



GSK PATIENT PORTAL USER GUIDE

Benlysta

July 2025



Contents

- + Header/Footer Links.....2
- + Login Page.....3
- + Create Account.....6
 - User has a card.....6
 - User does not have a card.....8
 - Complete account creation (either starting point).....8

- + Home Page.....15
- + Set up Digital Payment (EFT)17
- + Navigation Menu: Submit a Claim.....18
- + Navigation Menu: My Account.....24
- + Navigation Menu: Contact Us.....33

Header/Footer Links

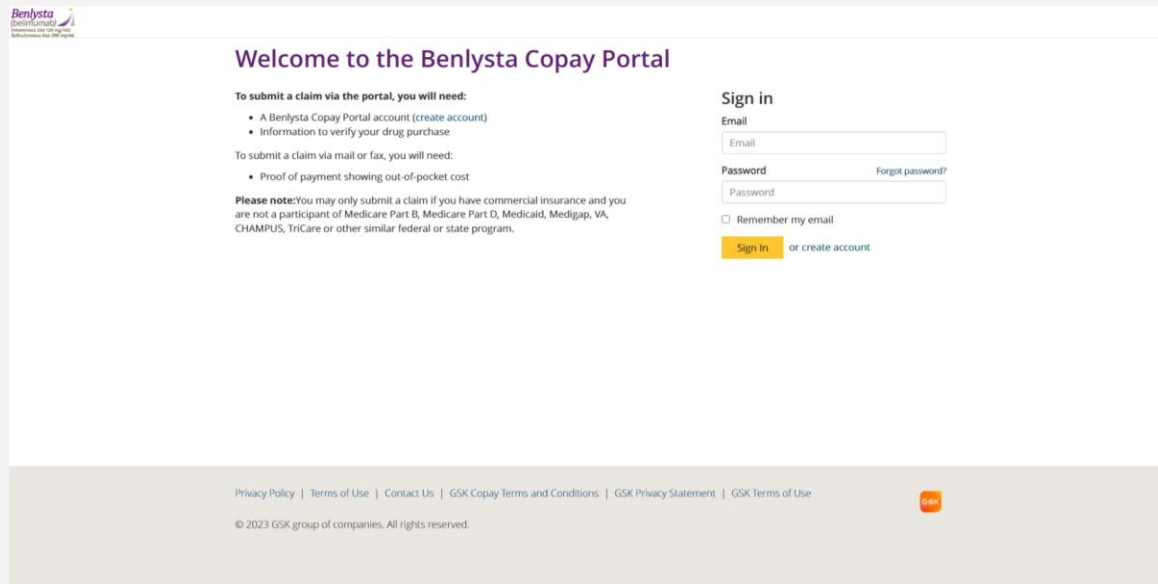


HEADER LINKS

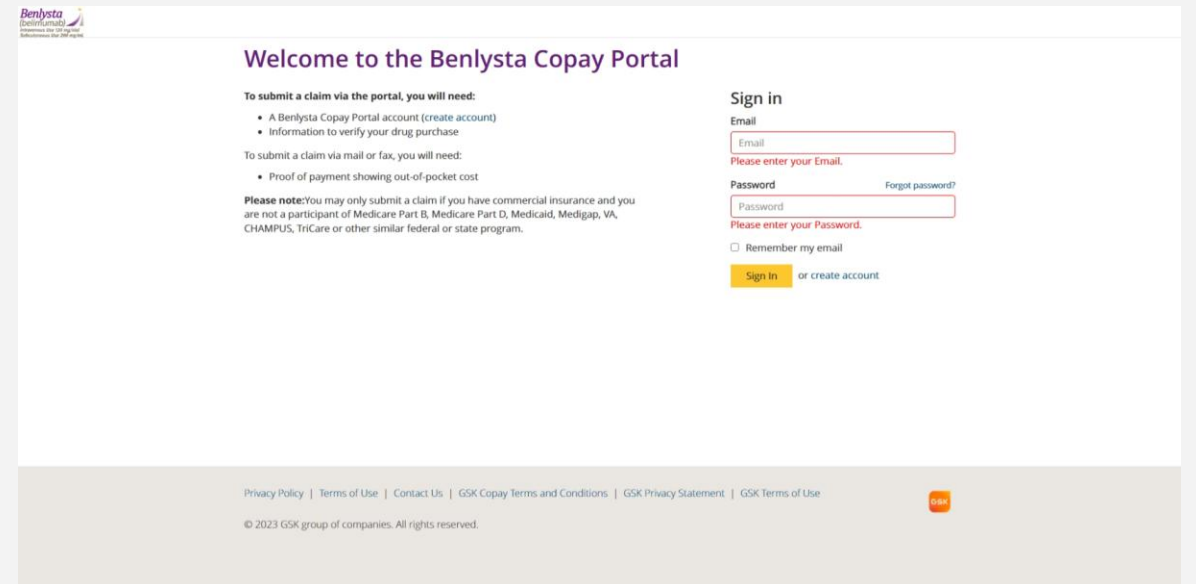
Name	URL
Benlysta Logo	https://patient.benlystacopayprogram.com/Account

Name	URL
Privacy Policy	https://www.iqvia.com/about-us/privacy
Terms of Use	https://www.iqvia.com/about-us/terms-of-use
Contact Us	https://patient.benlystacopayprogram.com/Home/ContactUs
GSK Copay Terms and Conditions	https://www.gskforyou.com/programs/copay-assistance/
GSK Privacy Statement	https://privacy.gsk.com/en-us/privacy-notice/
GSK Terms of Use	https://us.gsk.com/en-us/legal-notices/

Login Page



Error Message



Login Page



Forgot Password? -> Reset Your Password



Reset Your Password

Please enter the email address associated with your account. You will receive an email with a link to reset your password.

Email Address

☐ I'm not a robot 

Send Email



Reset Your Password

Please enter the email address associated with your account. You will receive an email with a link to reset your password.

Email Address

The Email Address field is required.

☒ I'm not a robot 

Send Email

Error Message

Reset Your Password: Password Reset Sent



Reset Your Password

✓ Password Reset Sent

Click the link in your email to reset your password.

If a valid account was found for your email address, we have sent you a password reset link. Please check your inbox for an email from donotreply@benlystacopyprogram.com.

If you do not see the email, please check your junk mail folder and make sure Jessica.Rubin2@iqvia.com is the correct email address for your Benlysta Copay Portal account. You can also click here to receive a new link.

Your code will be valid for 30 minutes.

Login Page



Reset Password: Email triggered using approved template

- Link brings user to this page

Error Messages



Remlysta
Remdesivir 200 mg Oral Capsules
Remdesivirum für COVID-19

Reset Your Password

New Password

Confirm Password

Save

Cancel

Your password should have:

- at least 8 characters
- at least 1 lowercase letter (a-z)
- at least 1 uppercase letter (A-Z)
- at least 1 number (0-9)
- at least 1 special character, such as ! @ # \$ % ^ & * =

Banyasta

Business Insurance Agency Ltd
Incorporated in Hong Kong
Authorized Dealer of GSK

Reset Your Password

New Password

The New Password field is required.

Confirm Password

The Confirm Password field is required.

Your password should have:

- at least 8 characters
- at least 1 lowercase letter (a-z)
- at least 1 uppercase letter (A-Z)
- at least 1 number (0-9)
- at least 1 special character,
such as ! @ # \$ % ^ & * + =

Save

Cancel

[Privacy Policy](#) | [Terms of Use](#) | [Contact Us](#) | [GSK Copy Terms and Conditions](#) | [GSK Privacy Statement](#)

©2023 IQVIA

Benlysta

belimumab (BLY-001)

Prescription for 100 mg/100 mg/mL

Reference ID: A214931

Reset Your Password

New Password

New Password must be between 8 and 50 characters.

Confirm Password

Passwords must match.

Save

Cancel

Your password should have:

- at least 8 characters
- at least 1 lowercase letter (a-z)
- at least 1 uppercase letter (A-Z)
- at least 1 number (0-9)
- at least 1 special character, such as ! @ # \$ % ^ & * + =

Privacy Policy

Terms of Use

Contact Us

GSK Copay Terms and Conditions

GSK Privacy Statement

©2023 IQVIA

gsk

Create Account



User has a card starting point



Enter Your Card Information

[Card Information](#) > [Verify Your Insurance](#) > [Personal Information](#) > [Create Your Account](#)

Welcome to the Benlysta Copay Portal. Please enter the RxGrp and RxID from your copay savings card below. If you do not already have a card, one will be issued to you when you complete registration.

