GSK PATIENT PORTAL USER GUIDE

Benlysta

July 2025

Contents

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HEADER LINKS

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

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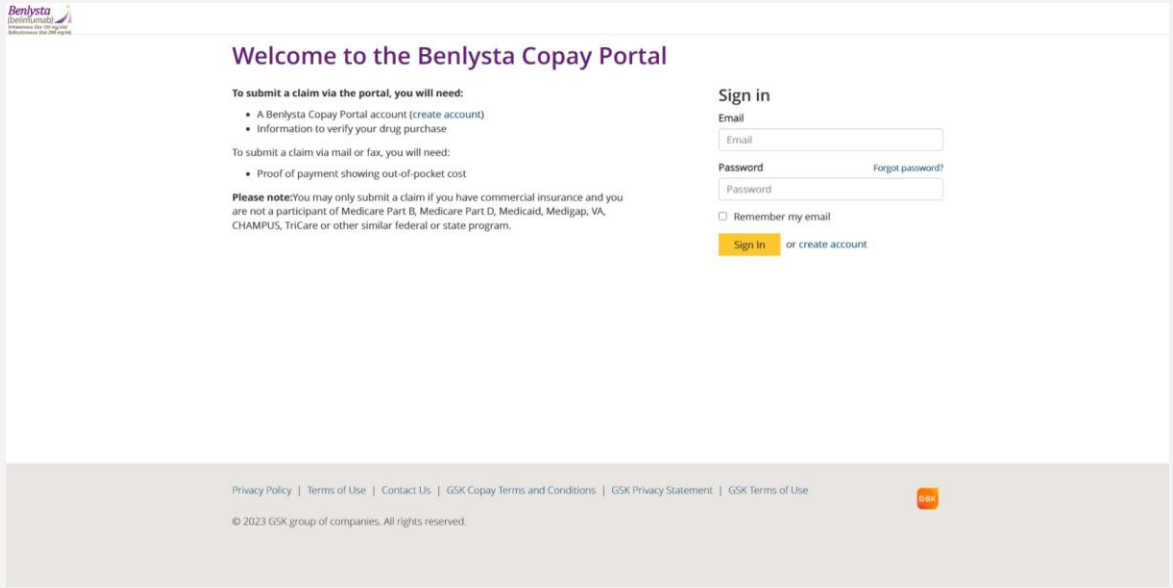
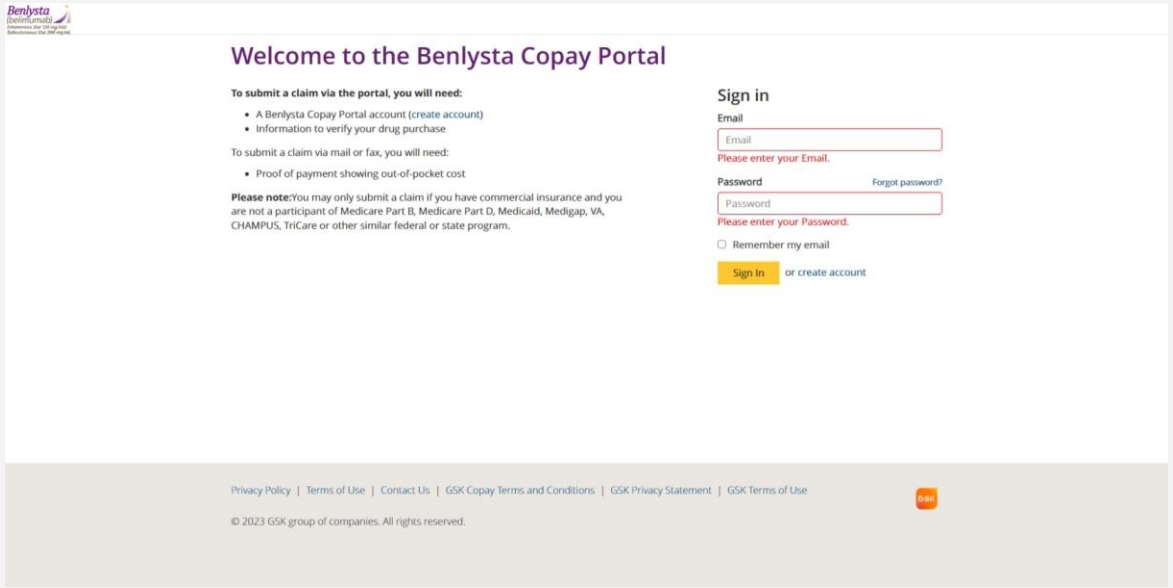
Terms of Use	https://www.iqvia.com/about-us/terms-of-use
Contact Us	https://patient.benlystacopayprogram.com/Home/ContactUs
GSK Copay Terms and Conditions	https://www.gskforyou.com/programs/copay-assistance/
GSK Privacy Statement	https://privacy.gsk.com/en-us/privacy-notice/
GSK Terms of Use	https://us.gsk.com/en-us/legal-notices/

Login Page

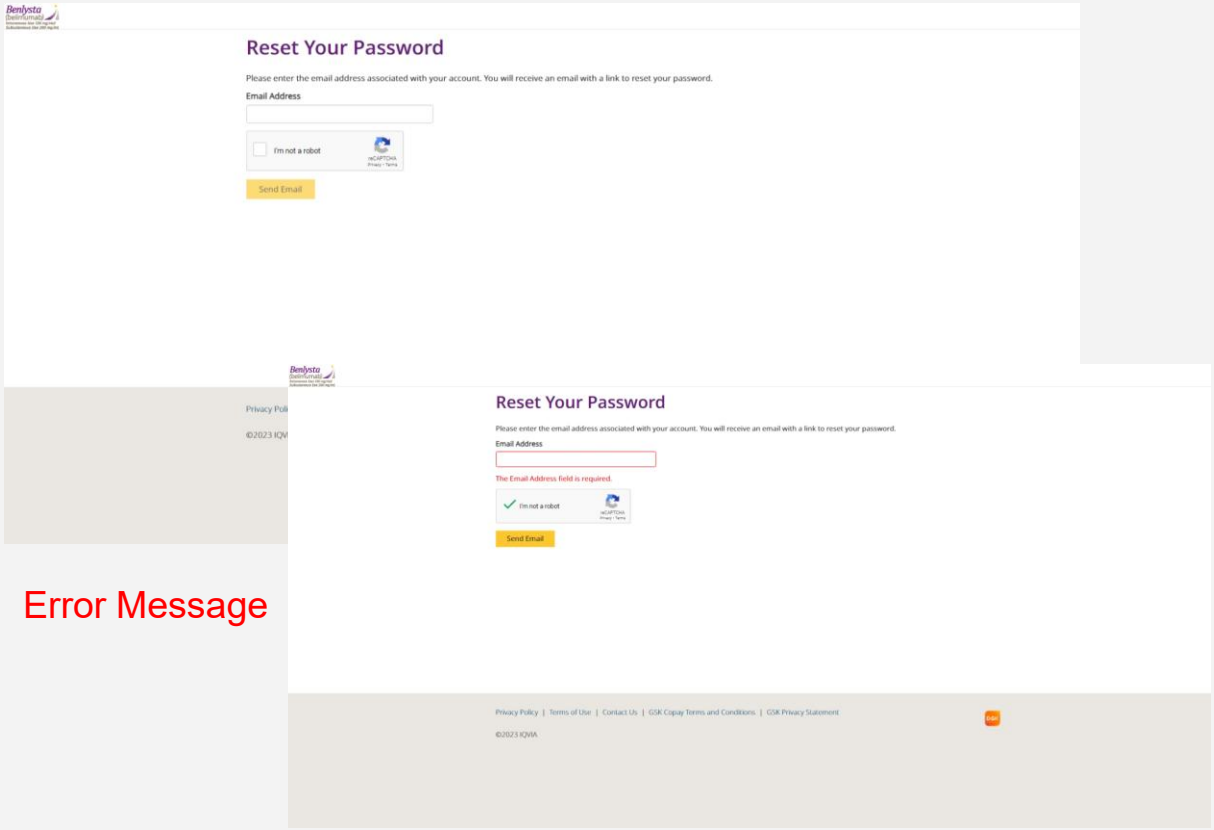
Error Message





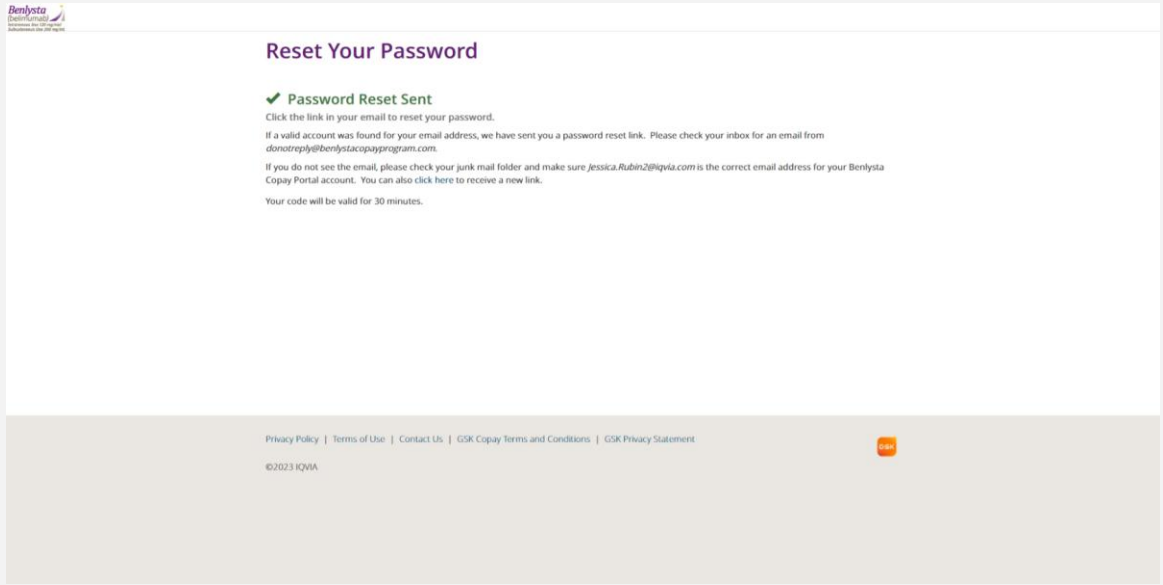
Login Page

Forgot Password? -> Reset Your Password



Error Message

Reset Your Password: Password Reset Sent

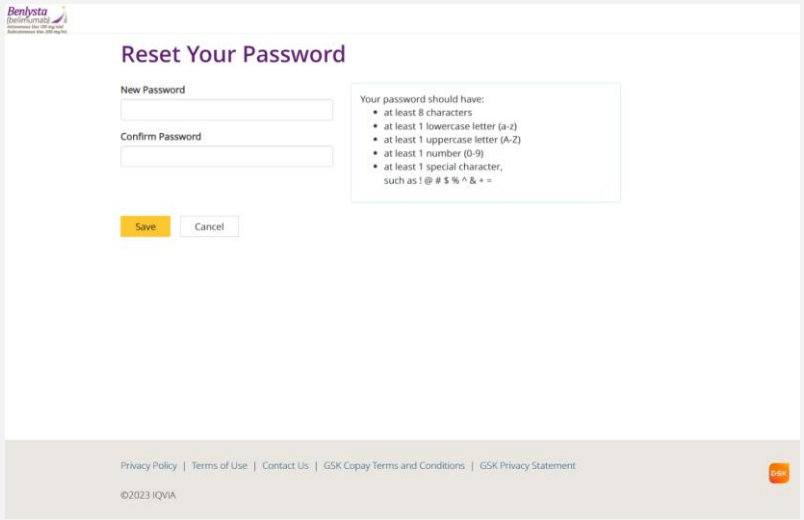


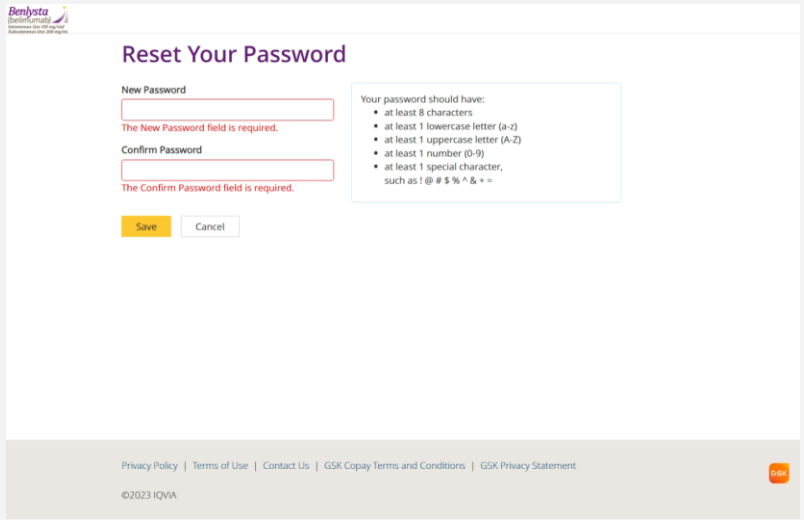
Login Page

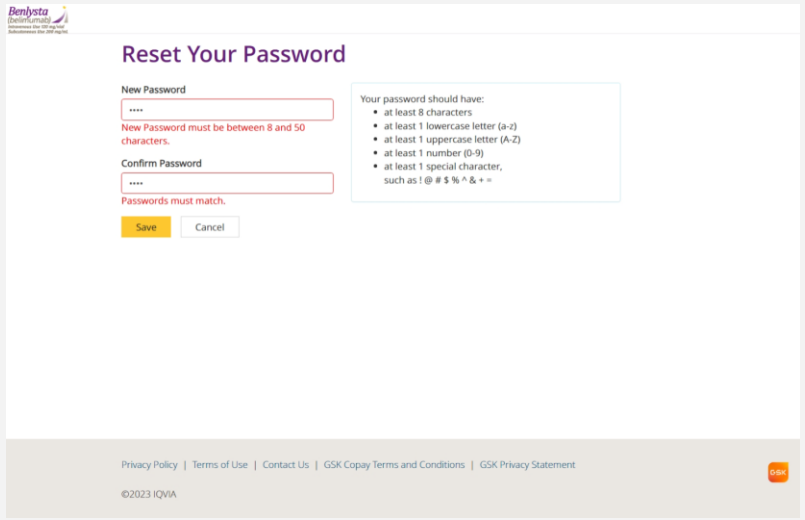
Reset Password: Email triggered using approved template

