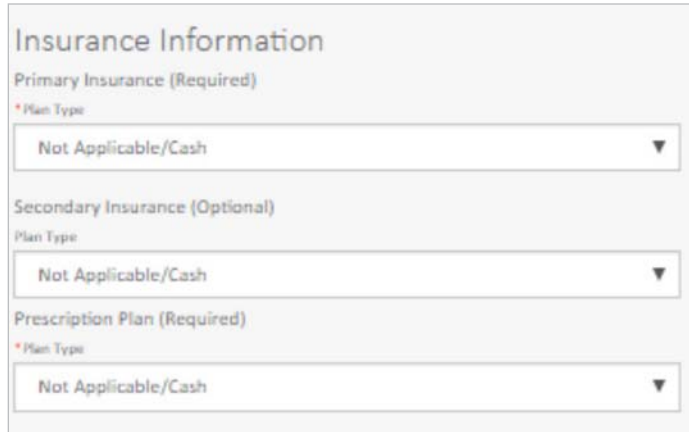
If user is unsure what specific plan information is required hovering over the question mark icon will display a sample prescription card.

Primary Insurance (Required)
*Plan Type
Commercial
*Plan Name
*Subscriber's Name
*Policy #
*Group # ?



Creating a Referral *continued*

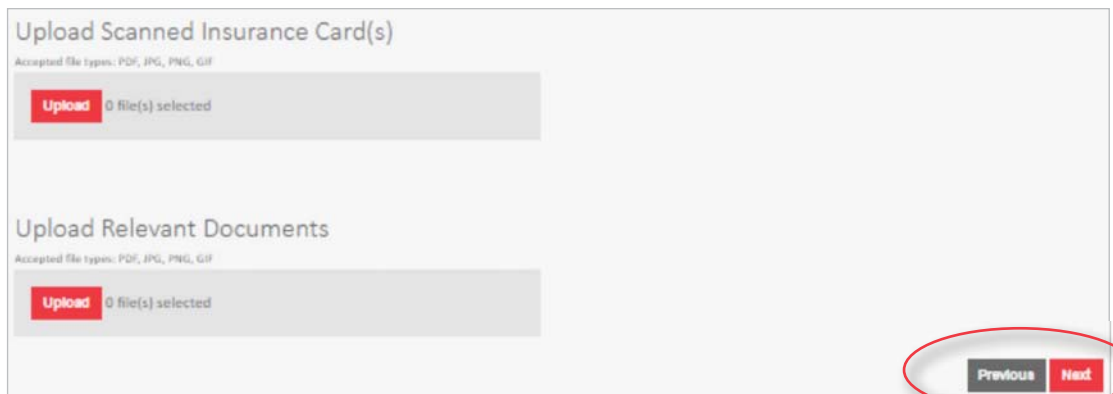
If “Not Applicable/Cash” fields are selected, user will not be prompted to enter any insurance information.



The form titled "Insurance Information" contains three sections:

- Primary Insurance (Required)**: A dropdown menu labeled "Plan Type" with "Not Applicable/Cash" selected.
- Secondary Insurance (Optional)**: A dropdown menu labeled "Plan Type" with "Not Applicable/Cash" selected.
- Prescription Plan (Required)**: A dropdown menu labeled "Plan Type" with "Not Applicable/Cash" selected.

At the end of the demographic field the user will have the option to upload any additional important documents (i.e. copy of the insurance cards and clinical chart notes.)



The form contains two upload sections:

- Upload Scanned Insurance Card(s)**: A grey box with "Accepted file types: PDF, JPG, PNG, GIF" and an "Upload 0 file(s) selected" button.
- Upload Relevant Documents**: A grey box with "Accepted file types: PDF, JPG, PNG, GIF" and an "Upload 0 file(s) selected" button.

At the bottom right, there are two buttons: "Previous" (grey) and "Next" (red), which are circled in red.


Click “Next” to continue.

Creating a Referral *continued*

At this step, user will have the ability to review the referral and make changes if applicable. To make a change the user can select any of the “Edit” icons. Once completed select “Add Signature”.

Referral Review

Review all selections and proceed by creating a product referral.

Patient Information Edit		Product Selection Edit
ASEMBIA TEST2 100 Test Drive Test City, NJ 07000 PRIMARY PHONE: (000) 000-0000	SEX: MALE DATE OF BIRTH: 01/01/1901 Last 4 SSN: CELL PHONE:	HYALGAN® 20mg/ 2ml Quantity: 5 Dose: Vial Sig: Administer by intra-articular injection as directed Diagnosis: M17.32
Insurance Information Edit		
PRIMARY INSURANCE BCBS FEP Subscriber: Asembia Test Relation to Patient: r0000000000 GROUP#: E5006500 PHONE:	SECONDARY INSURANCE Subscriber: Relation to Patient: GROUP#: PHONE:	PRESCRIPTION INSURANCE BCBS FEP Subscriber: Asembia Test Relation to Patient: Member (000) 000-0000 PERSON CODE: ID#: r0000000000000 RXGRP#: E5006500 PCN: 000000 RxBIN#: 000000
Insurance Card	Supporting Documentation	
 asembia test insurance card.jpg ⓧ	Upload	
Upload		
Prescriber Information Edit		Digital Signature Add Signature
Asembia Test NPI: 0000000000 DEA: Taxid: Specialty:	100 Test Drive Test City, NJ 07000 test93@test.com Phone: (000) 000-0000 Fax: (000) 000-0000	
Staff Contact: Asembia Test Phone: (000) 000-0000 Email: Asembia.Test@asembia.com		

Previous Create Referral


Creating a Referral *continued*

There are several options for the prescribing Health Care Professional to sign the document.