RxGrp

RxID

Next

I don't have a card

[Privacy Policy](#) | [Terms of Use](#) | [Contact Us](#) | [GSK Copay Terms and Conditions](#) | [GSK Privacy Statement](#)



©2023 IQVIA



Enter Your Card Information

[Card Information](#) > [Verify Your Insurance](#) > [Personal Information](#) > [Create Your Account](#)

Welcome to the Benlysta Copay Portal. Please enter the RxGrp and RxID from your copay savings card below. If you do not already have a card, one will be issued to you when you complete registration.

RxGrp

OH8910091

RxID

T33100102091

Next

I don't have a card

[Privacy Policy](#) | [Terms of Use](#) | [Contact Us](#) | [GSK Copay Terms and Conditions](#) | [GSK Privacy Statement](#)



©2023 IQVIA

Create Account



Error Messages



Enter Your Card Information

Card Information > Verify Your Insurance > Personal Information > Create Your Account

Welcome to the Benlysta Copay Portal. Please enter the RxGrp and RxID from your copay savings card below. If you do not already have a card, one will be issued to you when you complete registration.

RxGrp

Please select your RxGrp.

RxID

Please enter your RxID.

Next

I don't have a card

[Privacy Policy](#) | [Terms of Use](#) | [Contact Us](#) | [GSK Copay Terms and Conditions](#)

©2023 IQVIA



Enter Your Card Information

Card Information > Verify Your Insurance > Personal Information > Create Your Account

Welcome to the Benlysta Copay Portal. Please enter the RxGrp and RxID from your copay savings card below. If you do not already have a card, one will be issued to you when you complete registration.

RxGrp

CH8910091

RxID

T33100102091

Card has not been activated. Please check your email for a message with the subject "Complete Your Co-pay Program Enrollment". If you cannot locate the email, call (800) 741-0375 or your prescribing physician's office for assistance.

Next

I don't have a card

[Privacy Policy](#) | [Terms of Use](#) | [Contact Us](#) | [GSK Copay Terms and Conditions](#) | [GSK Privacy Statement](#)

©2023 IQVIA



Enter Your Card Information

Card Information > Verify Your Insurance > Personal Information > Create Your Account

Welcome to the Benlysta Copay Portal. Please enter the RxGrp and RxID from your copay savings card below. If you do not already have a card, one will be issued to you when you complete registration.

RxGrp

CH8910091

RxID

T33100102095

Invalid ID

Next

I don't have a card

[Privacy Policy](#) | [Terms of Use](#) | [Contact Us](#) | [GSK Copay Terms and Conditions](#) | [GSK Privacy Statement](#)

©2023 IQVIA



Verify Your Insurance

Clicks I don't have a card



Benlysta

(belinsumab)

Belimumab (US) Copay Card
©2023 IQVIA

Enter Your Card Information

Card Information > Verify Your Insurance > Personal Information > Create Your Account

Welcome to the Benlysta Copay Portal. Please enter the RxGrp and RxD from your copay savings card below. If you do not already have a card, one will be issued to you when you complete registration.

RxGrp

RxD

Next

I don't have a card

Benlysta

(belimumab)

Belimumab 100 mg/100 mL solution for intravenous infusion

Belimumab 100 mg/100 mL solution for intravenous infusion

Belimumab 100 mg/100 mL solution for intravenous infusion

Belimumab 100 mg/100 mL solution for intravenous infusion

Card Information

Verify Your Insurance

Personal Information

Create Your Account

Enter Your Insurance Information

Card Information > Verify Your Insurance > Personal Information > Create Your Account

We need to check your insurance information to make sure you're eligible for the program.

This program is not available to patients with government-funded insurance.

Prescription Insurance Name

BIN

Group

PCN (optional)

Next

Your Insurance Company

Subscriber name

Thomas Anderson

Subscriber number

XXXX00000000

Group number

00XXXX

BIN

000000

PCN

00000000

Privacy Policy

Terms of Use

Contact Us

GSK Copay Terms and Conditions

GSK Privacy Statement

©2023 IQVIA

GSK

Create Account



Error Messages

Benlysta

(belimumab)

Interferon-free 120 mg/160 mg/240 mg/320 mg/400 mg/480 mg/560 mg/640 mg/720 mg/800 mg/880 mg/960 mg/1040 mg/1120 mg/1200 mg/1280 mg/1360 mg/1440 mg/1520 mg/1600 mg/1680 mg/1760 mg/1840 mg/1920 mg/2000 mg/2080 mg/2160 mg/2240 mg/2320 mg/2400 mg/2480 mg/2560 mg/2640 mg/2720 mg/2800 mg/2880 mg/2960 mg/3040 mg/3120 mg/3200 mg/3280 mg/3360 mg/3440 mg/3520 mg/3600 mg/3680 mg/3760 mg/3840 mg/3920 mg/4000 mg/4080 mg/4160 mg/4240 mg/4320 mg/4400 mg/4480 mg/4560 mg/4640 mg/4720 mg/4800 mg/4880 mg/4960 mg/5040 mg/5120 mg/5200 mg/5280 mg/5360 mg/5440 mg/5520 mg/5600 mg/5680 mg/5760 mg/5840 mg/5920 mg/6000 mg/6080 mg/6160 mg/6240 mg/6320 mg/6400 mg/6480 mg/6560 mg/6640 mg/6720 mg/6800 mg/6880 mg/6960 mg/7040 mg/7120 mg/7200 mg/7280 mg/7360 mg/7440 mg/7520 mg/7600 mg/7680 mg/7760 mg/7840 mg/7920 mg/8000 mg/8080 mg/8160 mg/8240 mg/8320 mg/8400 mg/8480 mg/8560 mg/8640 mg/8720 mg/8800 mg/8880 mg/8960 mg/9040 mg/9120 mg/9200 mg/9280 mg/9360 mg/9440 mg/9520 mg/9600 mg/9680 mg/9760 mg/9840 mg/9920 mg/10000 mg

Enter Your Insurance Information

Card Information > **Verify Your Insurance** > Personal Information > Create Your Account

We need to check your insurance information to make sure you're eligible for the program.

This program is not available to patients with government-funded insurance.

Prescription Insurance Name

Please enter your Prescription Insurance Name.

BIN

Please enter your BIN.

Group

Please enter your Group.

PCN (optional)

Next

Your Insurance Company

Subscriber name

Thomas Anderson

Identification number

XXXXXXXXXXXX

Group number

XXXXXX

PCN

XXXXXX

Privacy Policy | Terms of Use | Contact Us | GSK Copay Terms and Conditions | GSK Privacy Statement

©2023 IQVIA

GSK

Benlysta

(belimumab)

Interferon-free 120 mg/160 mg/240 mg/320 mg/400 mg/480 mg/560 mg/640 mg/720 mg/800 mg/880 mg/960 mg/1040 mg/1120 mg/1200 mg/1280 mg/1360 mg/1440 mg/1520 mg/1600 mg/1680 mg/1760 mg/1840 mg/1920 mg/2000 mg/2080 mg/2160 mg/2240 mg/2320 mg/2400 mg/2480 mg/2560 mg/2640 mg/2720 mg/2800 mg/2880 mg/2960 mg/3040 mg/3120 mg/3200 mg/3280 mg/3360 mg/3440 mg/3520 mg/3600 mg/3680 mg/3760 mg/3840 mg/3920 mg/4000 mg/4080 mg/4160 mg/4240 mg/4320 mg/4400 mg/4480 mg/4560 mg/4640 mg/4720 mg/4800 mg/4880 mg/4960 mg/5040 mg/5120 mg/5200 mg/5280 mg/5360 mg/5440 mg/5520 mg/5600 mg/5680 mg/5760 mg/5840 mg/5920 mg/6000 mg/6080 mg/6160 mg/6240 mg/6320 mg/6400 mg/6480 mg/6560 mg/6640 mg/6720 mg/6800 mg/6880 mg/6960 mg/7040 mg/7120 mg/7200 mg/7280 mg/7360 mg/7440 mg/7520 mg/7600 mg/7680 mg/7760 mg/7840 mg/7920 mg/8000 mg/8080 mg/8160 mg/8240 mg/8320 mg/8400 mg/8480 mg/8560 mg/8640 mg/8720 mg/8800 mg/8880 mg/8960 mg/9040 mg/9120 mg/9200 mg/9280 mg/9360 mg/9440 mg/9520 mg/9600 mg/9680 mg/9760 mg/9840 mg/9920 mg/10000 mg

Enter Your Insurance Information

Card Information > **Verify Your Insurance** > Personal Information > Create Your Account

We need to check your insurance information to make sure you're eligible for the program.

This program is not available to patients with government-funded insurance.

Prescription Insurance Name

Test Payer

BIN

008589

Group

PACE

PCN (optional)

Next

Your Insurance Company

Subscriber name

Thomas Anderson

Identification number

XXXXXXXXXXXX

Group number

XXXXXX

PCN

XXXXXX

Privacy Policy | Terms of Use | Contact Us | GSK Copay Terms and Conditions | GSK Privacy Statement | GSK Terms of Use

© 2023 GSK group of companies. All rights reserved.