- Link brings user to this page

Error Messages

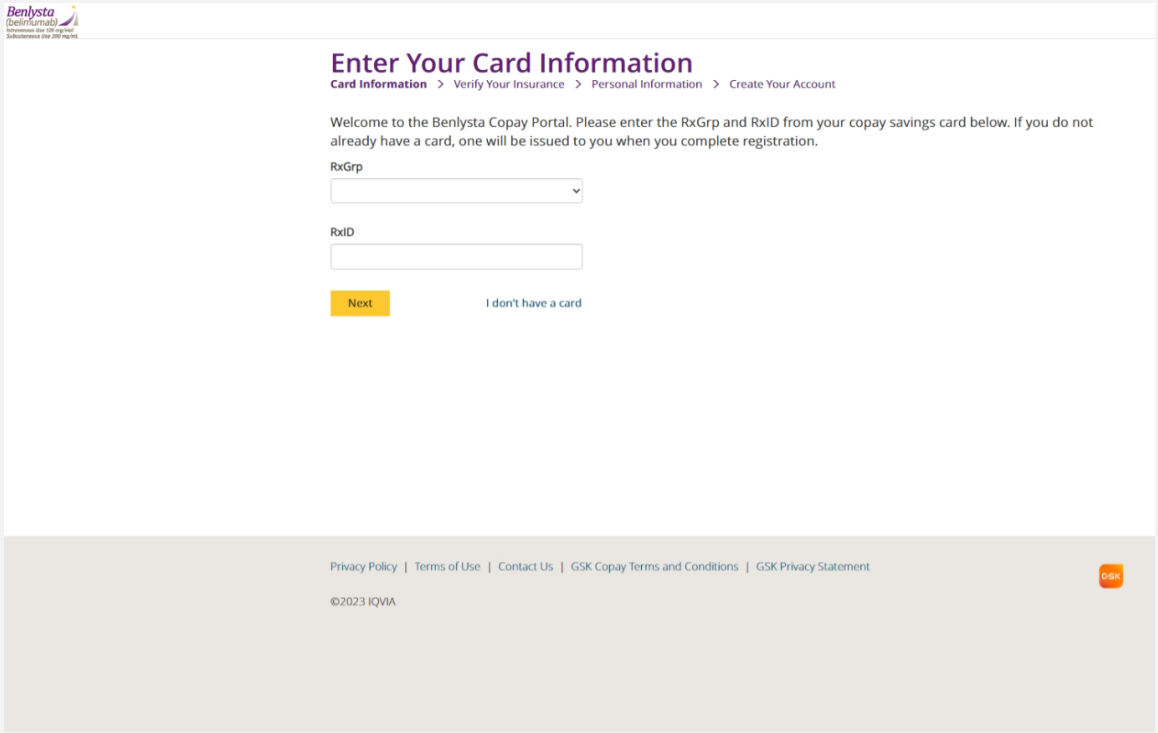


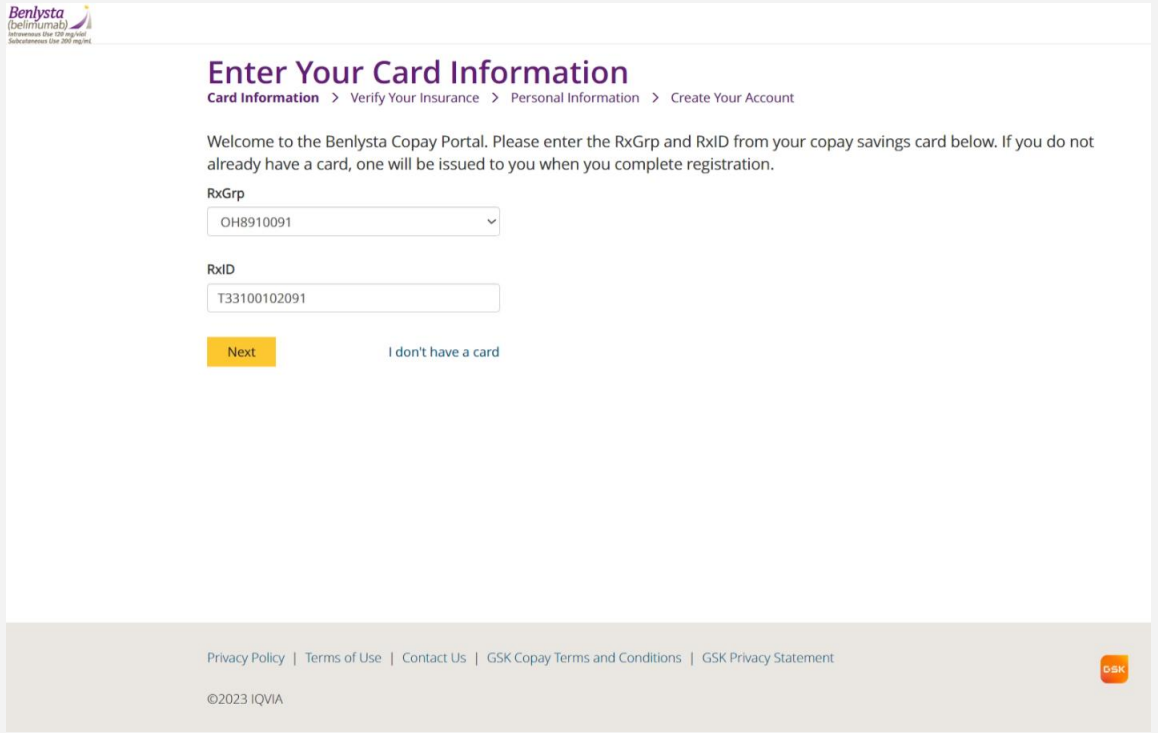




Create Account

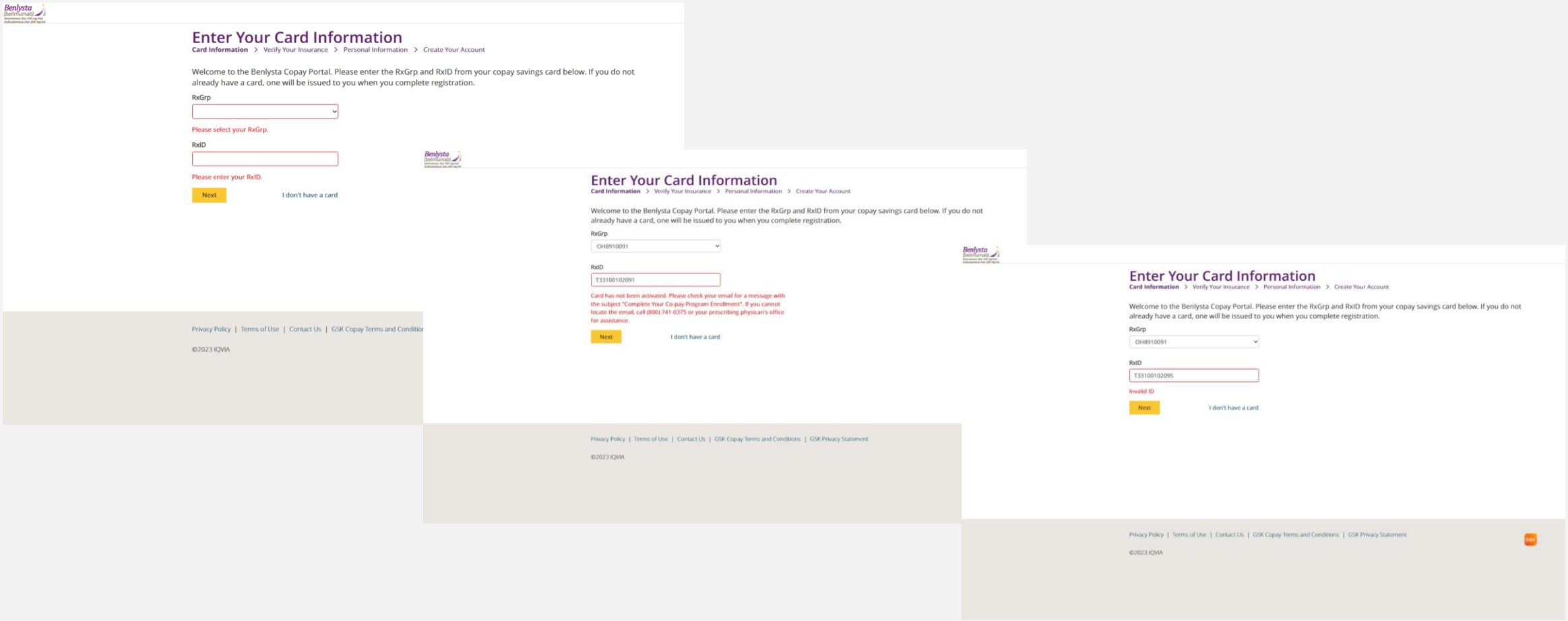
User has a card starting point





Create Account

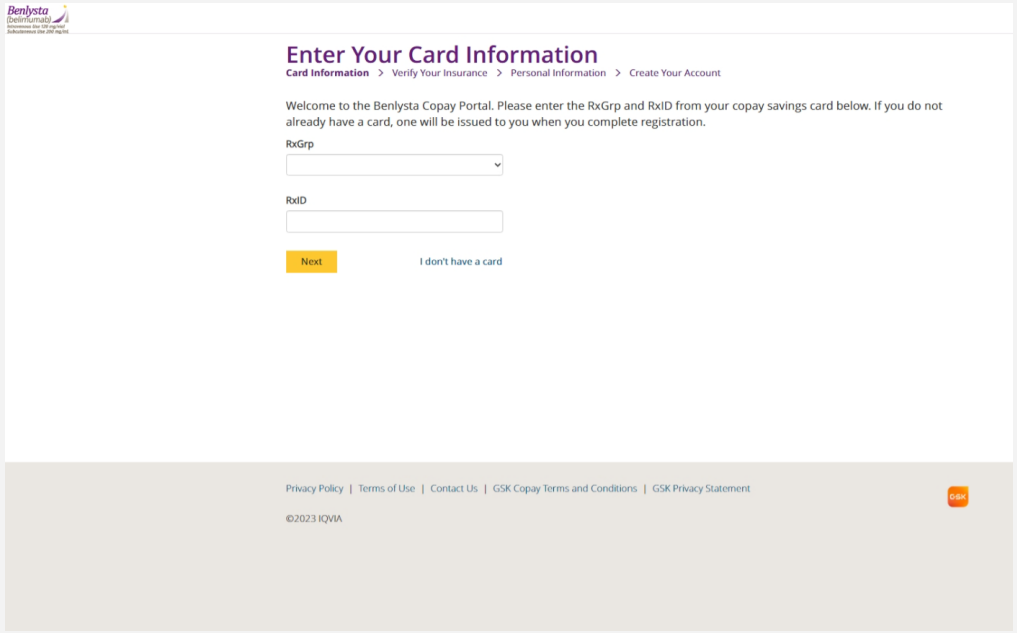
Error Messages



Create Account

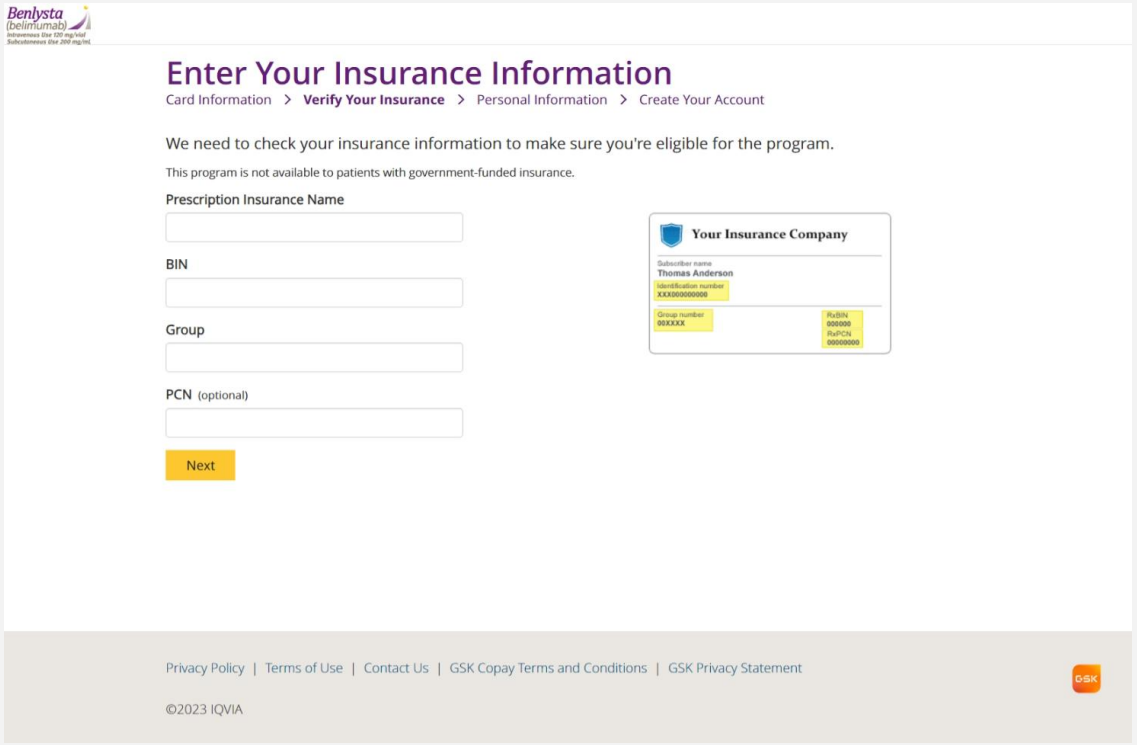
User does not have a card starting point

Clicks I don’t have a card



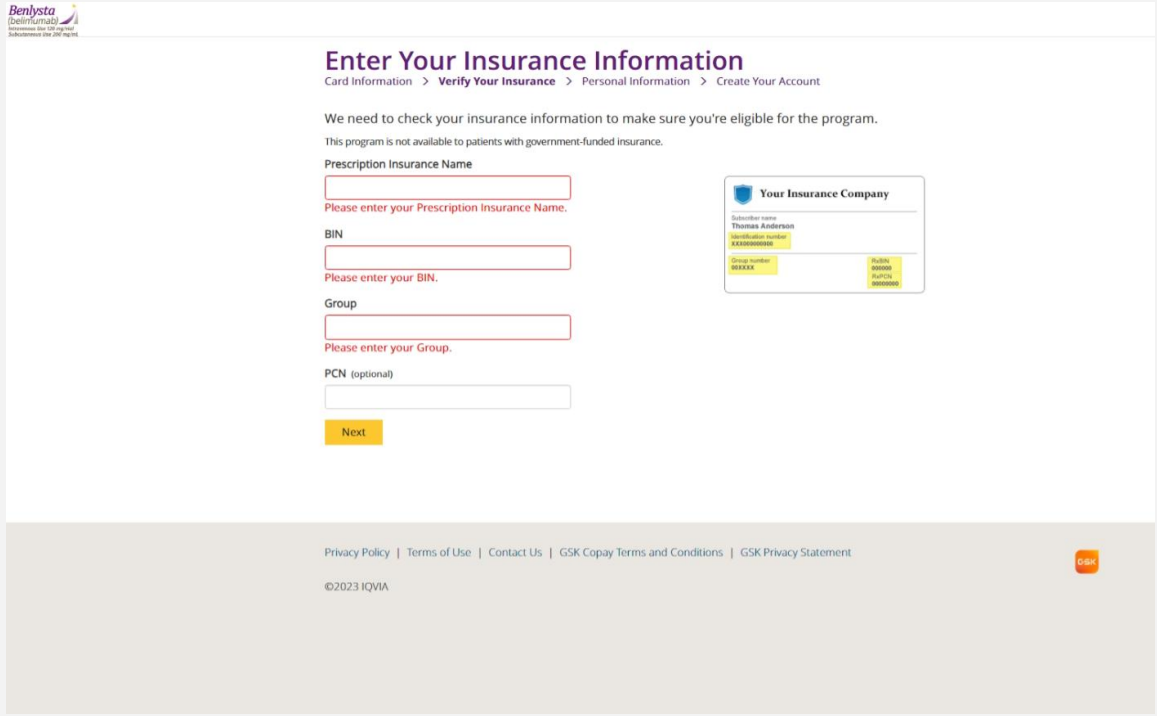
Complete account creation (either starting point)

