



CardinalHealth™

Provider Portal

Sonexus



ONLINE PORTAL REGISTRATION

- Office Staff user registration process
- Associate & verify providers to your account

SONXTRA SUPPORT

WELCOME TO THE SONXTRA HCP PORTAL!
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Alerts

SUPPORTING PATIENTS THROUGH THEIR TREATMENT JOURNEY

Use this Healthcare Provider (HCP) Portal to:

- Enroll patients in Sonxtra Assistance
- Run electronic benefits investigations
- Communicate with the Sonxtra Assistance support team
- Check patient status

Sign up for the Sonxtra Healthcare Provider Portal

First name* Last name*
Email address*
This will serve as your username
Office phone* Ext.
Your role*
 Remember Me
SIGN UP
[Already have an account? Login](#)

CONTACT SONXTRA
MONDAY THROUGH FRIDAY, 8:00 AM TO 8:00 PM ET.
 PHONE: 1-888-555-1212
 FAX: 55724021121

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Product disclaimer lorem ipsum dolor sit amet, consectetur adipiscing elit. Nunc quis fringilla nisi. Nam feugiat neque ac nunc iaculis rutrum. Praesent vestibulum molestie ultricies.

SONXTRA SUPPORT

Important Safety Information | Prescribing Information | Medication Guide

MY DASHBOARD

Getting Started...
Search for providers to associate with your account and view their patient lists.

1 
ASSOCIATE PREScriBERS WITH YOUR ACCOUNT
Search for providers to associate with your account and view their patient lists.

2 
VERIFY PREScriBERS
Verify your providers through a secure fax number we have on file. If no fax number is available you can download a verification document to be submitted.

3 
VIEw YOUR DASHBOARD
Your Dashboard will show the next best action to take to assist patients with their journeys.

CONTINUE

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NEXT BEST ACTION FOR PATIENT

- Enroll new patient
- Perform electronic **benefits investigation**
- Bulk **re-enrollment** in Patient Assistance Program

MY DASHBOARD

[ENROLL NEW PATIENT](#) [RE-ENROLL ALL IN PAP](#)

NEW FILTER  SAVED FILTER 

SONXTRA S SUPPORT
Run Benefits Investigation
[View List](#)

SEARCH PATIENTS BY FIRST NAME, LAST NAME OR DOB (FORMAT MUST BE MM/DD/YYYY)

Action Required (12) Showing 1-8 of 12 items

 Barbie Doll 07/28/1972 Run Benefits Investigation SONXTRA S SUPPORT	 Patty Cake 04/03/1989 Run Benefits Investigation SONXTRA S SUPPORT
 Johnny Apple 04/16/1996 Run Benefits Investigation SONXTRA S SUPPORT	 Paul Onion 10/14/1966 Run Benefits Investigation SONXTRA S SUPPORT
 Shirley Temple 10/16/1964 Run Benefits Investigation SONXTRA S SUPPORT	 Polly Pocket 03/13/1989 Run Benefits Investigation SONXTRA S SUPPORT

ENROLL NEW PATIENT

- Seamless e-Enrollment of patients into program
- Obtain patient & HCP consents

X

ENROLL NEW PATIENT

- 1 SELECT PRODUCT
- 2 PATIENT INFORMATION
- 3 CONTACT INFORMATION
- 4 SELECT PRESCRIBER
- 5 SELECT DIAGNOSIS
- 6 PATIENT AUTHORIZATION
- 7 HCP HIPAA CONSENT & TCPA ATTESTATION

Required*

Save & Quit Process

NEXT

Select Product

Select the Product to enroll patient into services.

— SONXTRA S SUPPORT

Select One

PERFORM BENEFITS INVESTIGATION

- Check for Medical & Pharma insurance

BENEFITS INVESTIGATION

PATIENT INFORMATION

John Deer 11/17/1965 (817) 111-2222

This platform integrates with third-party medical payers & pharmacy benefit managers (PBMs) to pull real-time, patient-specific benefit information.

Enter the required information below to get started.

Select Medication*

SonexMed® 1mg

Select Payer*

ENTER PAYER NAME

Enter Member ID*

ENTER

Patient does not have medical insurance

Required*

Save & Quit Process

NEXT

BENEFITS INVESTIGATION

PATIENT INFORMATION

John Deer 11/17/1965 (817) 111-2222

Medical Insurance

We found the following information based on the insurance information you entered.

INSURANCE TYPE	Primary Medical	PLAN STATUS	Active
INSURANCE	AETNA INC - Open POS Plus	PLAN NAME	Open POS Plus
PLAN TYPE		GROUP #	AAA BB LLC
		PLAN #	1111111111111111
		POLICY ID#	0000000000

Pharmacy Insurance

Select the patient's primary Pharmacy insurance plan from the list below.