GSK



Benlysta
(belimumab)
Intravenous Use 120 mg/vial
Subcutaneous Use 200 mg/inf

CS

Bemlsta
(bimilistat)
Sintetizirano iz 100%
prirodnih izvora

©2023 IQVIA

Benlysta
(belimumab)
Intravenous and
Subcutaneous Injections

© 2023 GSK group of companies. All rights reserved.

Create Account



Personal Information (patient under 18 years old + same address as caregiver)

Error Messages

Benlysta

(belimumab)

Reimbursement for US Patients

Reimbursement for 2023

Enter Your Personal Information

Card Information > Verify Your Insurance > Personal Information > Create Your Account

We need some personal information in order to submit your reimbursement claims.

First Name

Last Name

123 Main Street

Address Line 2 (optional)

City

Any

State

New Jersey

ZIP

12345

Claim Update Notifications

This is how you will receive communications about updates to the status of your claims.

☐ Email

Caregiver First Name

Caregiver Last Name

testfirst

TestLast

Caregiver Date of Birth

01/01/2004

☒ Same as patient

Next

Privacy Policy | Terms of Use | Contact Us | GSK Copay Terms and Conditions | GSK Privacy Statement

©2023 IQVIA

Benlysta

(belimumab)

Reimbursement for US Patients

Reimbursement for 2023

Enter Your Personal Information

Card Information > Verify Your Insurance > Personal Information > Create Your Account

We need some personal information in order to submit your reimbursement claims.

First Name

Last Name

123 Main Street

Address Line 2 (optional)

City

Any

State

New Jersey

ZIP

12345

Claim Update Notifications

This is how you will receive communications about updates to the status of your claims.

☐ Email

Caregiver First Name

Caregiver Last Name

testfirst

TestLast

Caregiver Date of Birth

01/01/2023

☒ Same as patient

Caregiver Date of Birth must be between 1/1/1900 and 7/24/2005.

Next

Privacy Policy | Terms of Use | Contact Us | GSK Copay Terms and Conditions | GSK Privacy Statement

©2023 IQVIA

Create Account



Personal Information (patient under 18 years old + different address from caregiver)

Enter Your Personal Information

Card Information > Verify Your Insurance > **Personal Information** > Create Your Account

We need some personal information in order to submit your reimbursement claims.

First Name
Jesika

Last Name
Rubin

Date of Birth
01/01/2023

Gender
Female

Home Phone
(333) 333-3333

Street Address
123 Main Street

Address Line 2 (optional)

City
Any

State
New Jersey

ZIP
12345

Claim Update Notifications
This is how you will receive communications about updates to the status of your claims.

☐ Email

Caregiver First Name
TestFirst

Caregiver Last Name
TestLast

Caregiver Date of Birth
01/01/2004

☐ Same as patient

Caregiver Street Address

Address Line 2 (optional)

City

State
New Jersey

ZIP
00000

Next

[Privacy Policy](#) | [Terms of Use](#) | [Contact Us](#) | [GSK Copay Terms and Conditions](#) | [GSK Privacy Statement](#)

©2023 IQVIA

Error Messages

Enter Your Personal Information

Card Information > Verify Your Insurance > **Personal Information** > Create Your Account

We need some personal information in order to submit your reimbursement claims.

First Name
Jesika

Last Name
Rubin

Date of Birth
01/01/2023

Gender
Female

Home Phone
(333) 333-3333

Street Address
123 Main Street

Address Line 2 (optional)

City
Any

State
New Jersey

ZIP
12345

Claim Update Notifications
This is how you will receive communications about updates to the status of your claims.

☐ Email

Caregiver First Name
TestFirst

Caregiver Last Name
TestLast

Caregiver Date of Birth
01/01/2004

☐ Same as patient

Caregiver Street Address
Caregiver Street Address is required.

Address Line 2 (optional)

City
City is required.

State
New Jersey

ZIP
00000

State is required. ZIP is required.

Next

[Privacy Policy](#) | [Terms of Use](#) | [Contact Us](#) | [GSK Copay Terms and Conditions](#) | [GSK Privacy Statement](#)

©2023 IQVIA

Create Account



Create Your Account

Create Your Account

Card Information > Verify Your Insurance > Personal Information > Create Your Account

We will use your email address and password to sign you into the Benlysta Copay Portal.

Email Address

Password

Confirm Password

Your password should have:

- at least 8 characters
- at least 1 lowercase letter (a-z)
- at least 1 uppercase letter (A-Z)
- at least 1 number (0-9)
- at least 1 special character, such as !@#\$%^&*+-

Eligibility Questions

Please answer the questions below to see if you may qualify for the BENLYSTA Co-pay Program.

Are you enrolled in any of the following: Medicare, Medicaid, VA, DOD, or TRICARE?

☐ Yes ☐ No

Patients are not eligible for this program if they are covered by any federal or state prescription insurance program. This includes patients enrolled in Medicare Part B, Medicare Part D, Medicaid, Medicaid, Veterans Affairs (VA), Department of Defense (DOD) programs or TRICARE. This may also include state pharmaceutical assistance programs and other federal or state plans not listed. Patients are also ineligible for this program if they are Medicare eligible and enrolled in an employer-sponsored group waiver health plan or government subsidised prescription drug benefits program for retirees. Patients enrolled in a state or federally funded prescription insurance program may not use this program even if they elect to be processed as an uninsured (self-paying) patient. Those on Medicare Part D, even if in the coverage gap, are not eligible. Patients enrolled in private indemnity of LMO insurance plans that reimburse them for the entire cost of their prescription drugs are also not eligible.

Are you a resident of the US (including the District of Columbia, Puerto Rico, and the US Virgin Islands)?

☐ Yes ☐ No

Are you commercially insured?

☐ Yes ☐ No

Optional Opt-in for Additional Support

GSK offers helpful services and resources to support you on your treatment journey. Check the box below to utilize these services.

☐ GSK believes your privacy is important. By providing your name, address, email address, and other information, you are giving GSK and companies working for or with GSK permission to contact you for marketing, market research, or advertising purposes, or to enter you to interact with GSK in other ways across multiple channels (eg, mail, email, websites, online advertising, applications, and services), regarding the medical condition(s) in which you have expressed an interest, as well as other health-related information from GSK. GSK will not sell or transfer your name, address, or email address to any other party for their own marketing use. For additional information regarding how GSK handles your information, please see our privacy statement at [privacy.gsk.com/us](#).

Terms and Conditions

☐ I agree to the BENLYSTA Copay Terms & Conditions.

PATIENT AUTHORIZATION AND RELEASE TO COLLECT, USE, AND DISCLOSE HEALTH INFORMATION

By my signature, I agree to allow my doctors, pharmacies, including my specialty pharmacy(ies), and health insurers (collectively "Healthcare Providers"), to use and disclose my health information to GlaxoSmithKline and its agents, authorized representatives, and contractors (collectively "GSK") so that GSK can use and disclose my health information for purposes of providing services from BENLYSTA Gateway, which may include the following activities:

- Communicating with my Healthcare Providers about my BENLYSTA prescription and medical condition;
- Investigating and resolving my insurance coverage, coding, or reimbursement inquiry, or reviewing my eligibility for the Co-Pay Program for BENLYSTA or for the GSK Patient Assistance Program;
- Contacting my insurer, other potential funding sources, and/or patient assistance programs on my behalf to determine if I am eligible for health insurance coverage or other funds;
- Contacting me to offer (and, if I am interested, provide) optional educational services offered by healthcare professionals; and
- Disclosing my information to third parties if required by law.

By signing this authorization, I acknowledge my understanding that:

- My Healthcare Providers will not and may not condition my treatment, payment for treatment, eligibility for or enrollment in benefits on whether I sign this Patient Authorization.
- Certain Healthcare Providers, such as Specialty Pharmacies, may receive payment from GSK for disclosing my information to GSK as permitted by this authorization.
- Once information about me is released to GSK based on this authorization, federal privacy laws may no longer protect my information and may not prevent GSK from further disclosing my information. However, I understand that GSK has agreed to use or disclose information received only for the purposes described in this authorization or as required by law.
- This authorization will remain in effect for two (2) years after I sign it (unless a shorter period is required by state law) or for as long as I participate in the BENLYSTA Gateway program, whichever is longer.
- I have the right to revoke this authorization at any time by mailing a signed written statement of my revocation to P.O. Box 5490, Louisville, KY 40255, but that such a revocation would end my eligibility to participate in BENLYSTA Gateway program. Revoking this authorization will prohibit further disclosures by my Healthcare Providers based on this authorization after the date written revocation is received but will not apply to the extent that they have already taken action in reliance on this authorization. After this authorization is revoked, I understand that information provided to GSK prior to the revocation may be disclosed within GSK to maintain records of my participation.