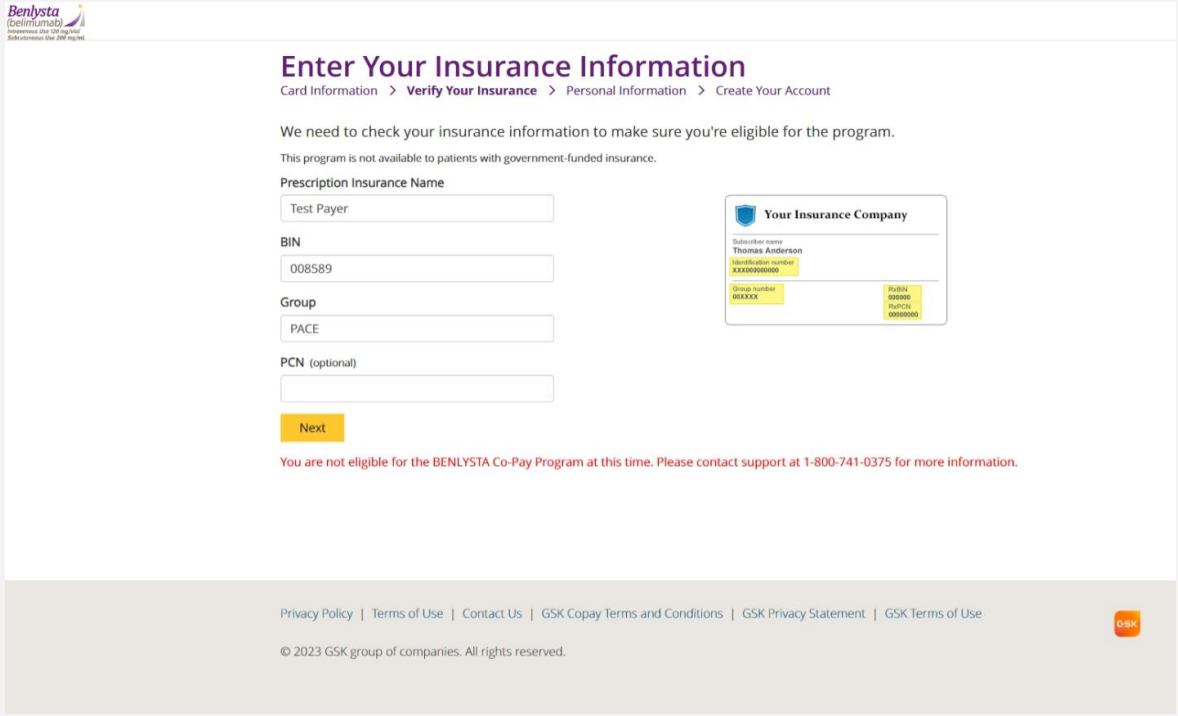
Verify Your Insurance



Create Account

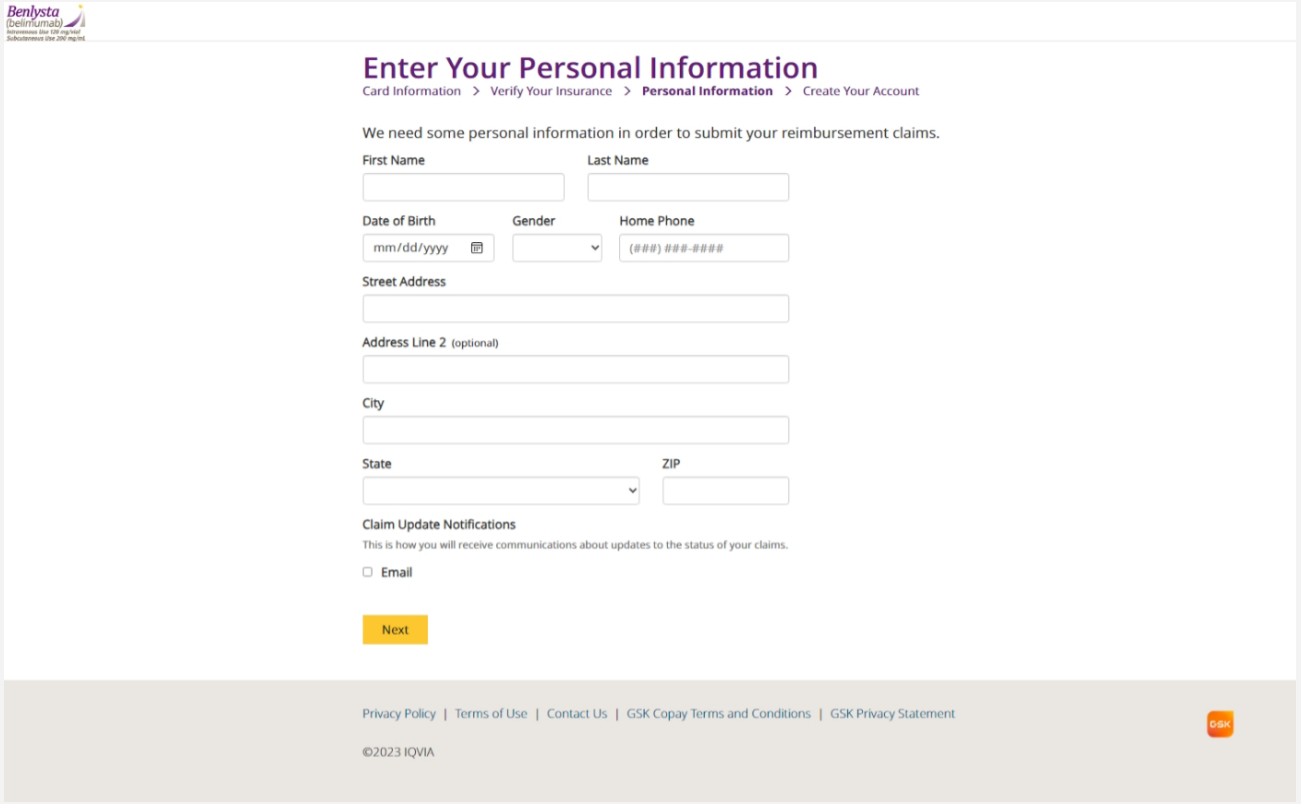
Error Messages



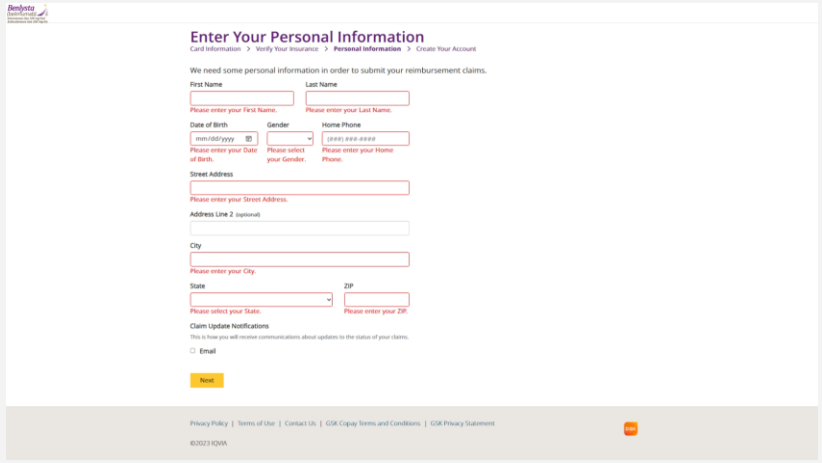


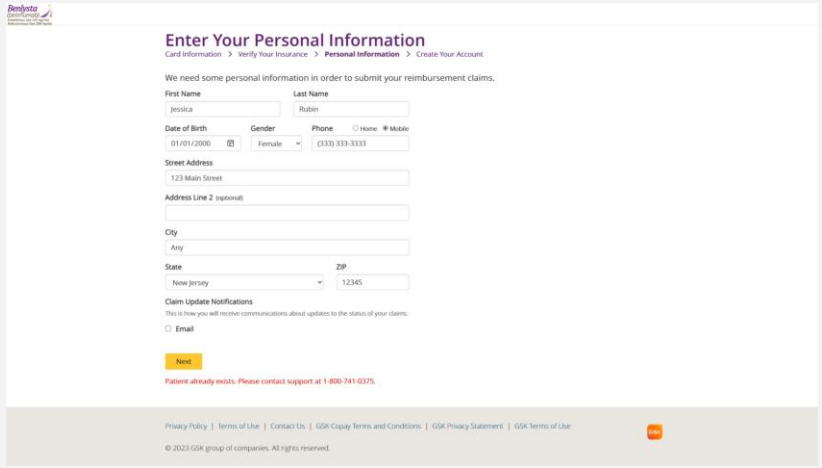
Create Account

Personal Information
(patient 18+ years old)



Error Messages



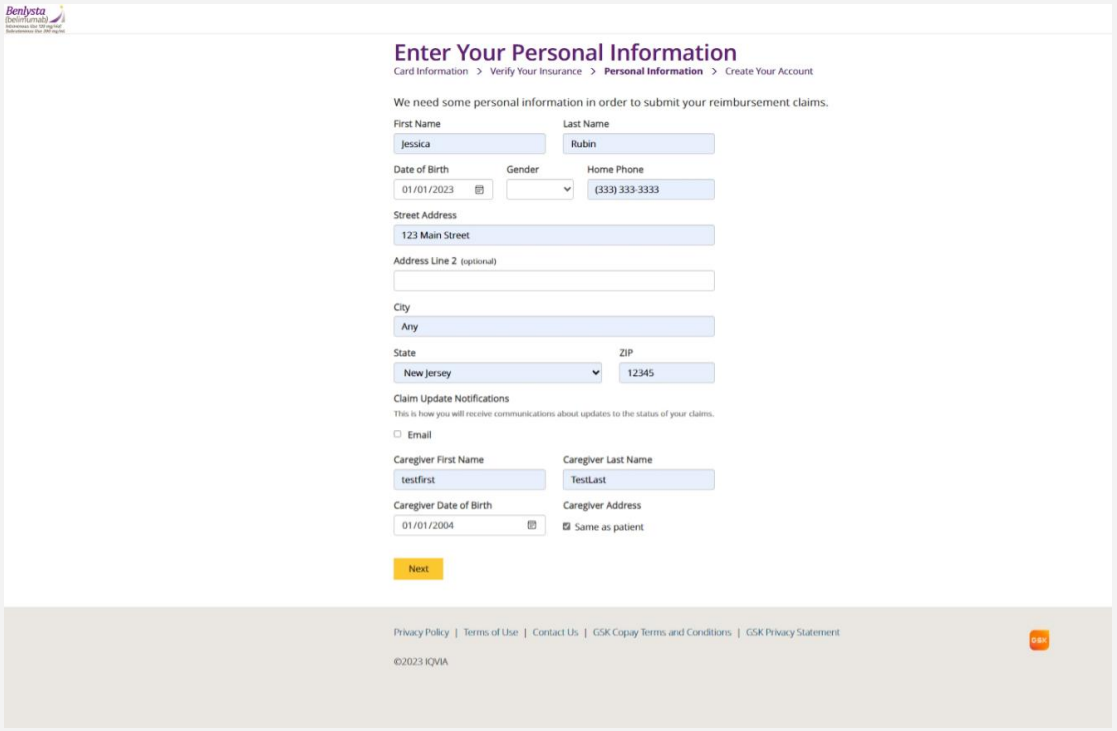


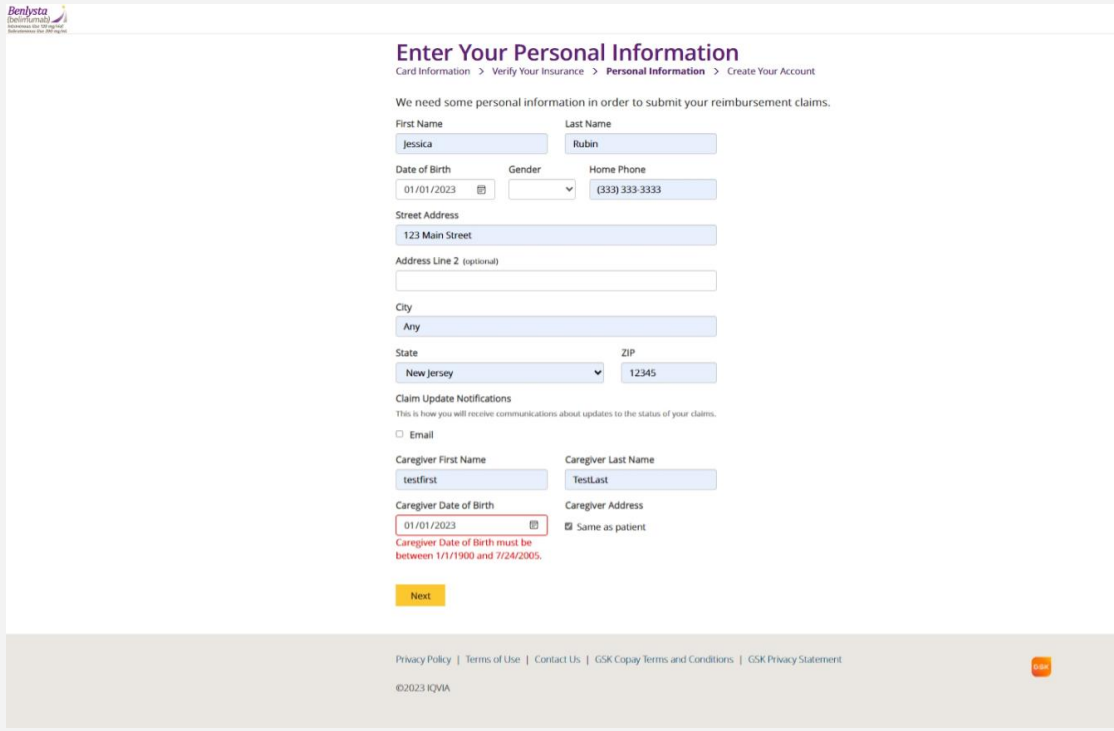
Create Account

Personal Information

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

Error Messages

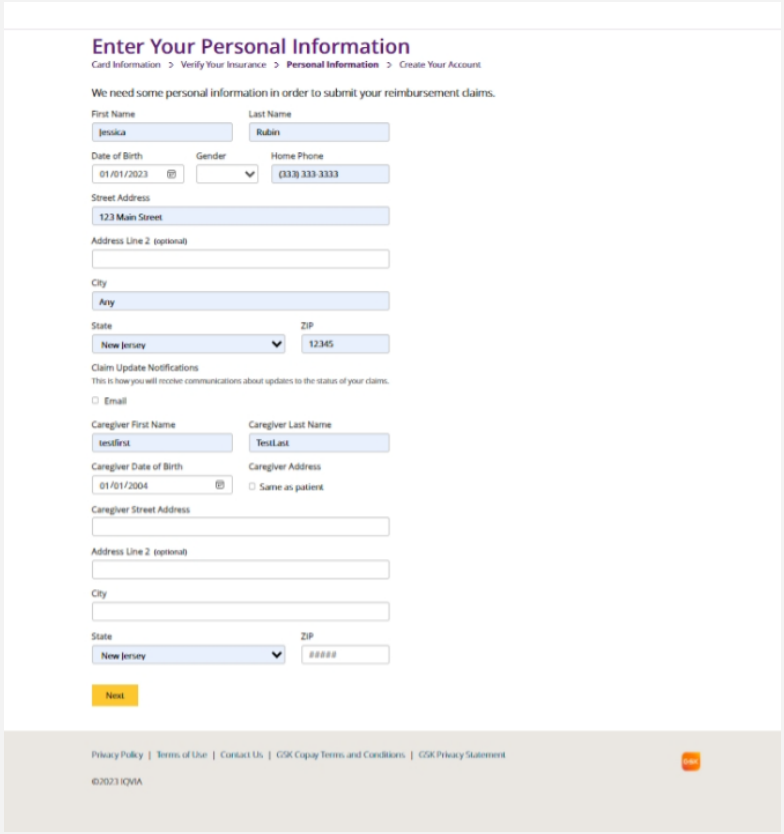




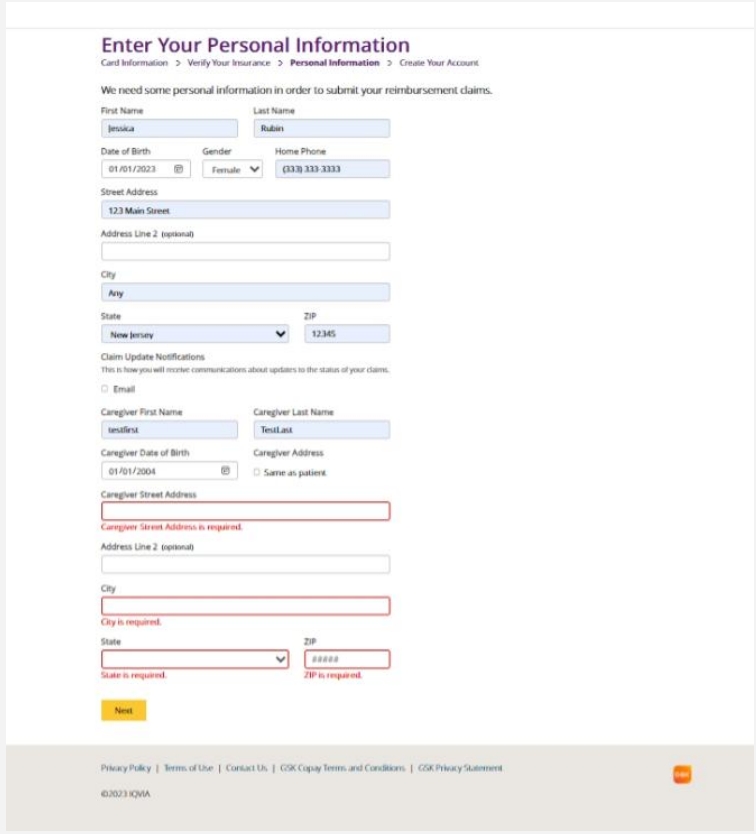
Create Account

Personal Information

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

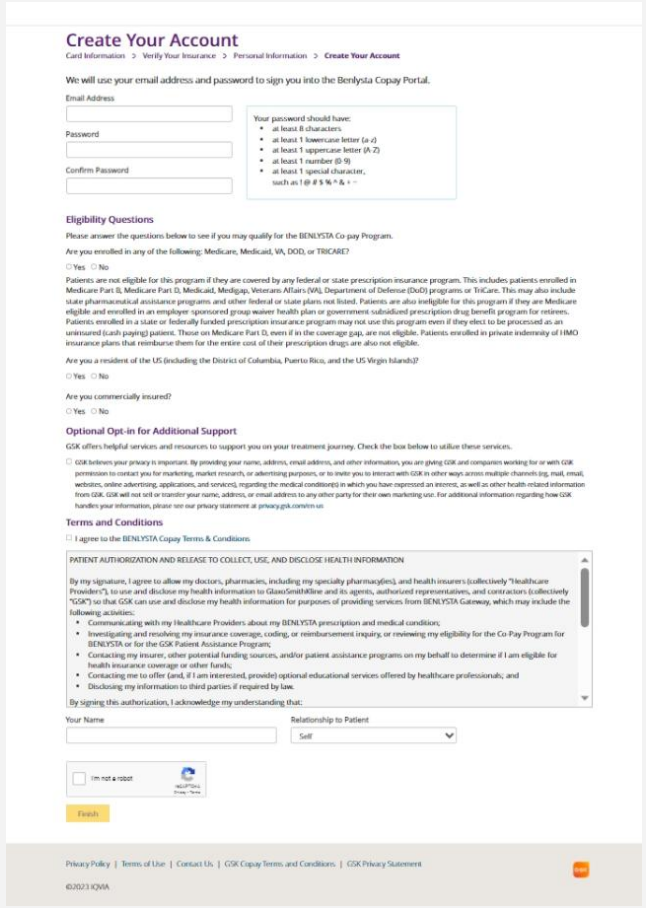


Error Messages



Create Account

Create Your Account



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:

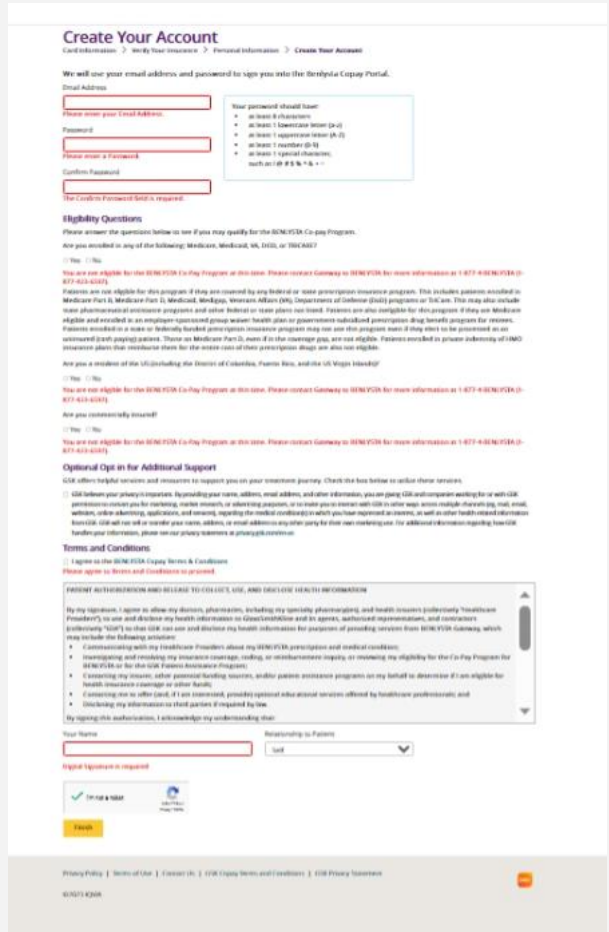
- Communicating with my Healthcare Providers about my BENLYSTA prescription and medical condition;
- Investigating and resolving my insurance coverage, coding, or reimbursement inquiry, or reviewing my eligibility for the Co-Pay Program for BENLYSTA or for the GSK Patient Assistance Program;
- Contacting 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.

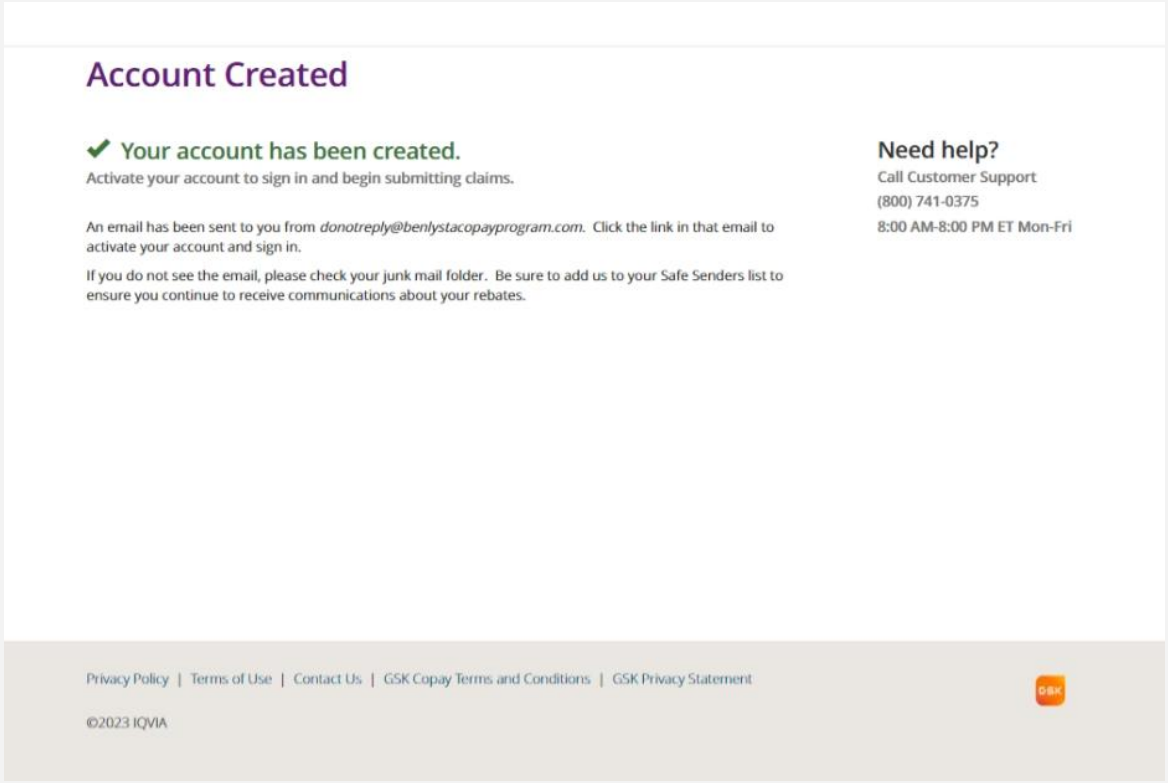
The patient, or the patient's authorized representative, MUST sign this form to receive BENLYSTA Gateway services.