1. Sign with the mouse and type the full name of the prescribing Health Care Professional.
2. Apply a signature that has been previously saved.
3. Upload a written signature via pdf or jpeg. After selection, the signature will populate the

1 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.

Apply Signature **Cancel**


Option 3: Or upload an image of your signature.

Choose File No file chosen

3 Full Name:

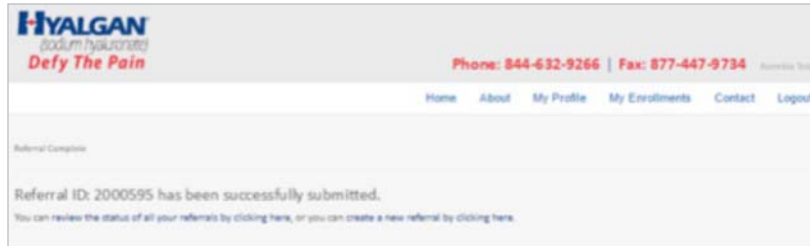
Upload **Cancel**

Once ready to submit the completed referral, select "Create Referral".

Prescriber Information	Digital Signature
<p>Edit</p> <p>Asembia Test NPI: 0000000000 DEA: TaxId: Specialty:</p> <p>100 Test Drive Test City, NJ 07000 test93@test.com Phone: (000) 000-0000 Fax: (000) 000-0000</p> <p>Staff Contact: Asembia Test Phone: (000) 000-0000 Email: Asembia.Test@asembia.com</p>	<p>Asembia Test</p>  <p>Add Signature</p>
<p>Previous Create Referral</p>	

Viewing Your Active Referrals

Application will display a notification that referral has successfully been created.



To view previously prescribed medications, select “My Enrollments”. Portal displays status of referral, the date it was submitted, and any notes associated with the account.

ID	Prescriber Name	Patient Name	Product	Referral Submitted	Status	Info	Last Updated	Message	Actions
2000595	Asembia Test	Asembia Test2	HYALGAN	5/9/2017	In Process ASPN	📘	05/09/2017 12:06 PM		Cancel
0	Asembia Test	Asembia Test	HYALGAN	Not Submitted	Incomplete	📘	05/09/2017 11:07 AM	View all messages	Cancel
1998471	Asembia Test	Asembia Test	HYALGAN	5/9/2017	In Process ASPN	📘	05/09/2017 11:05 AM	View all messages	Cancel
1998451	Asembia Test	test99 test99	HYALGAN	5/9/2017	In Process ASPN	📘	05/09/2017 11:02 AM	View all messages	Cancel

Clicking on the referral submitted date will allow the user to review the submitted referral, its status, and upload any additional documentation if needed.

Viewing Your Active Referrals *continued*

Clicking on the “i” button will display any actions taken by the pharmacy.

Status History ✕			
Change	Time Stamp	Status	Changed By
1	05/09/17 12:06 PM	Unassigned	INCOMINGASPNRX_BATCHMANAGER
2	05/09/17 12:06 PM	In Process ASPN - New Referral	INCOMINGASPNRX_BATCHMANAGER

To view any messages from the pharmacy or to relay any messages to the pharmacy, the user can click “View all messages”. The user can also send a message to the pharmacy and to which the pharmacy may respond to via the same channel.

Notes ✕

Please advise if PA will be needed. |

1. Please expedite BV process. Patient needs ASAP.
Order note by AsembiaTest on 5/9/2017 at 1:40 PM

To cancel a referral, select the “cancel” hyperlink. The user will be prompted to confirm the cancellation. Please note that the user may only cancel the referral through the web portal for up to 48 hours after its creation. Any cancellations after 48 hours will have to be done via telephone. For assistance, please call 844-632-9266.

Cancel Referral ✕

FAQs

How do I change a password?

Please refer to the top of page 4.

If I have any questions, is there someone I can call?

Yes, we have a team able to help answer technical questions, please select the “Contact” hyperlink located at the bottom of the screen or call 844-632-9266.

Can I add multiple prescribers to a single user name and password?

Yes, multiple prescribers can be added on the “My Profile” page. Please see page 4 for more details.

If I cancel a referral by mistake, how can I recover it?

You may re-enter the enrollment or call us at 844-632-9266 to restart the patient.