Your Name

Relationship to Patient

Self

☐ I'm not a robot

Finish

Privacy Policy | Terms of Use | Contact Us | GSK Copay Terms and Conditions | GSK Privacy Statement

03/23 IQVIA

View of Full Patient Authorization (content provided by GSK)

PATIENT AUTHORIZATION AND RELEASE TO COLLECT, USE, AND DISCLOSE HEALTH INFORMATION

By my signature, I agree to allow my doctors, pharmacies, including my specialty pharmacy(ies), and health insurers (collectively "Healthcare Providers"), to use and disclose my health information to GlaxoSmithKline and its agents, authorized representatives, and contractors (collectively "GSK") so that GSK can use and disclose my health information for purposes of providing services from BENLYSTA Gateway, which may include the following activities:

- Communicating with my Healthcare Providers about my BENLYSTA prescription and medical condition;
- Investigating and resolving my insurance coverage, coding, or reimbursement inquiry, or reviewing my eligibility for the Co-Pay Program for BENLYSTA or for the GSK Patient Assistance Program;
- Contacting my insurer, other potential funding sources, and/or patient assistance programs on my behalf to determine if I am eligible for health insurance coverage or other funds;
- Contacting me to offer (and, if I am interested, provide) optional educational services offered by healthcare professionals; and
- Disclosing my information to third parties if required by law.

By signing this authorization, I acknowledge my understanding that:

- My Healthcare Providers will not and may not condition my treatment, payment for treatment, eligibility for or enrollment in benefits on whether I sign this Patient Authorization.
- Certain Healthcare Providers, such as Specialty Pharmacies, may receive payment from GSK for disclosing my information to GSK as permitted by this authorization.
- Once information about me is released to GSK based on this authorization, federal privacy laws may no longer protect my information and may not prevent GSK from further disclosing my information. However, I understand that GSK has agreed to use or disclose information received only for the purposes described in this authorization or as required by law.
- This authorization will remain in effect for two (2) years after I sign it (unless a shorter period is required by state law) or for as long as I participate in the BENLYSTA Gateway program, whichever is longer.
- I have the right to revoke this authorization at any time by mailing a signed written statement of my revocation to P.O. Box 5490, Louisville, KY 40255, but that such a revocation would end my eligibility to participate in BENLYSTA Gateway program. Revoking this authorization will prohibit further disclosures by my Healthcare Providers based on this authorization after the date written revocation is received but will not apply to the extent that they have already taken action in reliance on this authorization. After this authorization is revoked, I understand that information provided to GSK prior to the revocation may be disclosed within GSK to maintain records of my participation.

The patient, or the patient's authorized representative, MUST sign this form to receive BENLYSTA Gateway services.

Error Messages

Create Your Account

Card Information > Verify Your Insurance > Personal Information > Create Your Account

We will use your email address and password to sign you into the Benlysta Copay Portal.

Email Address

Please enter your Email Address:

Password

Please enter a Password:

Confirm Password

The Confirm Password field is required.

Eligibility Questions

Please answer the questions below to see if you may qualify for the BENLYSTA Co-pay Program.

Are you enrolled in any of the following: Medicare, Medicaid, VA, DOD, or TRICARE?

☐ Yes ☐ No

You are not eligible for the BENLYSTA Co-Pay Program at this time. Please contact Gateway to BENLYSTA for more information at 1-877-4-BENLYSTA (1-877-424-6255).

Patients are not eligible for this program if they are covered by any federal or state prescription insurance program. This includes patients enrolled in Medicare Part B, Medicare Part D, Medicaid, Medicaid, Veterans Affairs (VA), Department of Defense (DOD) programs or TRICARE. This may also include state pharmaceutical assistance programs and other federal or state plans not listed. Patients are also ineligible for this program if they are Medicare eligible and enrolled in an employer-sponsored group waiver health plan or government subsidised prescription drug benefits program for retirees. Patients enrolled in a state or federally funded prescription insurance program may not use this program even if they elect to be processed as an uninsured (self-paying) patient. Those on Medicare Part D, even if in the coverage gap, are not eligible. Patients enrolled in private indemnity of LMO insurance plans that reimburse them for the entire cost of their prescription drugs are also not eligible.

Are you a resident of the US (including the District of Columbia, Puerto Rico, and the US Virgin Islands)?

☐ Yes ☐ No

You are not eligible for the BENLYSTA Co-Pay Program at this time. Please contact Gateway to BENLYSTA for more information at 1-877-4-BENLYSTA (1-877-424-6255).

Are you commercially insured?

☐ Yes ☐ No

You are not eligible for the BENLYSTA Co-Pay Program at this time. Please contact Gateway to BENLYSTA for more information at 1-877-4-BENLYSTA (1-877-424-6255).

Optional Opt-in for Additional Support

GSK offers helpful services and resources to support you on your treatment journey. Check the box below to utilize these services.

☐ GSK believes your privacy is important. By providing your name, address, email address, and other information, you are giving GSK and companies working for or with GSK permission to contact you for marketing, market research, or advertising purposes, or to enter you to interact with GSK in other ways across multiple channels (eg, mail, email, websites, online advertising, applications, and services), regarding the medical condition(s) in which you have expressed an interest, as well as other health-related information from GSK. GSK will not sell or transfer your name, address, or email address to any other party for their own marketing use. For additional information regarding how GSK handles your information, please see our privacy statement at [privacy.gsk.com/us](#).

Terms and Conditions

☐ I agree to the BENLYSTA Copay Terms & Conditions.

PATIENT AUTHORIZATION AND RELEASE TO COLLECT, USE, AND DISCLOSE HEALTH INFORMATION

By my signature, I agree to allow my doctors, pharmacies, including my specialty pharmacy(ies), and health insurers (collectively "Healthcare Providers"), to use and disclose my health information to GlaxoSmithKline and its agents, authorized representatives, and contractors (collectively "GSK") so that GSK can use and disclose my health information for purposes of providing services from BENLYSTA Gateway, which may include the following activities:

- Communicating with my Healthcare Providers about my BENLYSTA prescription and medical condition;
- Investigating and resolving my insurance coverage, coding, or reimbursement inquiry, or reviewing my eligibility for the Co-Pay Program for BENLYSTA or for the GSK Patient Assistance Program;
- Contacting my insurer, other potential funding sources, and/or patient assistance programs on my behalf to determine if I am eligible for health insurance coverage or other funds;
- Contacting me to offer (and, if I am interested, provide) optional educational services offered by healthcare professionals; and
- Disclosing my information to third parties if required by law.

By signing this authorization, I acknowledge my understanding that:

- My Healthcare Providers will not and may not condition my treatment, payment for treatment, eligibility for or enrollment in benefits on whether I sign this Patient Authorization.
- Certain Healthcare Providers, such as Specialty Pharmacies, may receive payment from GSK for disclosing my information to GSK as permitted by this authorization.
- Once information about me is released to GSK based on this authorization, federal privacy laws may no longer protect my information and may not prevent GSK from further disclosing my information. However, I understand that GSK has agreed to use or disclose information received only for the purposes described in this authorization or as required by law.
- This authorization will remain in effect for two (2) years after I sign it (unless a shorter period is required by state law) or for as long as I participate in the BENLYSTA Gateway program, whichever is longer.
- I have the right to revoke this authorization at any time by mailing a signed written statement of my revocation to P.O. Box 5490, Louisville, KY 40255, but that such a revocation would end my eligibility to participate in BENLYSTA Gateway program. Revoking this authorization will prohibit further disclosures by my Healthcare Providers based on this authorization after the date written revocation is received but will not apply to the extent that they have already taken action in reliance on this authorization. After this authorization is revoked, I understand that information provided to GSK prior to the revocation may be disclosed within GSK to maintain records of my participation.

Your Name

Relationship to Patient

Self

☐ I'm not a robot

Finish

Privacy Policy | Terms of Use | Contact Us | GSK Copay Terms and Conditions | GSK Privacy Statement

03/23 IQVIA

Copyright © 2023 IQVIA. All rights reserved. IQVIA® is a registered trademark of IQVIA Inc. in the United States and various other countries

IQVIA

13

Create Account



Account Created

Account Created

✔ **Your account has been created.**
Activate your account to sign in and begin submitting claims.

An email has been sent to you from donotreply@benlystacopayprogram.com. Click the link in that email to activate your account and sign in.

If you do not see the email, please check your junk mail folder. Be sure to add us to your Safe Senders list to ensure you continue to receive communications about your rebates.

Need help?