Error Messages



Create Account

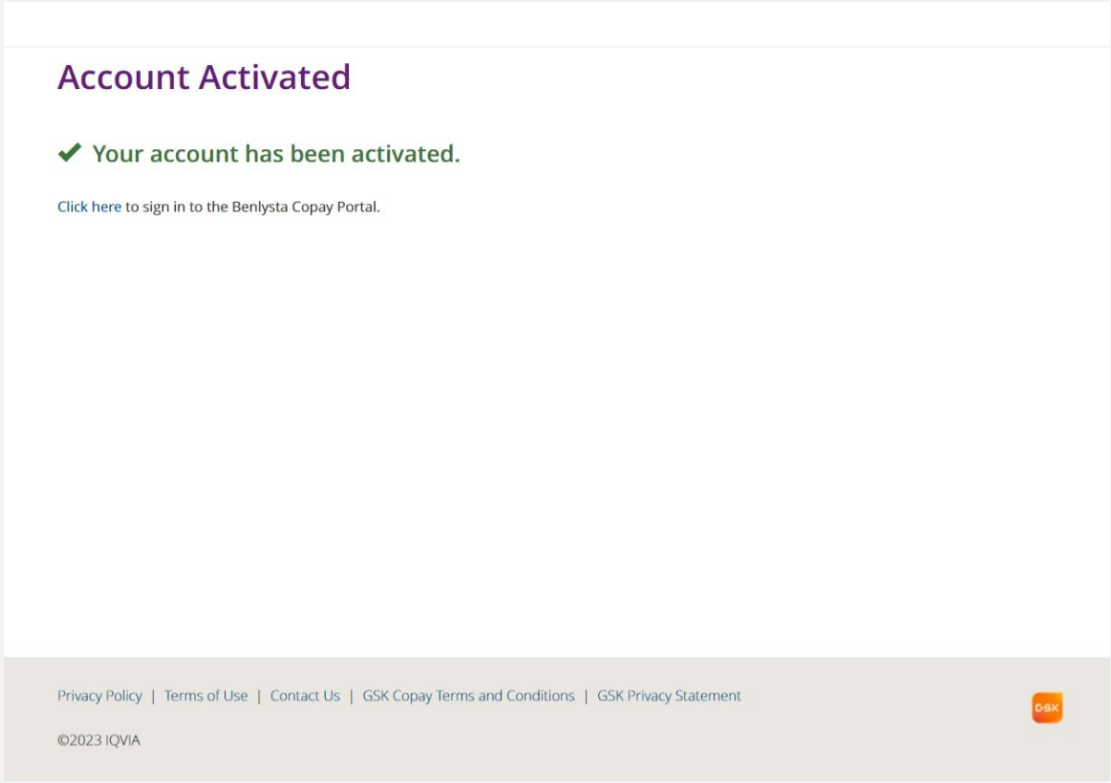
Account Created



Account Created: Email triggered using approved template

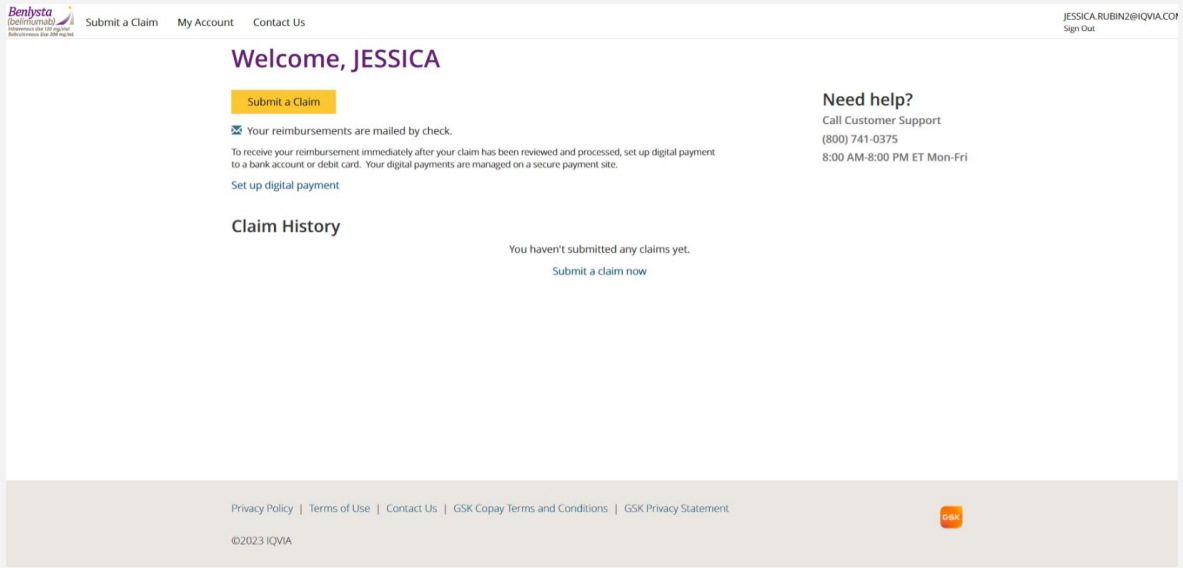
Account Activated

Email triggered using approved template

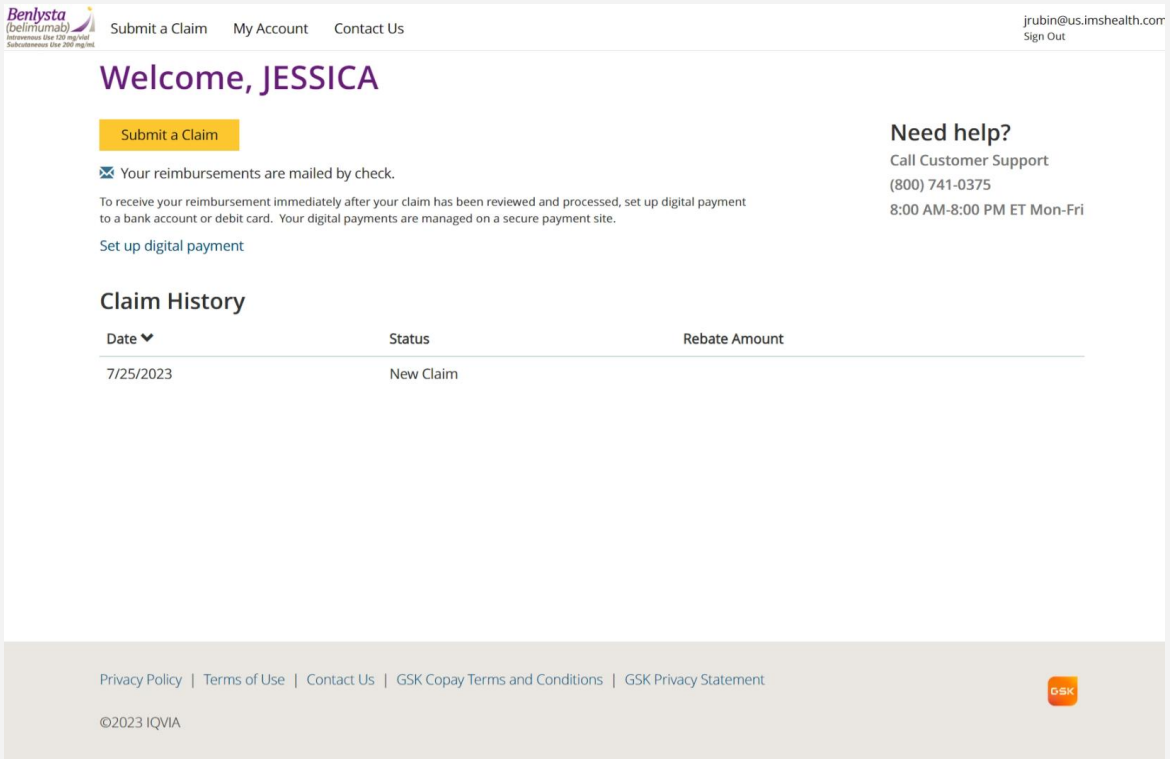


Home Page

No recent claims

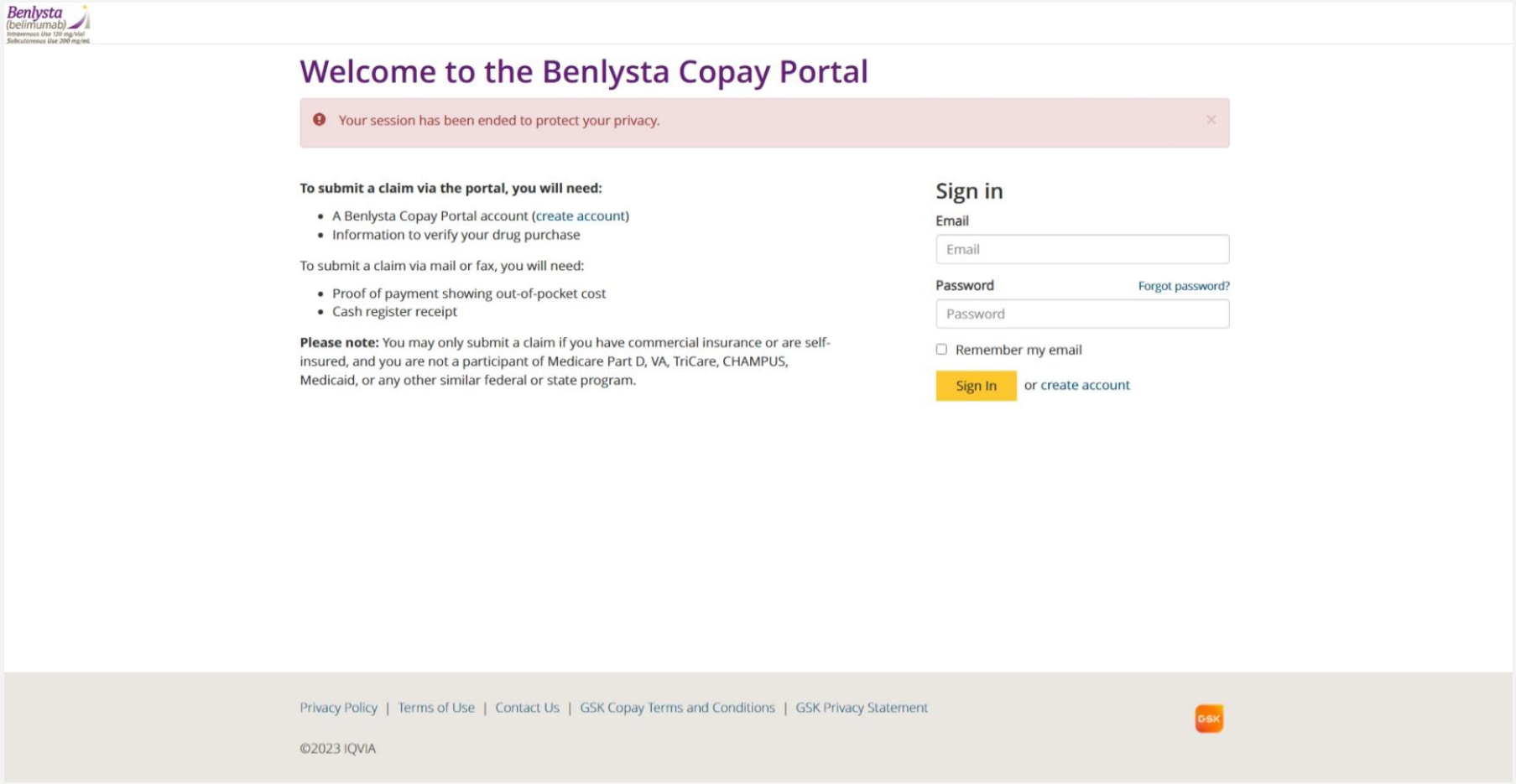


With recent claims



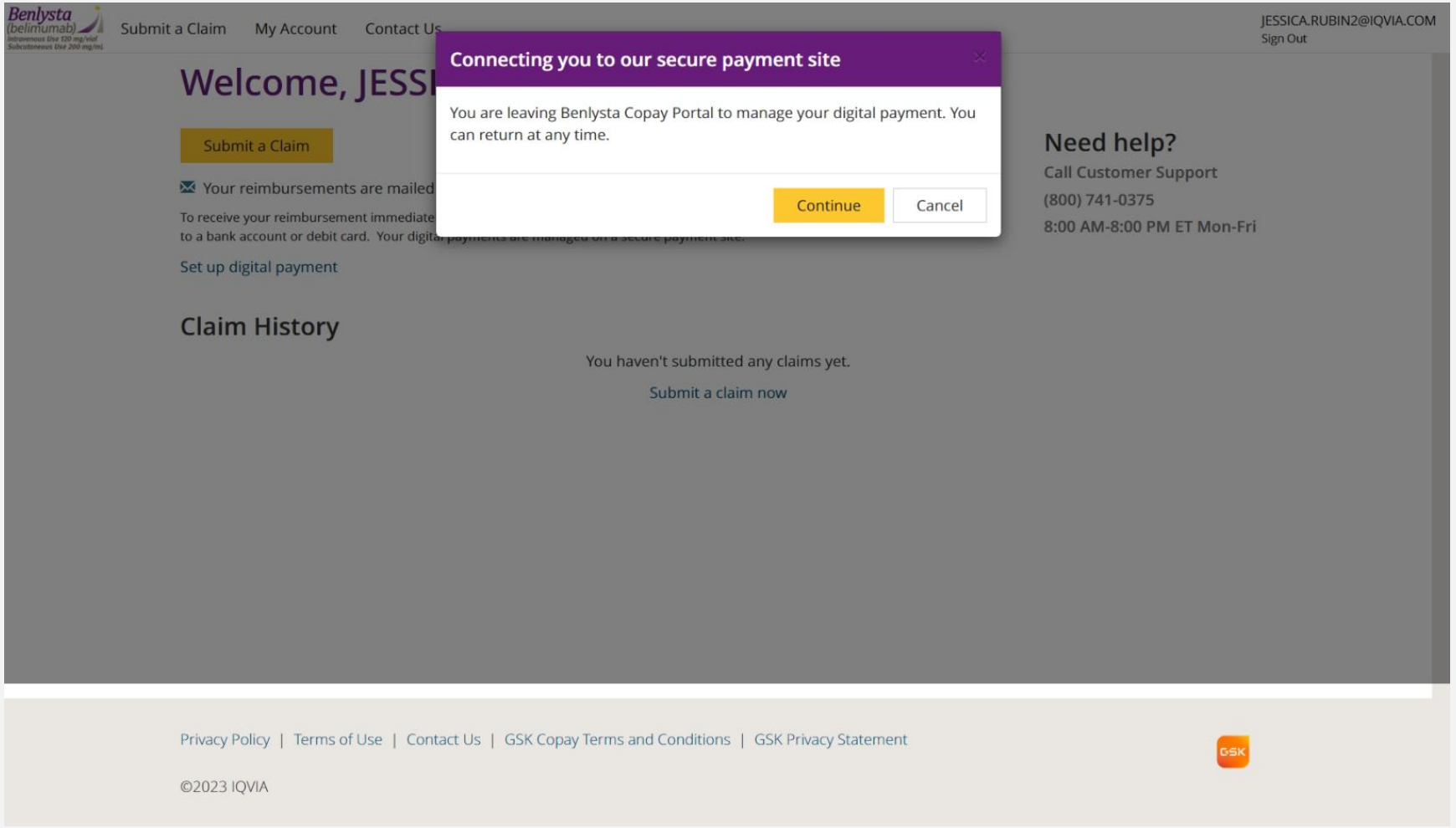
Home Page

Session Timeout



Set Up Digital Payment (EFT)

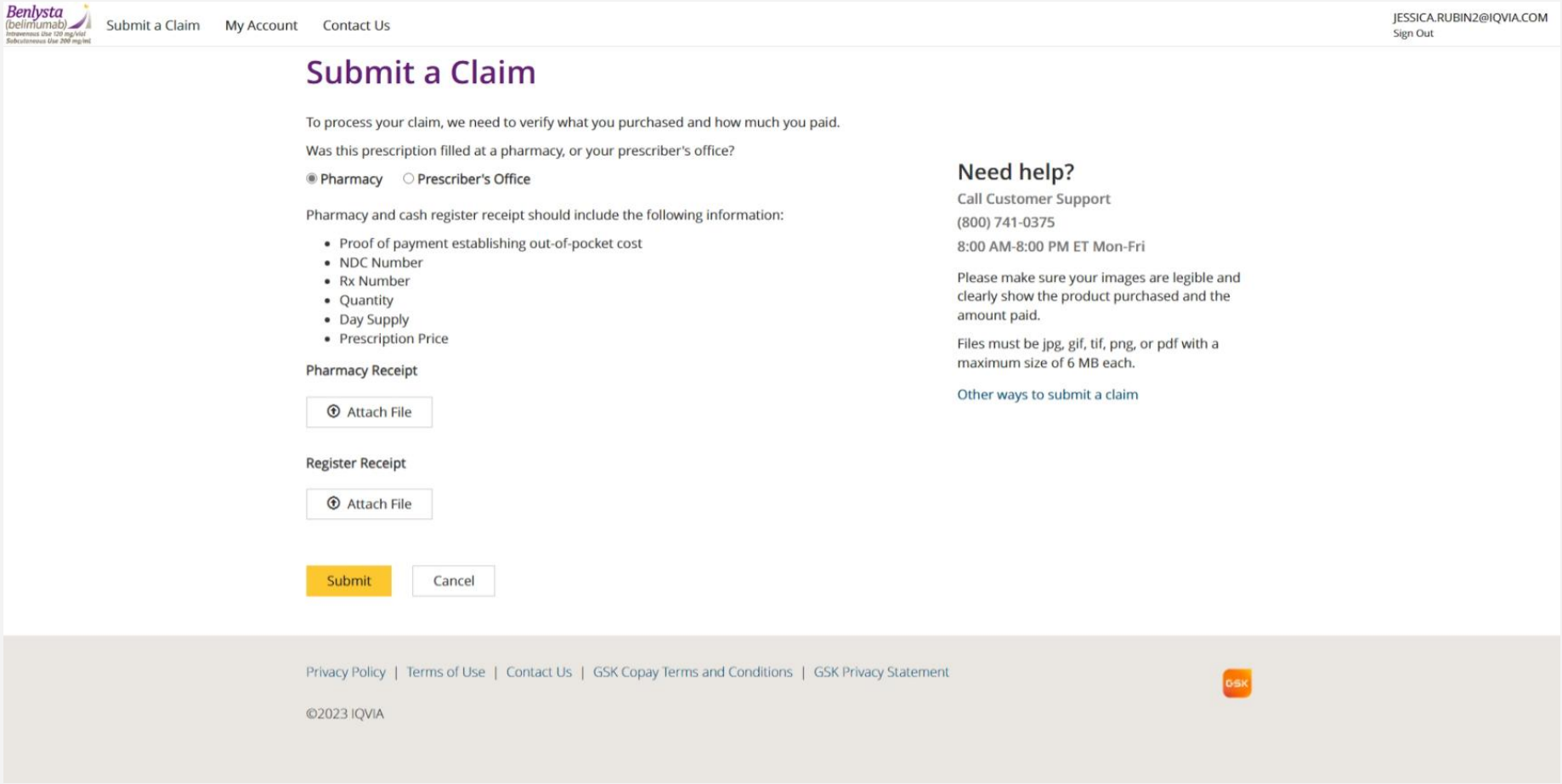
- Clicking “Set up digital payment” brings up this window
- Clicking “Continue” brings patient to Transcard site to set up banking information for EFT



Navigation Menu: Submit a Claim

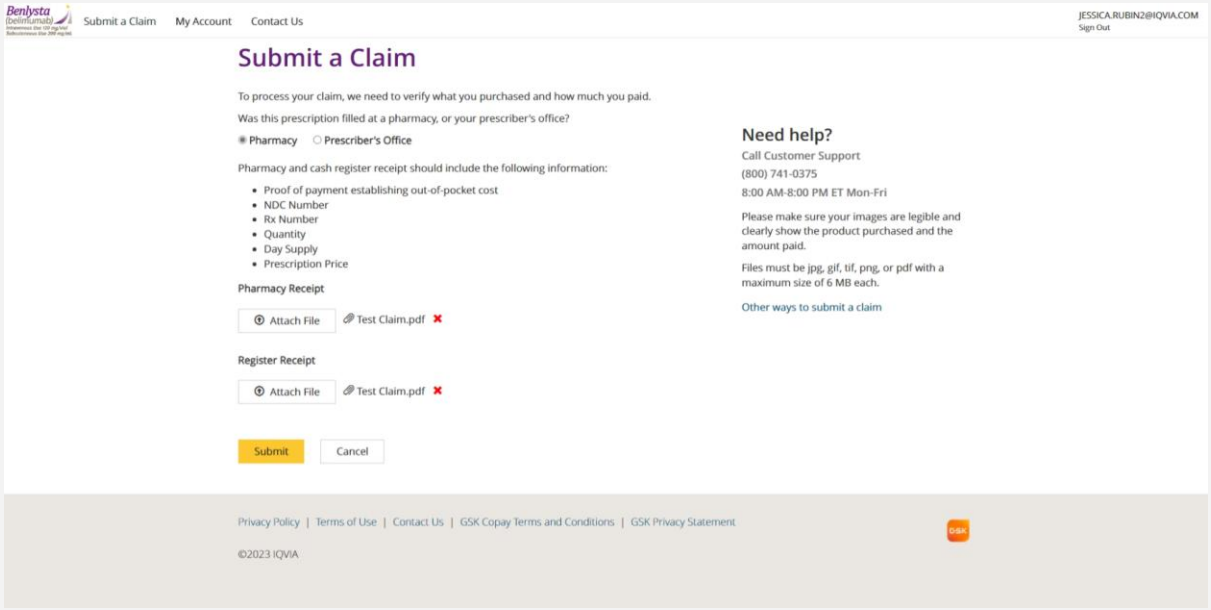
Other ways to submit a claim link points to Contact Us page