If the Pharmacy insurance information below is incorrect or unavailable, [click here](#) to manually enter the Pharmacy insurance information and a case manager will contact you to assist.

INSURANCE TYPE	Select Insurance	PLAN STATUS	Active
INSURANCE	PBMX - NEW-MEX~R6	TERMINATION DATE	31/07/2017
		EFFECTIVE DATE	30/12/2099
POLICY ID#	R6-21334	GROUP #	GWR6
RX BIN #	001336	RX PCN #	G7-WR6
POLICY HOLDER NAME		RELATIONSHIP TO INSURED	Self

PATIENT DETAILS & SUPPORT SERVICES

- View patient details
- Enroll patient in support services
- Configurable services per program

ENROLL IN THE VOUCHER PROGRAM

PATIENT INFORMATION

Patty Cake 04/03/1989 (817) 789-9988

Patient is eligible for a one-time, 30-day supply of SonexMed.

If you need to submit a prescription for the patient, you can submit the prescription electronically using the information below.

If you have questions, please contact the SonXtra Assistance HUB support at 1-888-555-1212.

SHPS e-Prescribe NCPDP: 5910206/NPI: 1447680210 Sonexus Health Pharmacy Services

Required*

Save & Quit Process

BACK SAVE & SUBMIT VOUCHER

To edit additional patient information, please call 1-888-555-1212 +

Patty Cake

[Edit](#) [View All Patient Information](#)

DOB 04/07/1989	GENDER F	PHONE NUMBER 817-111-2222	EMAIL ADDRESS fake@fake.com
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- SONXTRA S SUPPORT

ACTIONS

Benefits Investigation
Determine benefit, coverage requirements, and coding guidance.

Interim Care Program
Initiate the application process for patients who may be eligible for the Interim Care program.

Voucher Program
Apply for a one-time, 30-day supply of the prescribed medication for the patient.

Co-pay Card
Reduce eligible patient's out-of-pocket costs using a manufacturer co-pay card.

PATIENT RESULTS

IN PROGRESS

Benefits Investigation
Last Updated 04/07/2023

NOT RECEIVED

Patient Signature
Last Updated

PATIENTS LIST

- View patients enrolled in program
- Track patient status

PATIENTS

ENROLL NEW PATIENT

35
PATIENTS ENROLLED

12
PATIENTS NEEDING ACTION

SEARCH PATIENTS BY FIRST NAME, LAST NAME OR DOB (FORMAT MUST BE MM/DD/YYYY)

Patient Name	DOB	Status	Prescriber	
Activeplan, Bunny	01/04/1989	Pending Benefits Investigation	Doe, John	
SONXTRA S SUPPORT				
Patient Name	DOB	Status	Prescriber	
Apple, Johnny	04/16/1996	Prior Authorization In Progress	Doe, John	
SONXTRA S SUPPORT				
B	Patient Name	DOB	Status	Prescriber
Boop, Betty	10/10/1965	Patient Assistance Approved	Doe, John	
SONXTRA S SUPPORT				

A Z
A B C D E F G H I J K L M N O P Q R S T U V

FORMS & RESOURCES

- Store compliance approved forms & documents
- View & Download

SONXTRA FORMS AND RESOURCES

ENROLL NEW PATIENT

FILTER Sonextra Assistance



SonXtra Patient Assistance Program Application

Complete, print, and mail or fax to help patients apply for the SonXtra Patient Assistance Program.

[Download](#) SONXTRA SUPPORT



Sample Letter Of Medical Necessity

Example letter when requesting coverage from patients insurance providers.

[Download](#) SONXTRA SUPPORT

SECURE MESSAGE CENTER

- Communicate with the program support team through the secure message center
- Include attachments in your message

COMPOSE NEW SECURE MESSAGE

Program: SonXtra Assistance

To: SONXTRA SUPPORT TEAM MEMBER

Subject: Select a subject

Patient: Select a patient

Message:

COMPOSE A MESSAGE TO A SUPPORT TEAM MEMBER.

Add Attachment



SONXTRA SUPPORT

Important Safety Information | Prescribing Information | Medication Guide

DASHBOARD

PATIENTS

SECURE MESSAGE CENTER

MANAGE PRESCRIBERS

MY ACCOUNT

FORMS & RESOURCES

LOGOUT

SECURE MESSAGE CENTER

COMPOSE

Inbox [0]

Sent

Date	Subject	Program	Actions
No Messages			

SEND