Call Customer Support
(800) 741-0375
8:00 AM-8:00 PM ET Mon-Fri

[Privacy Policy](#) | [Terms of Use](#) | [Contact Us](#) | [GSK Copay Terms and Conditions](#) | [GSK Privacy Statement](#)

©2023 IQVIA



Account Activated

Email triggered using approved template

Account Activated

✔ **Your account has been activated.**

[Click here](#) to sign in to the Benlysta Copay Portal.

[Privacy Policy](#) | [Terms of Use](#) | [Contact Us](#) | [GSK Copay Terms and Conditions](#) | [GSK Privacy Statement](#)

©2023 IQVIA



Account Created: Email triggered using approved template

Home Page



No recent claims

Benlysta

(belimumab)

Interferon-free 120 mg/160 mg/240 mg/320 mg/400 mg/480 mg/560 mg/640 mg/720 mg/800 mg/880 mg/960 mg/1040 mg/1120 mg/1200 mg/1280 mg/1360 mg/1440 mg/1520 mg/1600 mg/1680 mg/1760 mg/1840 mg/1920 mg/2000 mg/2080 mg/2160 mg/2240 mg/2320 mg/2400 mg/2480 mg/2560 mg/2640 mg/2720 mg/2800 mg/2880 mg/2960 mg/3040 mg/3120 mg/3200 mg/3280 mg/3360 mg/3440 mg/3520 mg/3600 mg/3680 mg/3760 mg/3840 mg/3920 mg/4000 mg/4080 mg/4160 mg/4240 mg/4320 mg/4400 mg/4480 mg/4560 mg/4640 mg/4720 mg/4800 mg/4880 mg/4960 mg/5040 mg/5120 mg/5200 mg/5280 mg/5360 mg/5440 mg/5520 mg/5600 mg/5680 mg/5760 mg/5840 mg/5920 mg/6000 mg/6080 mg/6160 mg/6240 mg/6320 mg/6400 mg/6480 mg/6560 mg/6640 mg/6720 mg/6800 mg/6880 mg/6960 mg/7040 mg/7120 mg/7200 mg/7280 mg/7360 mg/7440 mg/7520 mg/7600 mg/7680 mg/7760 mg/7840 mg/7920 mg/8000 mg/8080 mg/8160 mg/8240 mg/8320 mg/8400 mg/8480 mg/8560 mg/8640 mg/8720 mg/8800 mg/8880 mg/8960 mg/9040 mg/9120 mg/9200 mg/9280 mg/9360 mg/9440 mg/9520 mg/9600 mg/9680 mg/9760 mg/9840 mg/9920 mg/10000 mg

Submit a Claim

My Account

Contact Us

JESSICA.RUBIN2@IQVIA.COM
Sign Out

Welcome, JESSICA

Submit a Claim

Your reimbursements are mailed by check.
To receive your reimbursement immediately after your claim has been reviewed and processed, set up digital payment to a bank account or debit card. Your digital payments are managed on a secure payment site.
Set up digital payment

Claim History

You haven't submitted any claims yet.
Submit a claim now

Need help?

Call Customer Support
(800) 741-0375
8:00 AM-8:00 PM ET Mon-Fri

Privacy Policy | Terms of Use | Contact Us | GSK Copay Terms and Conditions | GSK Privacy Statement

©2023 IQVIA

GSK

With recent claims

Benlysta

(belimumab)

Interferon-free 120 mg/160 mg/240 mg/320 mg/400 mg/480 mg/560 mg/640 mg/720 mg/800 mg/880 mg/960 mg/1040 mg/1120 mg/1200 mg/1280 mg/1360 mg/1440 mg/1520 mg/1600 mg/1680 mg/1760 mg/1840 mg/1920 mg/2000 mg/2080 mg/2160 mg/2240 mg/2320 mg/2400 mg/2480 mg/2560 mg/2640 mg/2720 mg/2800 mg/2880 mg/2960 mg/3040 mg/3120 mg/3200 mg/3280 mg/3360 mg/3440 mg/3520 mg/3600 mg/3680 mg/3760 mg/3840 mg/3920 mg/4000 mg/4080 mg/4160 mg/4240 mg/4320 mg/4400 mg/4480 mg/4560 mg/4640 mg/4720 mg/4800 mg/4880 mg/4960 mg/5040 mg/5120 mg/5200 mg/5280 mg/5360 mg/5440 mg/5520 mg/5600 mg/5680 mg/5760 mg/5840 mg/5920 mg/6000 mg/6080 mg/6160 mg/6240 mg/6320 mg/6400 mg/6480 mg/6560 mg/6640 mg/6720 mg/6800 mg/6880 mg/6960 mg/7040 mg/7120 mg/7200 mg/7280 mg/7360 mg/7440 mg/7520 mg/7600 mg/7680 mg/7760 mg/7840 mg/7920 mg/8000 mg/8080 mg/8160 mg/8240 mg/8320 mg/8400 mg/8480 mg/8560 mg/8640 mg/8720 mg/8800 mg/8880 mg/8960 mg/9040 mg/9120 mg/9200 mg/9280 mg/9360 mg/9440 mg/9520 mg/9600 mg/9680 mg/9760 mg/9840 mg/9920 mg/10000 mg

Submit a Claim

My Account

Contact Us

jrubin@us.imshealth.com
Sign Out

Welcome, JESSICA

Submit a Claim

Your reimbursements are mailed by check.
To receive your reimbursement immediately after your claim has been reviewed and processed, set up digital payment to a bank account or debit card. Your digital payments are managed on a secure payment site.
Set up digital payment

Claim History

Date ▼	Status	Rebate Amount
7/25/2023	New Claim	

Need help?

Call Customer Support
(800) 741-0375
8:00 AM-8:00 PM ET Mon-Fri

Privacy Policy | Terms of Use | Contact Us | GSK Copay Terms and Conditions | GSK Privacy Statement

©2023 IQVIA

GSK



Session Timeout



Welcome to the Benlysta Copay Portal

 Your session has been ended to protect your privacy. 

To submit a claim via the portal, you will need:

- A Benlysta Copay Portal account ([create account](#))
- Information to verify your drug purchase

To submit a claim via mail or fax, you will need:

- Proof of payment showing out-of-pocket cost
- Cash register receipt

Please note: You may only submit a claim if you have commercial insurance or are self-insured, and you are not a participant of Medicare Part D, VA, TriCare, CHAMPUS, Medicaid, or any other similar federal or state program.

Sign in

Email

Password

[Forgot password?](#)

☐ Remember my email

[Sign In](#) or [create account](#)

[Privacy Policy](#) | [Terms of Use](#) | [Contact Us](#) | [GSK Copay Terms and Conditions](#) | [GSK Privacy Statement](#)