Pharmacy Selected

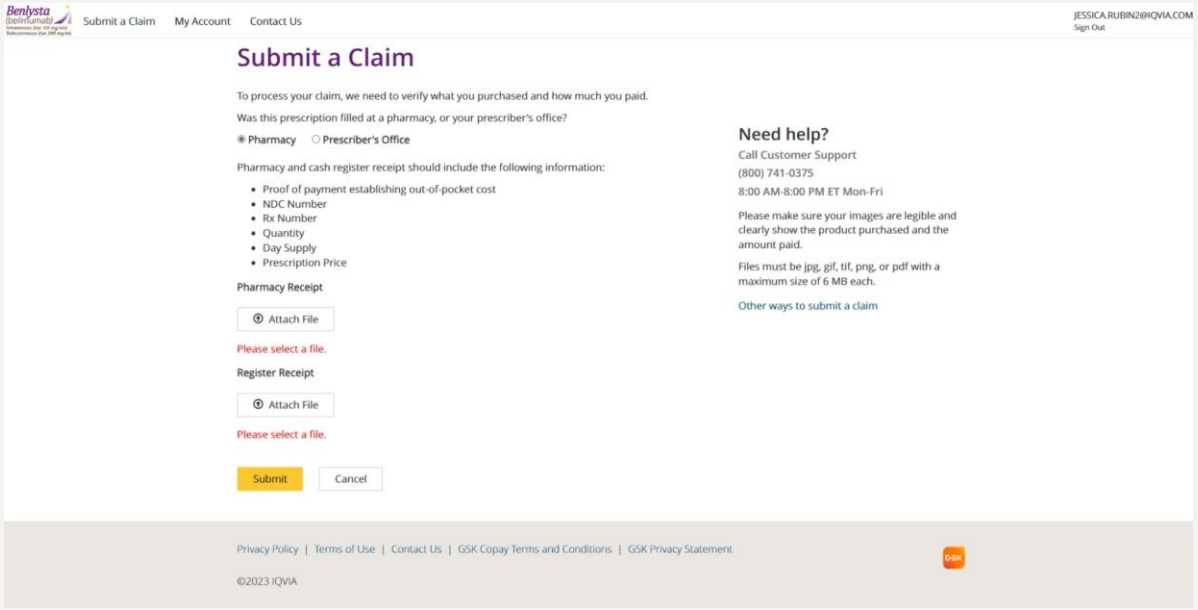


Navigation Menu: Submit a Claim

Pharmacy Selected

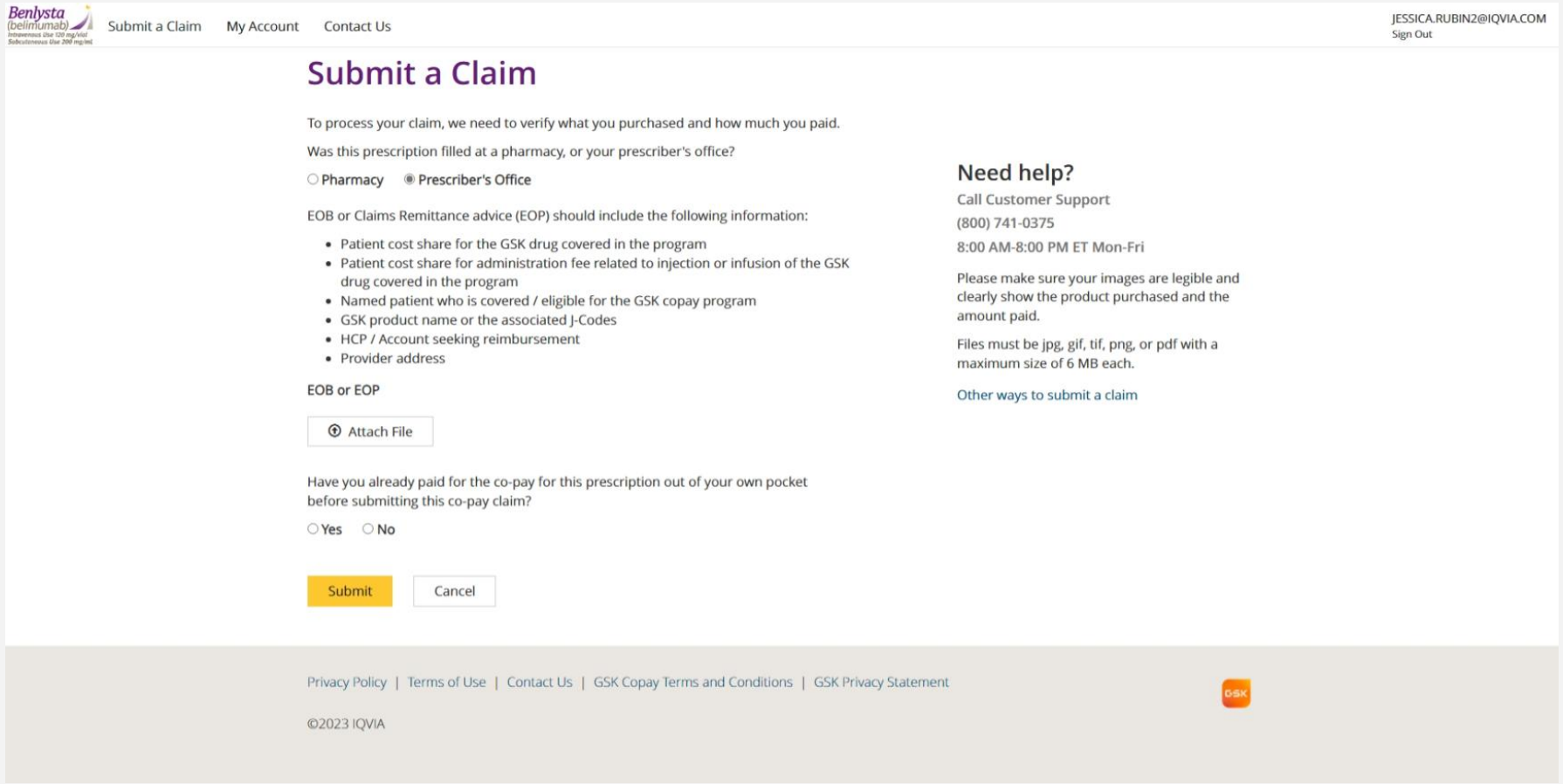


Error Messages



Navigation Menu: Submit a Claim

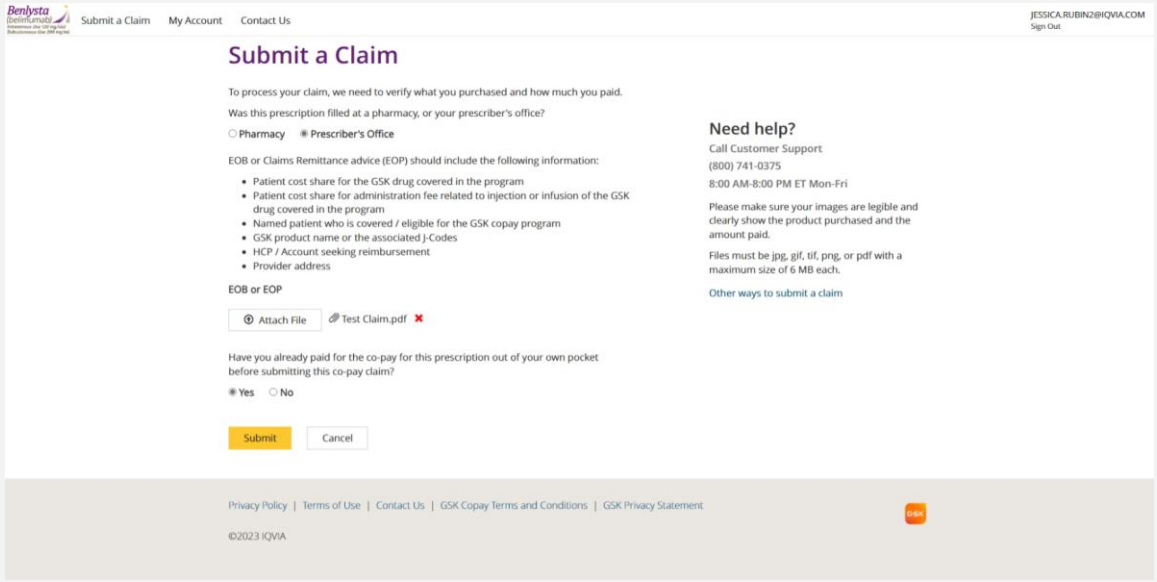
Prescriber's Office Selected



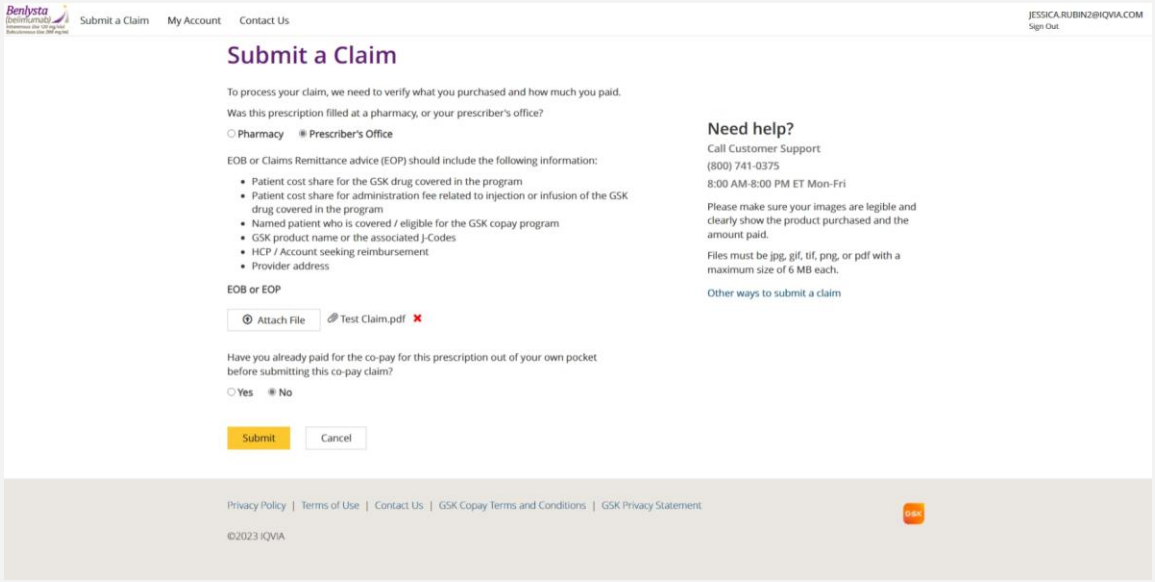
Navigation Menu: Submit a Claim

Prescriber's Office Selected

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

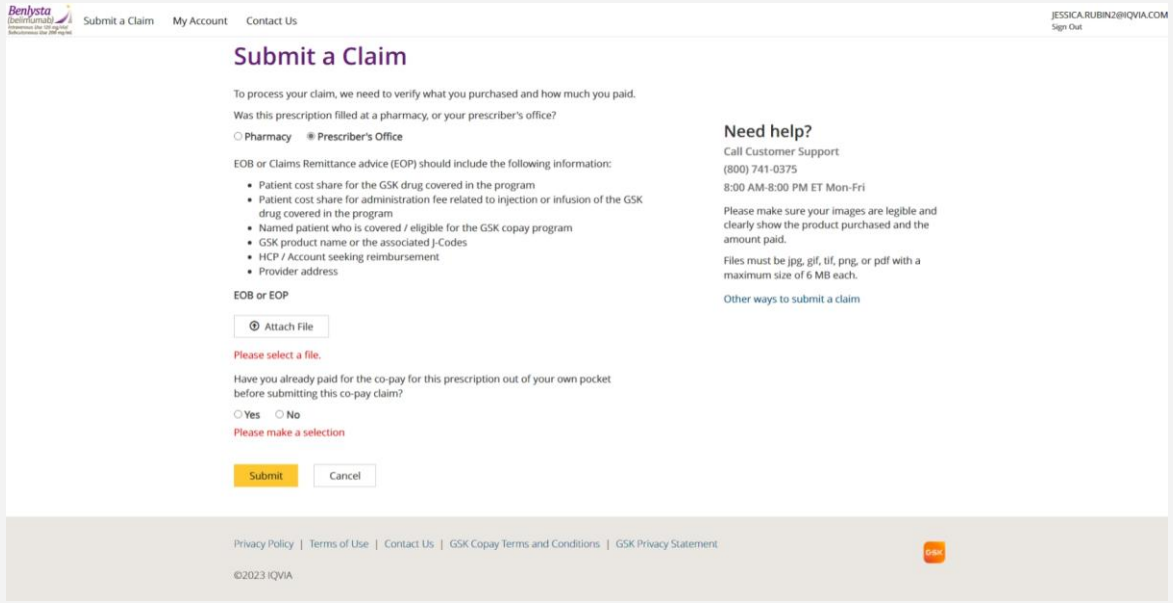


When "No" is selected, SmartCard will be funded upon successful claim processing

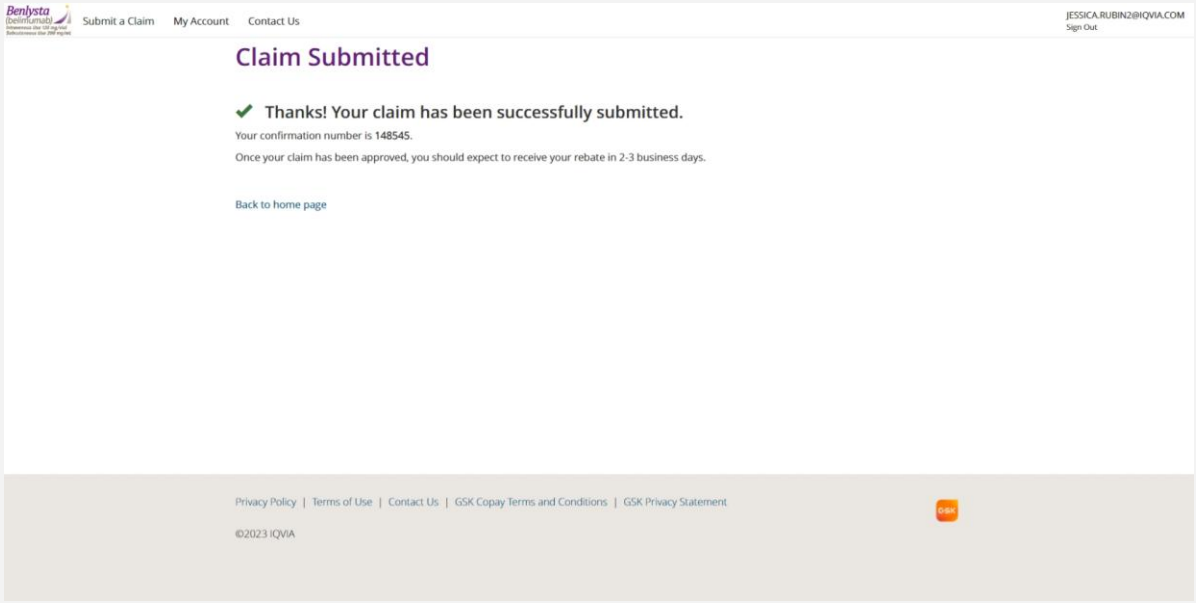


Navigation Menu: Submit a Claim

Error Messages



Claim Submitted

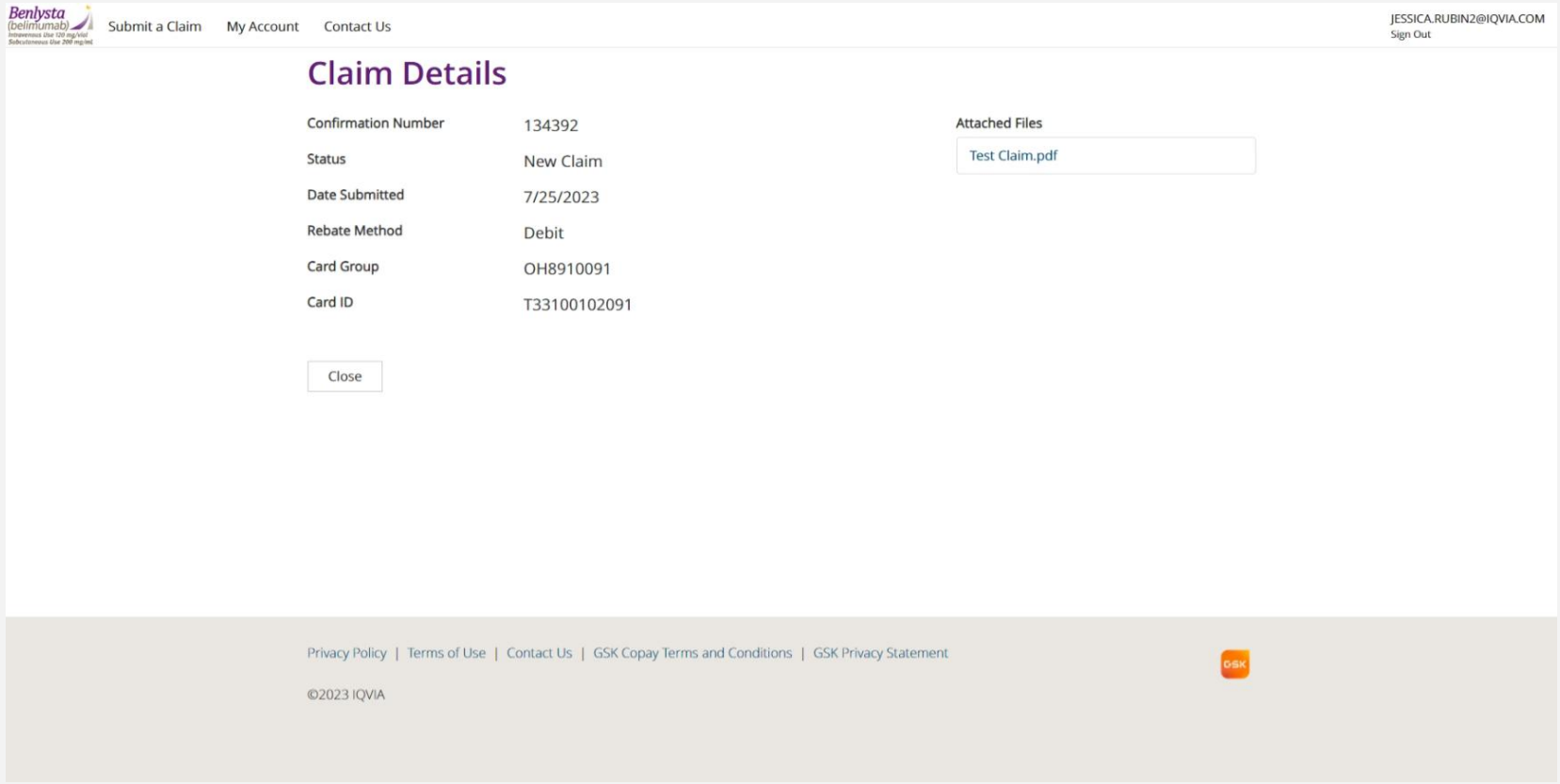


Claim Submitted: Email triggered using approved template

Navigation Menu: Submit a Claim

View Claim Details

Click claim date/status in Claim History list



Claim Approved:

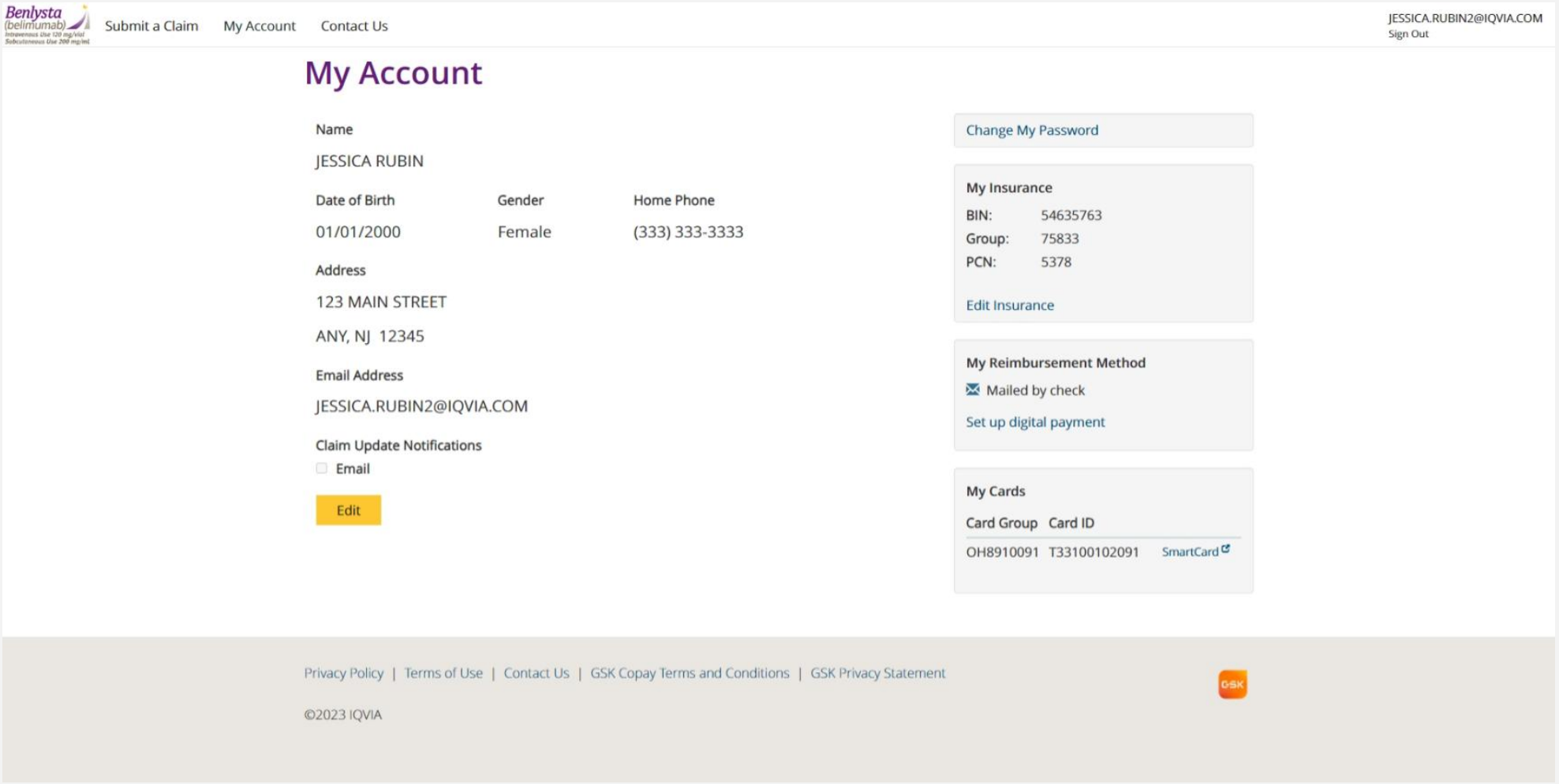
Email triggered using approved template

Claim Rejected:

Email triggered using approved template

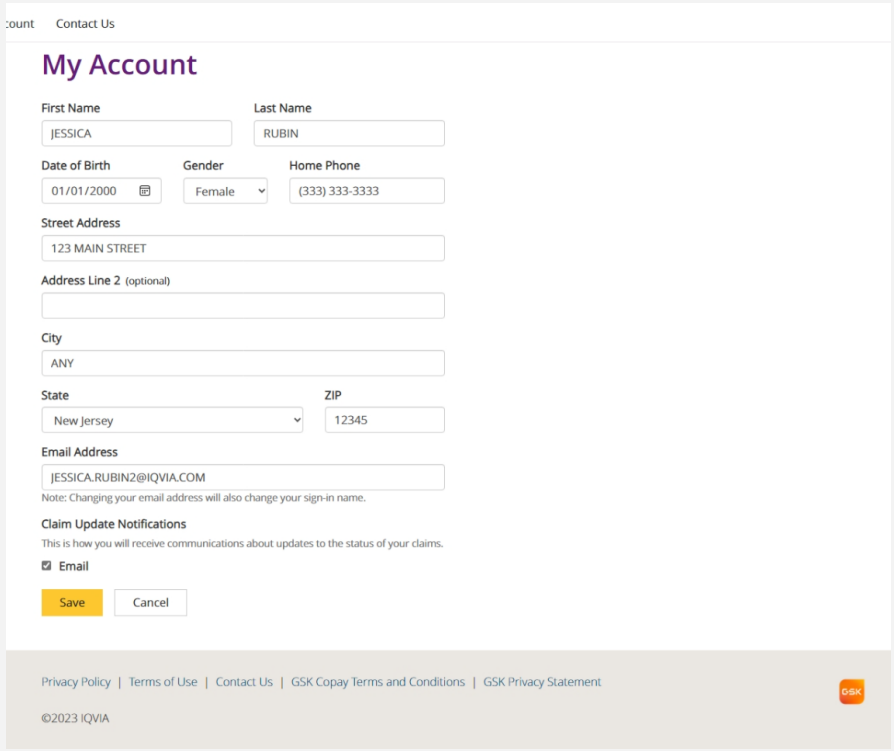
Navigation Menu: My Account

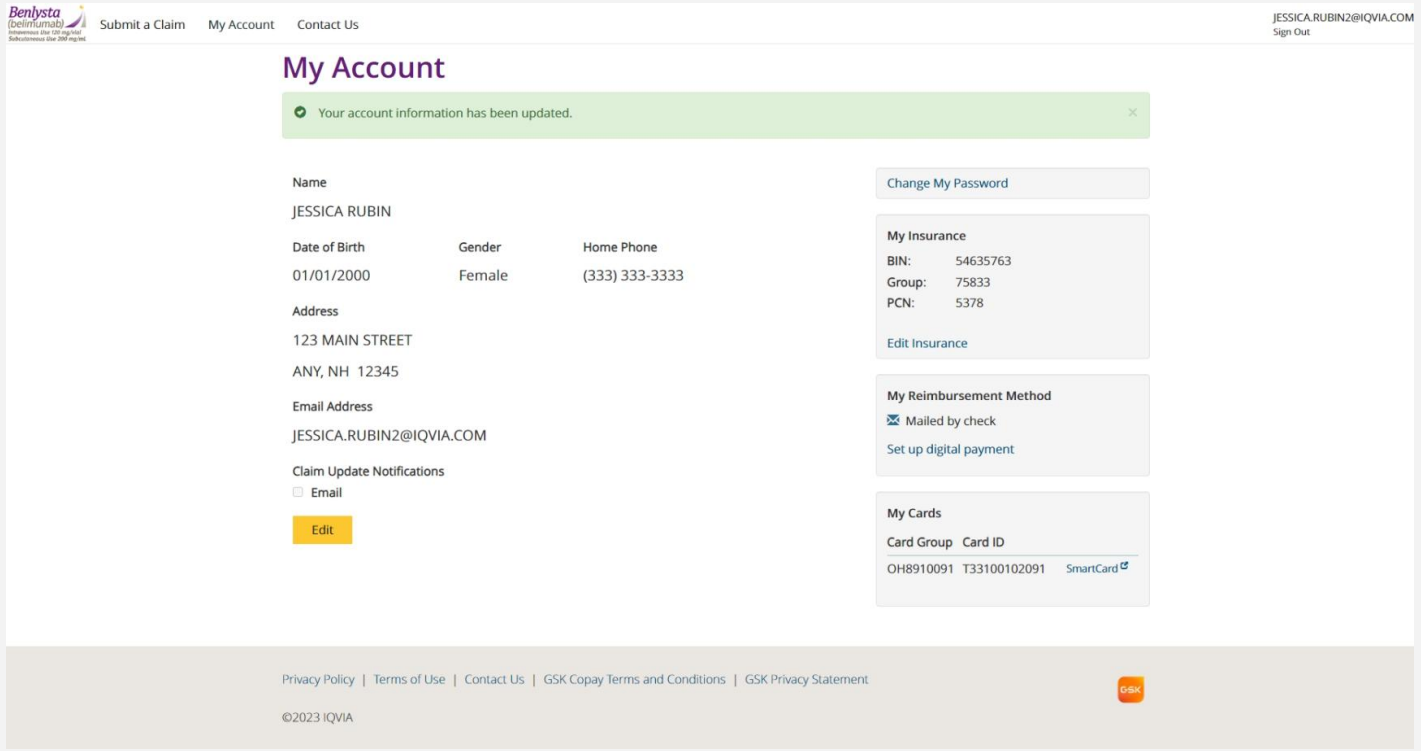
My Account



Navigation Menu: My Account

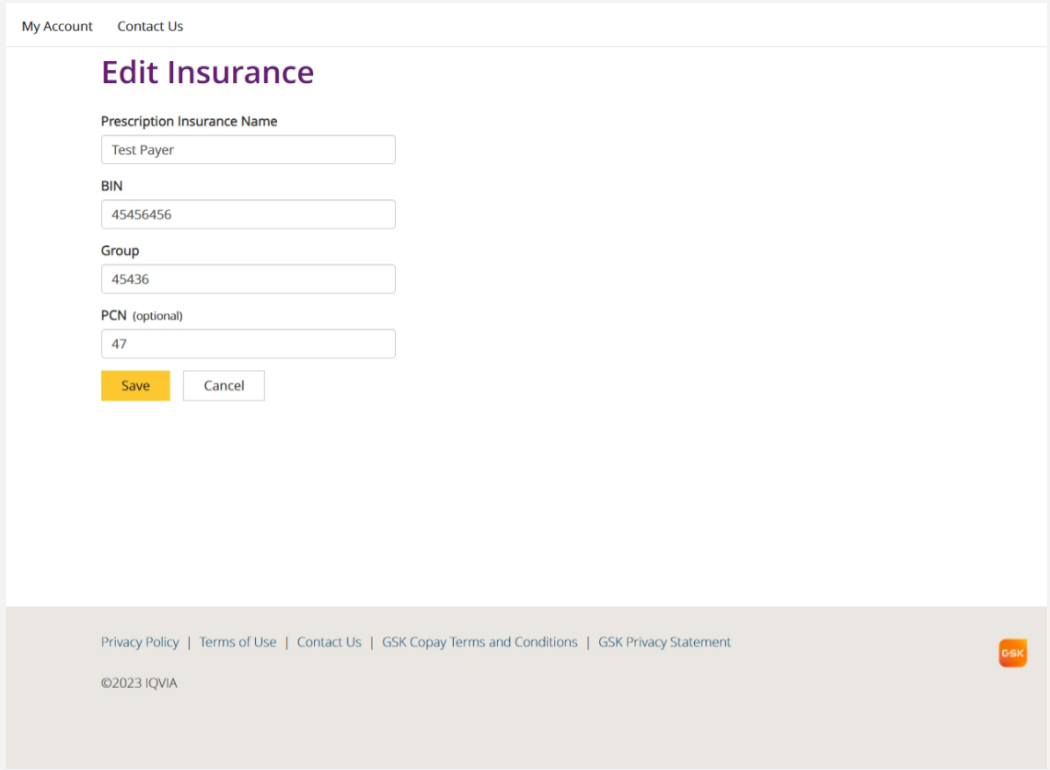
Edit Account

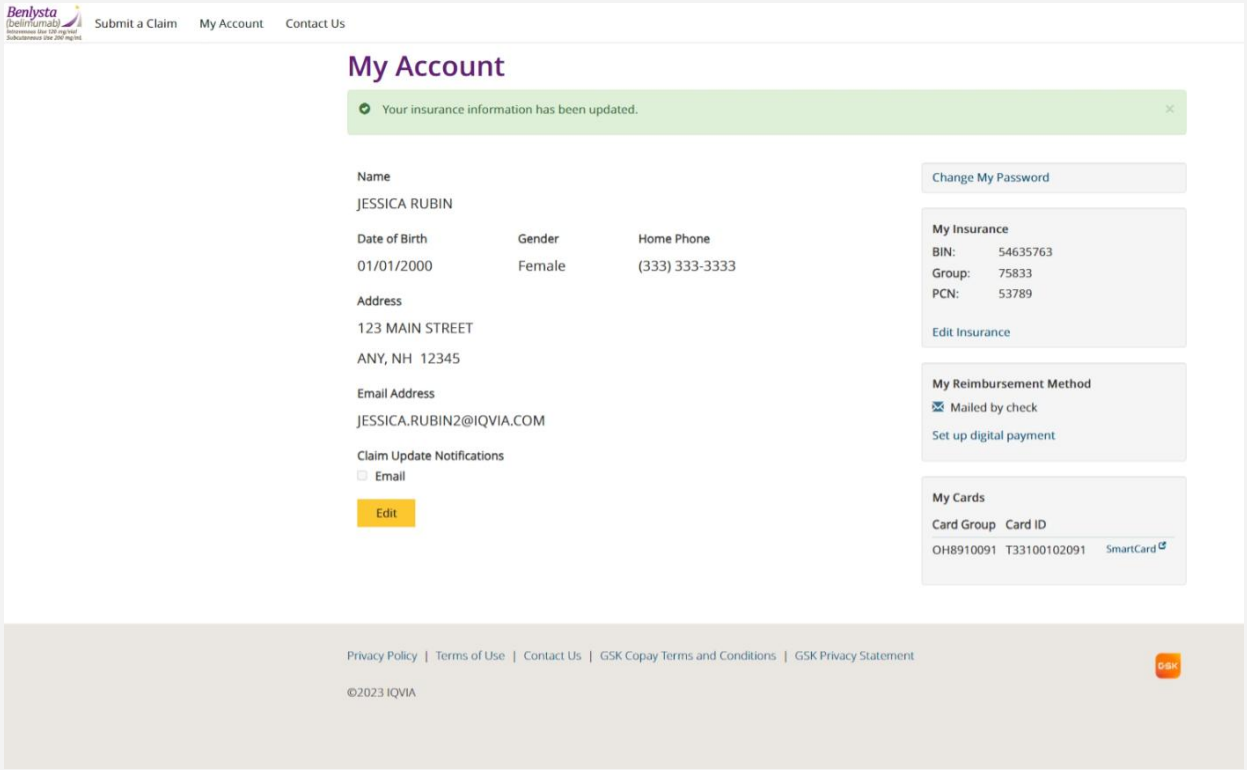




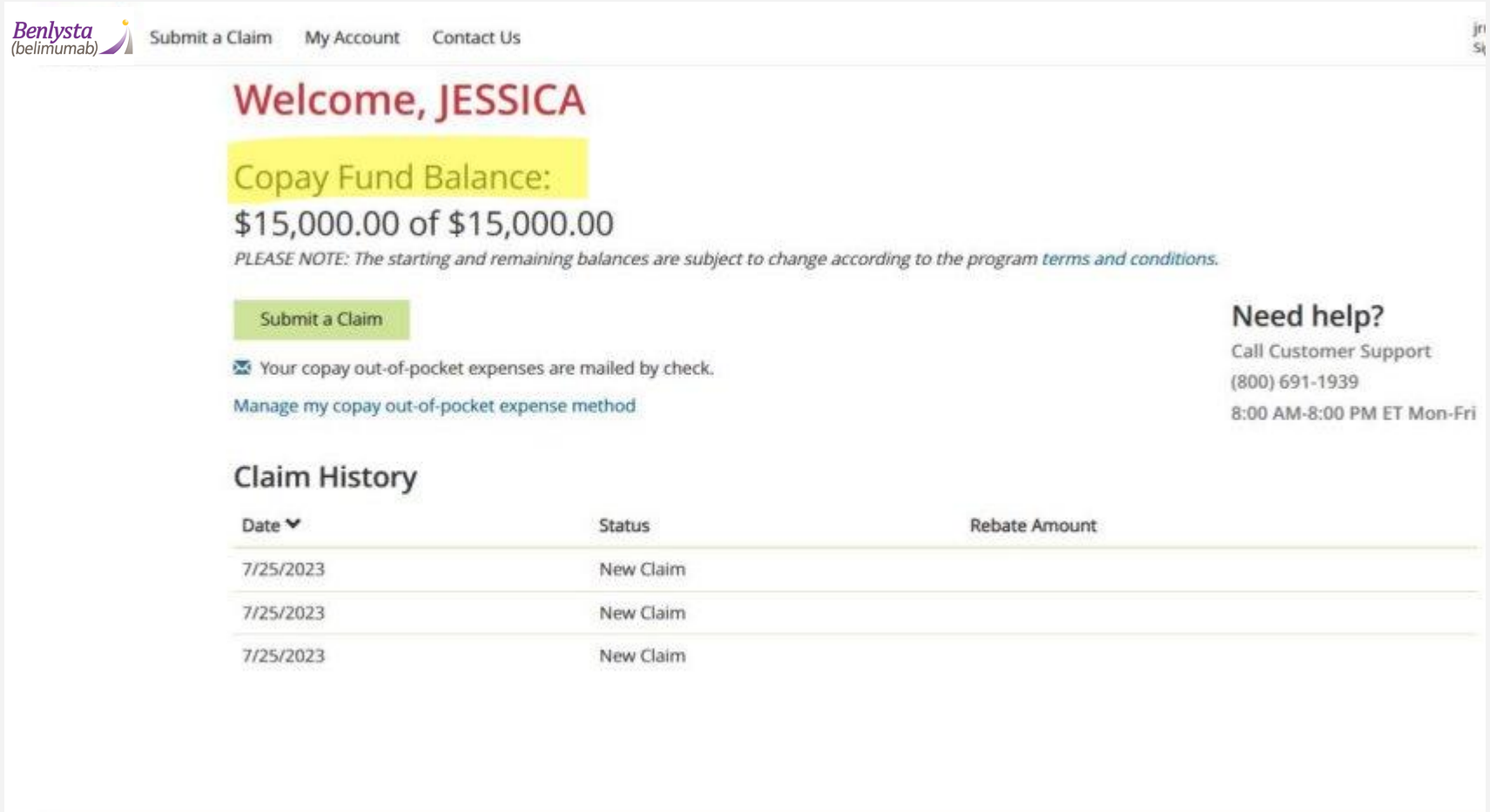
Navigation Menu: My Account

Edit Insurance





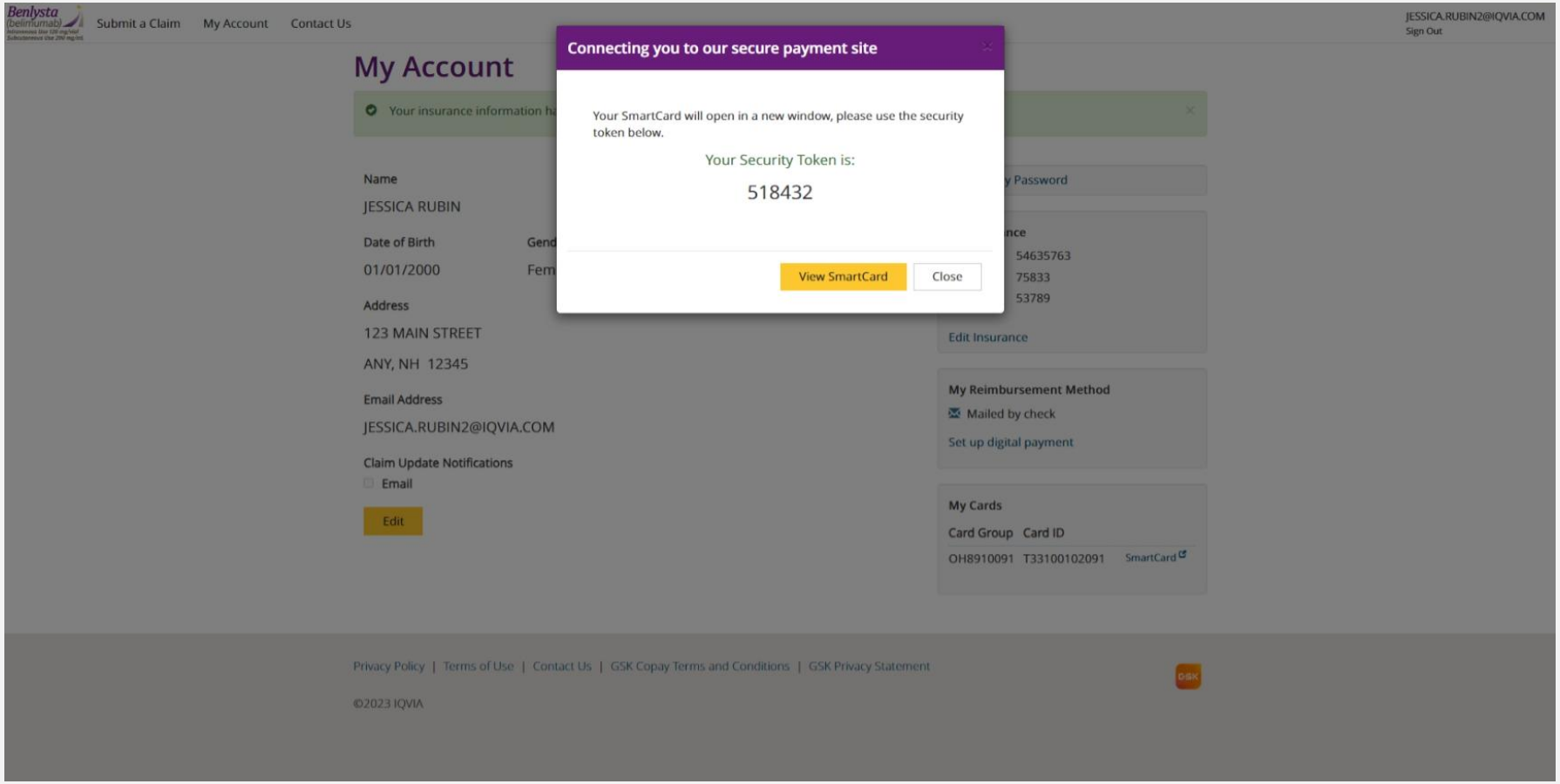
Navigation Menu: Starting and Remaining Balances