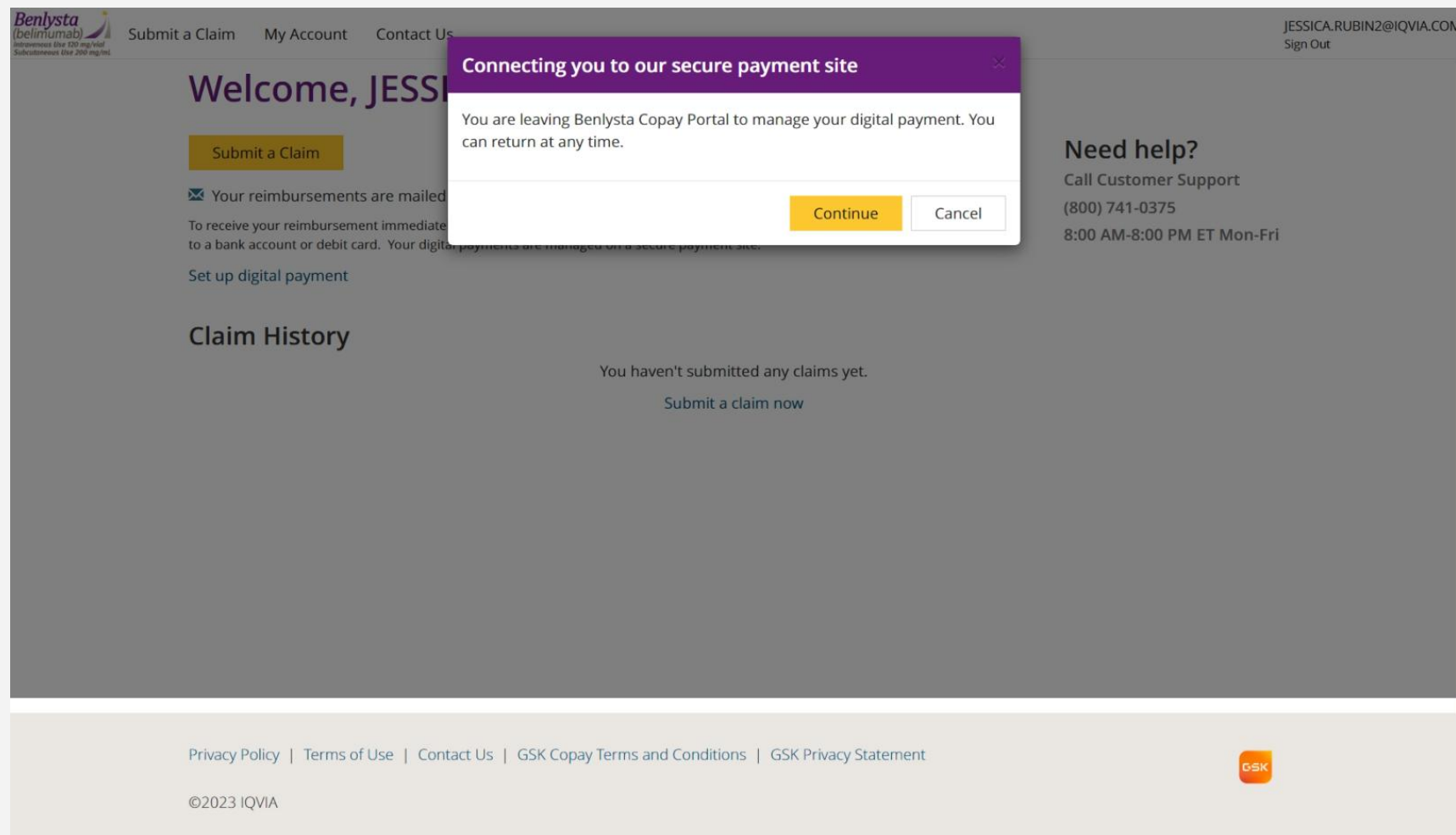
©2023 IQVIA



Set Up Digital Payment (EFT)



- Clicking “Set up digital payment” brings up this window
- Clicking “Continue” brings patient to Transcard site to set up banking information for EFT



Navigation Menu: Submit a Claim



Other ways to submit a claim link points to Contact Us page

Pharmacy Selected

Benlysta
(belimumab)
Interferon-free 120 mg/100
Belimumab 120 mg/100

[Submit a Claim](#) [My Account](#) [Contact Us](#)

JESSICA.RUBIN2@IQVIA.COM
[Sign Out](#)

Submit a Claim

To process your claim, we need to verify what you purchased and how much you paid.

Was this prescription filled at a pharmacy, or your prescriber's office?

☒ Pharmacy ☐ Prescriber's Office

Pharmacy and cash register receipt should include the following information:

- Proof of payment establishing out-of-pocket cost
- NDC Number
- Rx Number
- Quantity
- Day Supply
- Prescription Price

Pharmacy Receipt

📎 Attach File

Register Receipt

📎 Attach File

Submit

Cancel

Need help?

Call Customer Support
(800) 741-0375
8:00 AM-8:00 PM ET Mon-Fri

Please make sure your images are legible and clearly show the product purchased and the amount paid.

Files must be jpg, gif, tif, png, or pdf with a maximum size of 6 MB each.

[Other ways to submit a claim](#)

[Privacy Policy](#) | [Terms of Use](#) | [Contact Us](#) | [GSK Copay Terms and Conditions](#) | [GSK Privacy Statement](#)

©2023 IQVIA



Benlysta
(belimumab)
Intravenous Use 120 mg/vial
Expiry date: Nov 2019

[Contact Us](#)

JESSICA.RUBIN2@IQVIA.COM
Sign Out

Cancel

Other ways to submit a claim

5

©2023 IQVIA

Navigation Menu: Submit a Claim



Prescriber's Office Selected

When “Yes” is selected, reimbursement will be sent via check or EFT (based on selection) upon successful claim processing

Benlysta

(belimumab)

Reimbursement for GSK Copay

Reimbursement for GSK Copay

Submit a Claim

My Account

Contact Us

JESSICA.RUBIN2@IQVIA.COM

Sign Out

Submit a Claim

To process your claim, we need to verify what you purchased and how much you paid.

Was this prescription filled at a pharmacy, or your prescriber's office?

Pharmacy

Prescriber's Office

EOB or Claims Remittance advice (EOP) should include the following information:

Patient cost share for the GSK drug covered in the program

Patient cost share for administration fee related to injection or infusion of the GSK drug covered in the program

Named patient who is covered / eligible for the GSK copay program

GSK product name or the associated J-Code

HCP / Account seeking reimbursement

Provider address

EOB or EOP

Attach File

Test Claim.pdf

Have you already paid for the co-pay for this prescription out of your own pocket before submitting this co-pay claim?

Yes

No

Submit

Cancel

Need help?

Call Customer Support

(800) 741-0375

8:00 AM-8:00 PM ET Mon-Fri

Please make sure your images are legible and clearly show the product purchased and the amount paid.

Files must be jpg, gif, tif, png, or pdf with a maximum size of 6 MB each.

Other ways to submit a claim

Privacy Policy

Terms of Use

Contact Us

GSK Copay Terms and Conditions

GSK Privacy Statement

©2023 IQVIA

When “No” is selected, SmartCard will be funded upon successful claim processing

Benlysta

(belimumab)

Reimbursement for GSK Copay

Reimbursement for GSK Copay

Submit a Claim

My Account

Contact Us

JESSICA.RUBIN2@IQVIA.COM

Sign Out

Submit a Claim

To process your claim, we need to verify what you purchased and how much you paid.

Was this prescription filled at a pharmacy, or your prescriber's office?

Pharmacy

Prescriber's Office

EOB or Claims Remittance advice (EOP) should include the following information:

Patient cost share for the GSK drug covered in the program

Patient cost share for administration fee related to injection or infusion of the GSK drug covered in the program

Named patient who is covered / eligible for the GSK copay program

GSK product name or the associated J-Code

HCP / Account seeking reimbursement

Provider address

EOB or EOP

Attach File

Test Claim.pdf

Have you already paid for the co-pay for this prescription out of your own pocket before submitting this co-pay claim?

Yes

No

Submit

Cancel

Need help?

Call Customer Support

(800) 741-0375

8:00 AM-8:00 PM ET Mon-Fri

Please make sure your images are legible and clearly show the product purchased and the amount paid.

Files must be jpg, gif, tif, png, or pdf with a maximum size of 6 MB each.

Other ways to submit a claim

Privacy Policy

Terms of Use

Contact Us

GSK Copay Terms and Conditions

GSK Privacy Statement

©2023 IQVIA

Navigation Menu: Submit a Claim



Error Messages

Benlysta

Submit a Claim

My Account

Contact Us

JESSICA.RUBINZ@IQVIA.COM

Sign Out

Submit a Claim

To process your claim, we need to verify what you purchased and how much you paid.

Was this prescription filled at a pharmacy, or your prescriber's office?

Pharmacy

Prescriber's Office

EOB or Claims Remittance advice (EOP) should include the following information:

- Patient cost share for the GSK drug covered in the program
- Patient cost share for administration fee related to injection or infusion of the GSK drug covered in the program
- Named patient who is covered / eligible for the GSK copay program
- GSK product name or the associated J-Codes
- HCP / Account seeking reimbursement
- Provider address

EOB or EOP

Attach File

Please select a file.

Have you already paid for the co-pay for this prescription out of your own pocket before submitting this co-pay claim?

Yes

No

Please make a selection

Submit

Cancel

Need help?

Call Customer Support:
(800) 741-0375
8:00 AM-8:00 PM ET Mon-Fri

Please make sure your images are legible and clearly show the product purchased and the amount paid.

Files must be jpg, gif, tif, png, or pdf with a maximum size of 6 MB each.

Other ways to submit a claim

Privacy Policy

Terms of Use

Contact Us

GSK Copay Terms and Conditions

GSK Privacy Statement

©2023 IQVIA

Open

Claim Submitted

Benlysta

Submit a Claim

My Account

Contact Us

JESSICA.RUBINZ@IQVIA.COM

Sign Out

Claim Submitted

✓ Thanks! Your claim has been successfully submitted.

Your confirmation number is 148545.

Once your claim has been approved, you should expect to receive your rebate in 2-3 business days.

Back to home page

Privacy Policy

Terms of Use

Contact Us

GSK Copay Terms and Conditions

GSK Privacy Statement

©2023 IQVIA

Open

Claim Submitted: Email triggered using approved template

Navigation Menu: Submit a Claim



View Claim Details

Click claim date/status in Claim History list

[Submit a Claim](#)[My Account](#)[Contact Us](#)

JESSICA.RUBIN2@IQVIA.COM
[Sign Out](#)

Claim Details

Confirmation Number	134392
Status	New Claim
Date Submitted	7/25/2023
Rebate Method	Debit
Card Group	OH8910091
Card ID	T33100102091

Close

Attached Files
Test Claim.pdf

[Privacy Policy](#) | [Terms of Use](#) | [Contact Us](#) | [GSK Copay Terms and Conditions](#) | [GSK Privacy Statement](#)

©2023 IQVIA



Claim Approved:
Email triggered using approved template

Claim Rejected:
Email triggered using approved template

Benlysta
(belimumab)

Benlysta
(belimumab)
Intravenous Use 120 mg/vial
Subcutaneous Use 200 mg/vial

[Submit a Claim](#)

My Account

[Contact Us](#)

JESSICA.RUBIN2@IQVIA.COM
Sign Out

Name

JESSICA RUBIN

Date of Birth

01/01/2000

Gender

Female

Home Phone

(333) 333-3333

Address

123 MAIN STREET

ANY, NJ 12345

Email Address

JESSICA.RUBIN2@IQVIA.COM

Claim Update Notifications

☐ Email

Edit

[Change My Password](#)

My Insurance

BIN: 54635763

Group: 75833

PCN: 5378

[Edit Insurance](#)

My Reimbursement Method

 Mailed by check

Set up digital payment

My Cards

Card Group	Card ID
------------	---------

OH8910091 T33100102091 SmartCard 

[Privacy Policy](#) | [Terms of Use](#) | [Contact Us](#) | [GSK Copay Terms and Conditions](#) | [GSK Privacy Statement](#)

©2023 IQVIA

Navigation Menu: My Account



Edit Account

[Account](#) [Contact Us](#)

My Account

First Name

JESSICA

Last Name

RUBIN

Date of Birth

01/01/2000

Gender

Female

Home Phone

(333) 333-3333

Street Address

123 MAIN STREET

Address Line 2 (optional)

City

ANY

State

New Jersey

ZIP

12345

Email Address

JESSICA.RUBIN2@IQVIA.COM

Note: Changing your email address will also change your sign-in name.

Claim Update Notifications

This is how you will receive communications about updates to the status of your claims.

☒ Email

Save

Cancel

[Privacy Policy](#) | [Terms of Use](#) | [Contact Us](#) | [GSK Copay Terms and Conditions](#) | [GSK Privacy Statement](#)

GSK

©2023 IQVIA

Benlysta
(belimumab)

Interferes the CD-80 signal
Subcutaneous Use (200 mg/ml)

[Submit a Claim](#) [My Account](#) [Contact Us](#)

JESSICA.RUBIN2@IQVIA.COM
Sign Out

My Account

✔ Your account information has been updated.

Name

JESSICA RUBIN

Date of Birth

01/01/2000

Gender

Female

Home Phone

(333) 333-3333

Address

123 MAIN STREET
ANY, NH 12345

Email Address

JESSICA.RUBIN2@IQVIA.COM

Claim Update Notifications

☐ Email

Edit

Change My Password

My Insurance

BIN:

54635763

Group:

75833

PCN:

5378

Edit Insurance

My Reimbursement Method

☒ Mailed by check

Set up digital payment

My Cards

Card Group

Card ID

OH8910091

T33100102091

SmartCard

[Privacy Policy](#) | [Terms of Use](#) | [Contact Us](#) | [GSK Copay Terms and Conditions](#) | [GSK Privacy Statement](#)

GSK

©2023 IQVIA

Copyright © 2023 IQVIA. All rights reserved. IQVIA® is a registered trademark of IQVIA Inc. in the United States and various other countries

25

Navigation Menu: My Account



Edit Insurance

[My Account](#) [Contact Us](#)

Edit Insurance

Prescription Insurance Name

BIN

Group

PCN (optional)

Save

Cancel

[Privacy Policy](#) | [Terms of Use](#) | [Contact Us](#) | [GSK Copay Terms and Conditions](#) | [GSK Privacy Statement](#)

GSK

©2023 IQVIA

Benlysta
(belimumab)
Belimumab (Benlysta) is a prescription medicine used to treat systemic lupus erythematosus (SLE) in adults.

[Submit a Claim](#) | [My Account](#) | [Contact Us](#)

My Account

Your insurance information has been updated.

Name

JESSICA RUBIN

Date of Birth

01/01/2000

Gender

Female

Home Phone

(333) 333-3333

Address

123 MAIN STREET
ANY, NH 12345

Email Address

JESSICA.RUBIN2@IQVIA.COM

Claim Update Notifications

☐ Email

Edit

Change My Password

My Insurance

BIN:

54635763

Group:

75833

PCN:

53789

Edit Insurance

My Reimbursement Method

☒ Mailed by check

Set up digital payment

My Cards

Card Group

Card ID

OH8910091

T33100102091

SmartCard

[Privacy Policy](#) | [Terms of Use](#) | [Contact Us](#) | [GSK Copay Terms and Conditions](#) | [GSK Privacy Statement](#)

GSK

©2023 IQVIA

Copyright © 2023 IQVIA. All rights reserved. IQVIA® is a registered trademark of IQVIA Inc. in the United States and various other countries

26

Navigation Menu: Starting and Remaining Balances



[Submit a Claim](#) [My Account](#) [Contact Us](#)

Welcome, JESSICA

Copay Fund Balance:
\$15,000.00 of \$15,000.00

PLEASE NOTE: The starting and remaining balances are subject to change according to the program terms and conditions.

Submit a Claim

Your copay out-of-pocket expenses are mailed by check.

[Manage my copay out-of-pocket expense method](#)

Need help?

Call Customer Support
(800) 691-1939
8:00 AM-8:00 PM ET Mon-Fri

Claim History

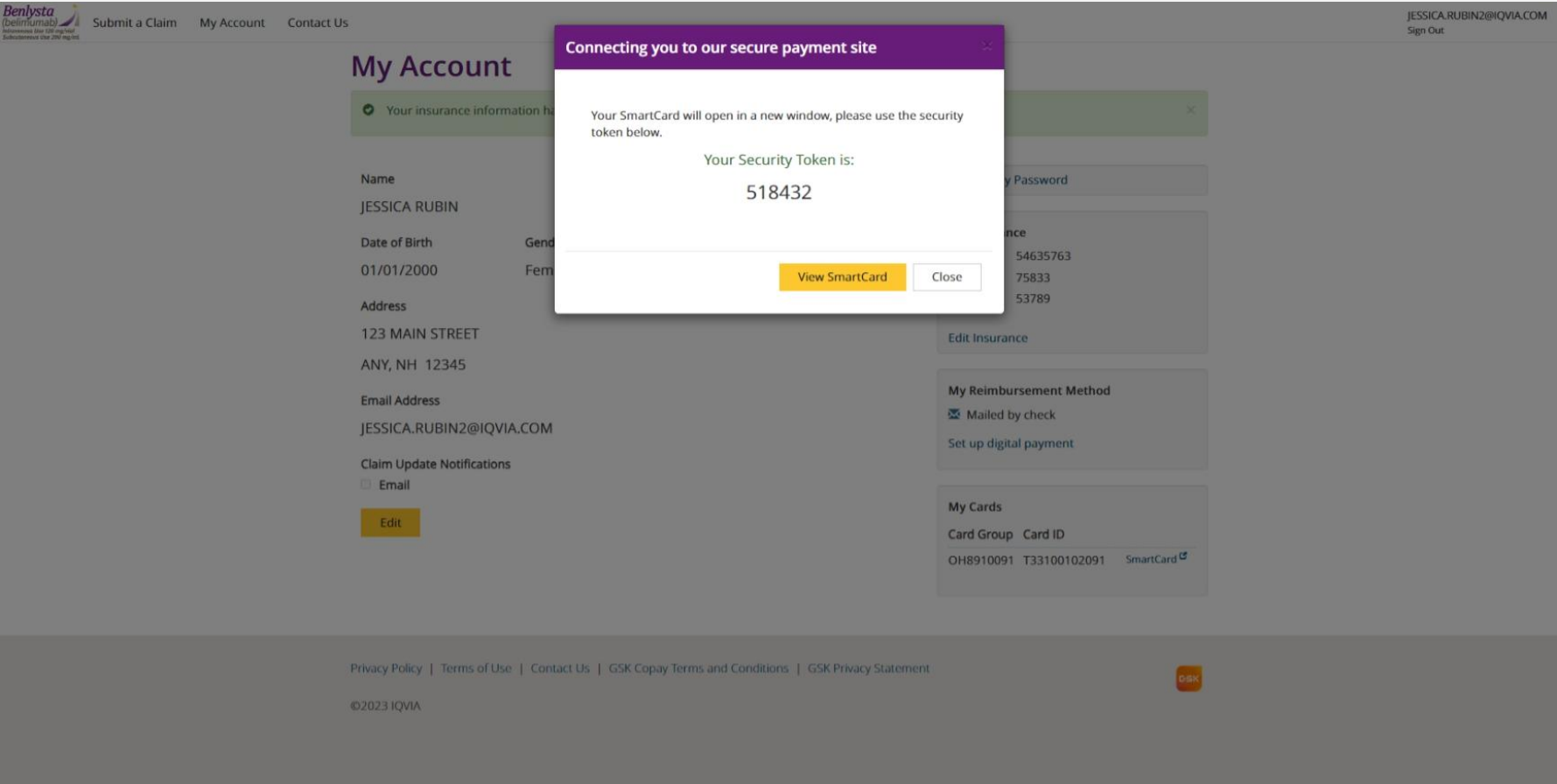
Date ▼	Status	Rebate Amount
7/25/2023	New Claim	
7/25/2023	New Claim	
7/25/2023	New Claim	

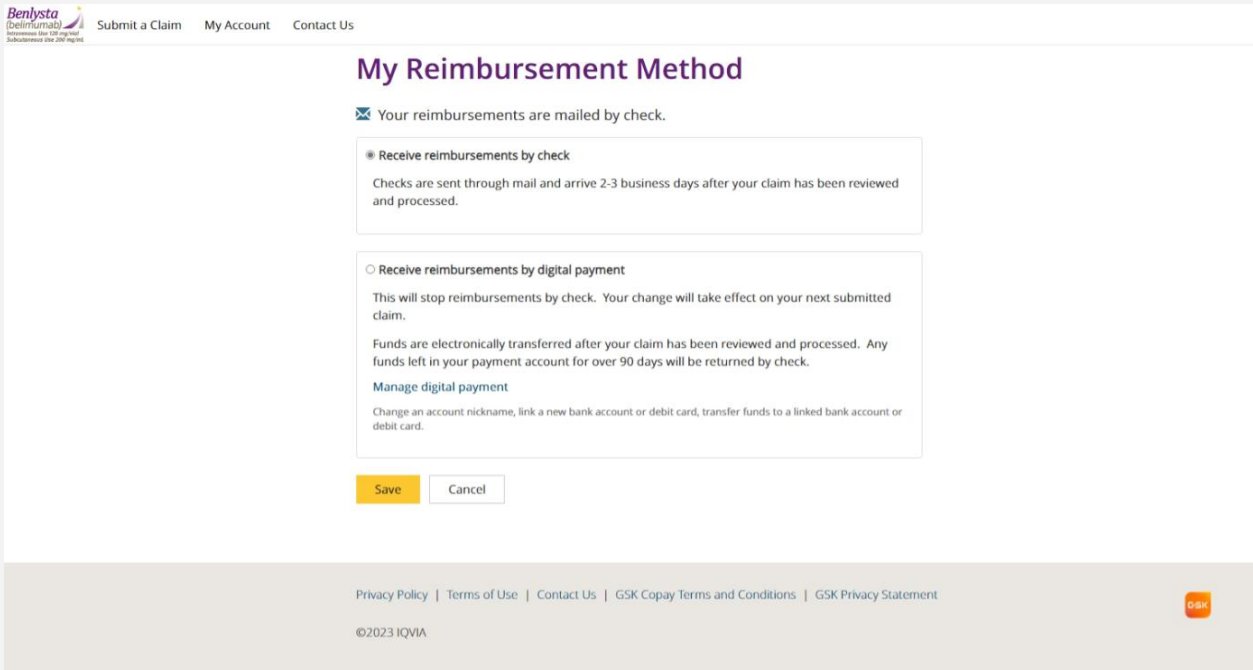
Navigation Menu: My Account



When “SmartCard” is clicked

Clicking VIEW SMARTCARD button brings user to Transcard site (screenshots previously provided)





Navigation Menu: My Account



Change Email Address

Benlysta

Belimumab

Interferon-free B cell maturation inhibitor (off-label use only)

Submit a Claim

My Account

Contact Us

My Account

✔

Your account information has been updated.

✕

Name

JESSICA RUBIN

Date of Birth

01/01/2000

Gender

Female

Home Phone

(333) 333-3333

Address

123 MAIN STREET
ANY, NH 12345

Email Address

JRUBIN@US.IMSHEALTH.COM

Claim Update Notifications

☐ Email

Edit

Change My Password

My Insurance

BIN: 54635763

Group: 75833

PCN: 53789

Edit Insurance

My Reimbursement Method

☒ Mailed by check

Set up digital payment

My Cards

Card Group Card ID

OH8910091 T33100102091 SmartCard

Privacy Policy | Terms of Use | Contact Us | GSK Copay Terms and Conditions | GSK Privacy Statement

©2023 IQVIA

GSK

Email Address Changed: Email triggered using approved template

Navigation Menu: My Account



Error Messages

Benlysta

Benlysta (belimumab) is a registered trademark of Benlysta Inc. in the United States and various other countries.

Submit a Claim

My Account

Contact Us

JESSICA.RUBIN2@IQVIA.COM

Sign Out

Change Your Password

Old Password

New Password

New Password must be between 8 and 50 characters.

Confirm Password

Passwords must match.

Save

Cancel

Your password should have:

- at least 8 characters
- at least 1 lowercase letter (a-z)
- at least 1 uppercase letter (A-Z)
- at least 1 number (0-9)
- at least 1 special character, such as ! @ # \$ % ^ & + =

Privacy Policy | Terms of Use | Contact Us | GSK Copay Terms and Conditions | GSK Privacy Statement

©2023 IQVIA

GSK

Benlysta

Benlysta (belimumab) is a registered trademark of Benlysta Inc. in the United States and various other countries.

Submit a Claim

My Account

Contact Us

JESSICA.RUBIN2@IQVIA.COM

Sign Out

Change Your Password

Old Password

New Password

New password does not meet the strength requirements.

Confirm Password

Save

Cancel

Your password should have:

- at least 8 characters
- at least 1 lowercase letter (a-z)
- at least 1 uppercase letter (A-Z)
- at least 1 number (0-9)
- at least 1 special character, such as ! @ # \$ % ^ & + =

Privacy Policy | Terms of Use | Contact Us | GSK Copay Terms and Conditions | GSK Privacy Statement

©2023 IQVIA

GSK

Navigation Menu: My Account



Error Messages

Benlysta

(belimumab)

Immunosuppressant (CD2801)

Submit a Claim

My Account

Contact Us

JESSICA.RUBIN2@IQVIA.COM

Sign Out

Change Your Password

Old Password

The old password is incorrect.

New Password

Confirm Password

Save

Cancel

Your password should have:

- at least 8 characters
- at least 1 lowercase letter (a-z)
- at least 1 uppercase letter (A-Z)
- at least 1 number (0-9)
- at least 1 special character, such as ! @ # \$ % ^ & + =

Privacy Policy | Terms of Use | Contact Us | GSK Copay Terms and Conditions | GSK Privacy Statement

©2023 IQVIA

GSK

Password Updated

Benlysta

(belimumab)

Immunosuppressant (CD2801)

Submit a Claim

My Account

Contact Us

JESSICA.RUBIN2@IQVIA.COM

Sign Out

My Account

Your password has been updated.

Change My Password

My Insurance

BIN:

54635763

Group:

75833

PCN:

53789

Edit Insurance

My Reimbursement Method

☒ Mailed by check

Set up digital payment

My Cards

Card Group

Card ID

OH8910091 T33100102091 SmartCard

Name

JESSICA RUBIN

Date of Birth

01/01/2000

Gender

Female

Home Phone

(333) 333-3333

Address

123 MAIN STREET

ANY, NH 12345

Email Address

JESSICA.RUBIN2@IQVIA.COM

Claim Update Notifications

☐ Email

Edit

Privacy Policy | Terms of Use | Contact Us | GSK Copay Terms and Conditions | GSK Privacy Statement

©2023 IQVIA

GSK

Navigation Menu: Contact Us



Benlysta

(belimumab)

Interim dose: 120 mg IV q8w
Subcutaneous dose 200 mg IV q8w

Submit a Claim

My Account

Contact Us

JESSICA.RUBIN2@IQVIA.COM

Sign Out

Contact Us

Can't upload documents? No problem! You can also submit your claim in the following ways:

Submit by Mail:

P.O. Box 6875

Bridgewater, NJ 08807

Submit by Fax:

(877) 471-0343

Send a copy of your receipt plus a cover page with your full name and contact information, or [download submission form](#) for fax or mail to help make sure you include all the necessary information.

Please feel free to contact us with any questions or issues regarding your account.

Support Phone Number:

(800) 741-0375

8:00 AM-8:00 PM ET Mon-Fri

Privacy Policy | Terms of Use | Contact Us | GSK Copay Terms and Conditions | GSK Privacy Statement

©2023 IQVIA

GSK

Copyright © 2023 IQVIA. All rights reserved. IQVIA® is a registered trademark of IQVIA Inc. in the United States and various other countries

34

Thank You