Navigation Menu: My Account

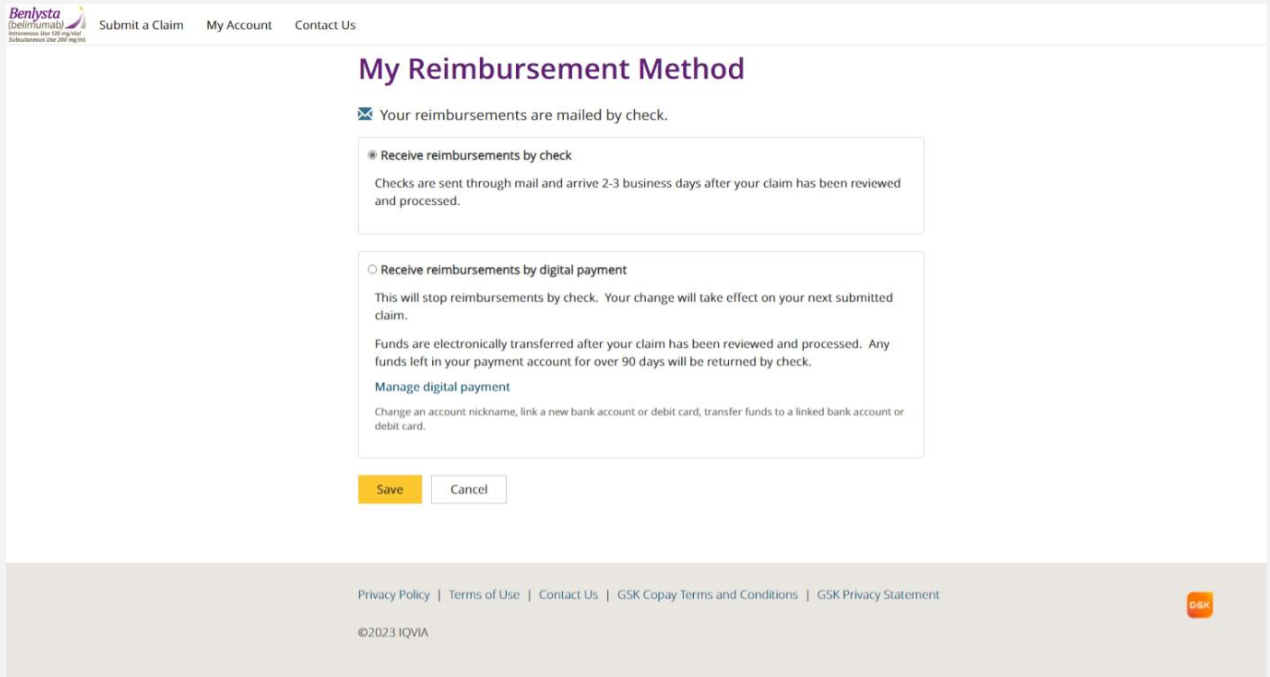
When “SmartCard” is clicked

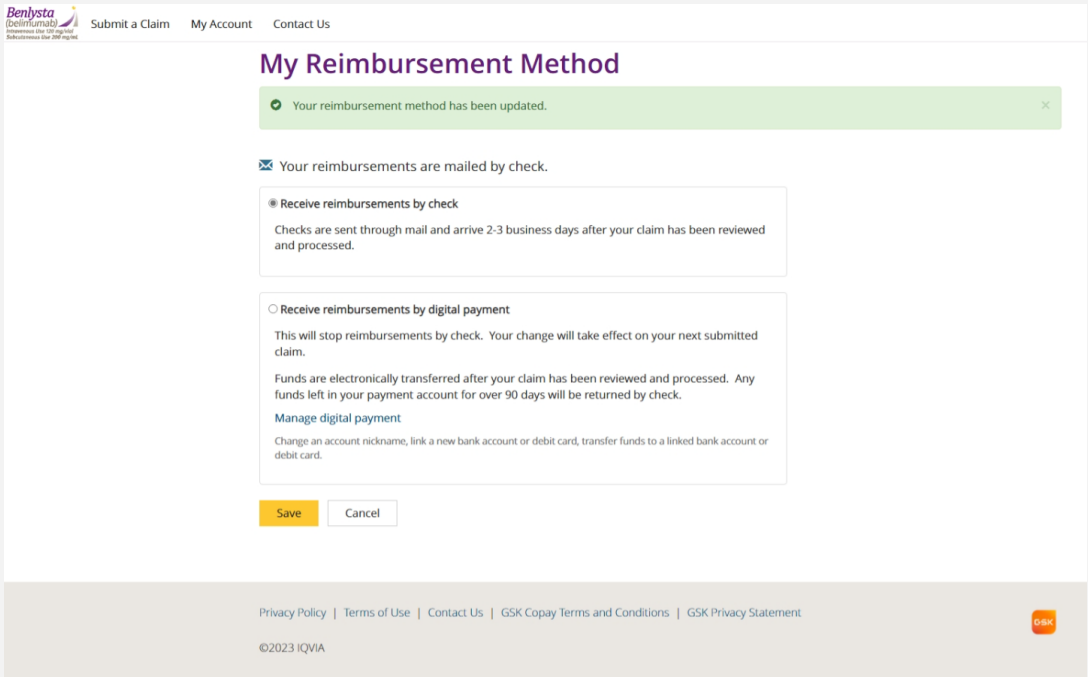
Clicking VIEW SMARTCARD button brings user to Transcard site (screenshots previously provided)



Navigation Menu: My Account

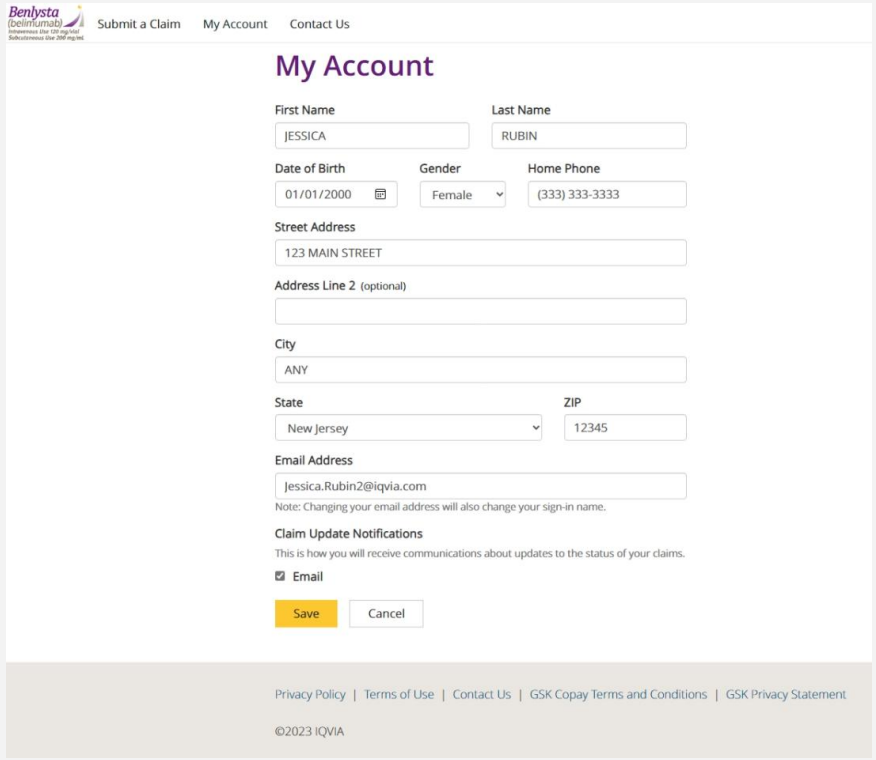
Manage Reimbursement Method

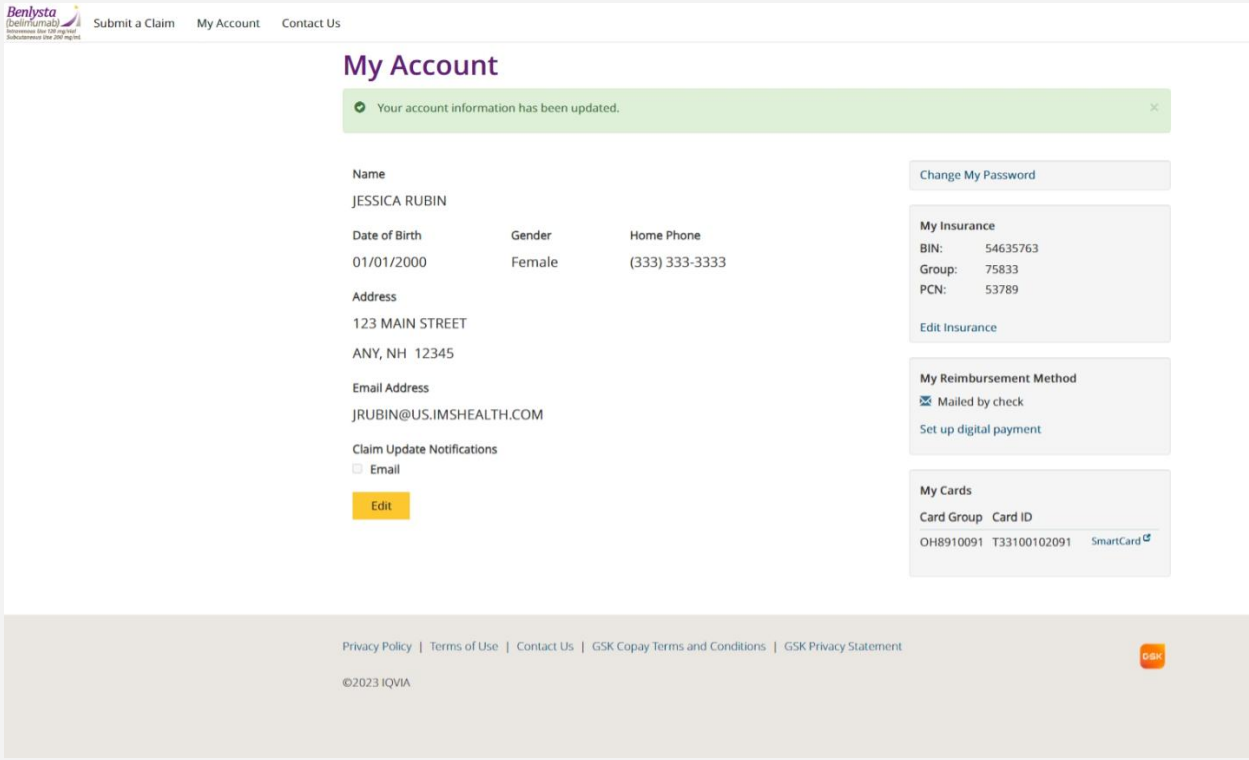




Navigation Menu: My Account

Change Email Address

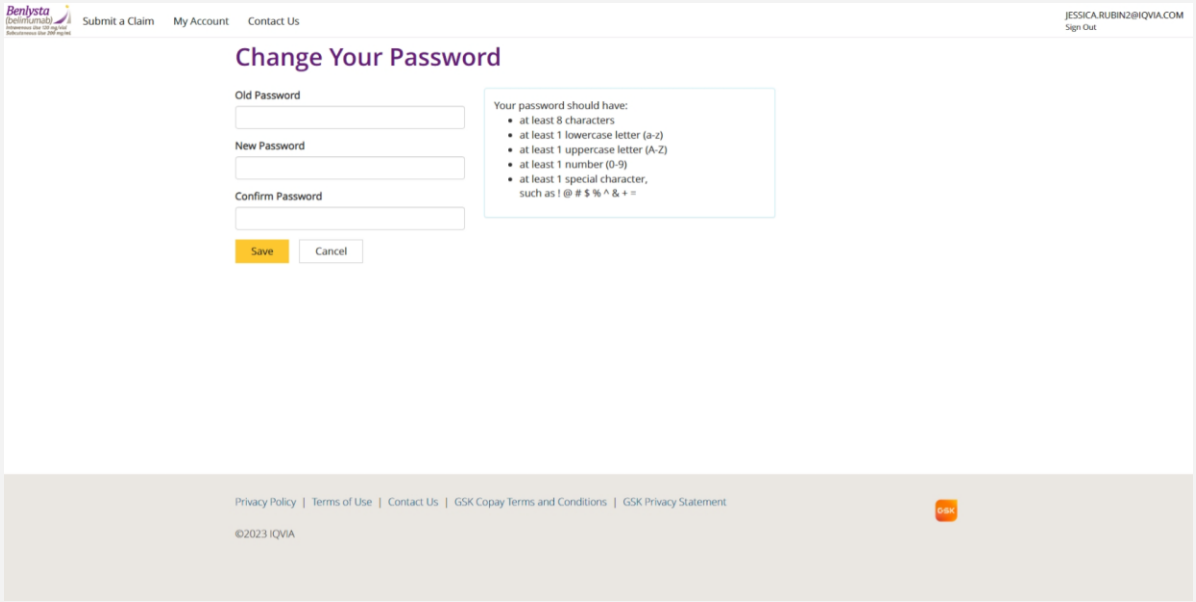




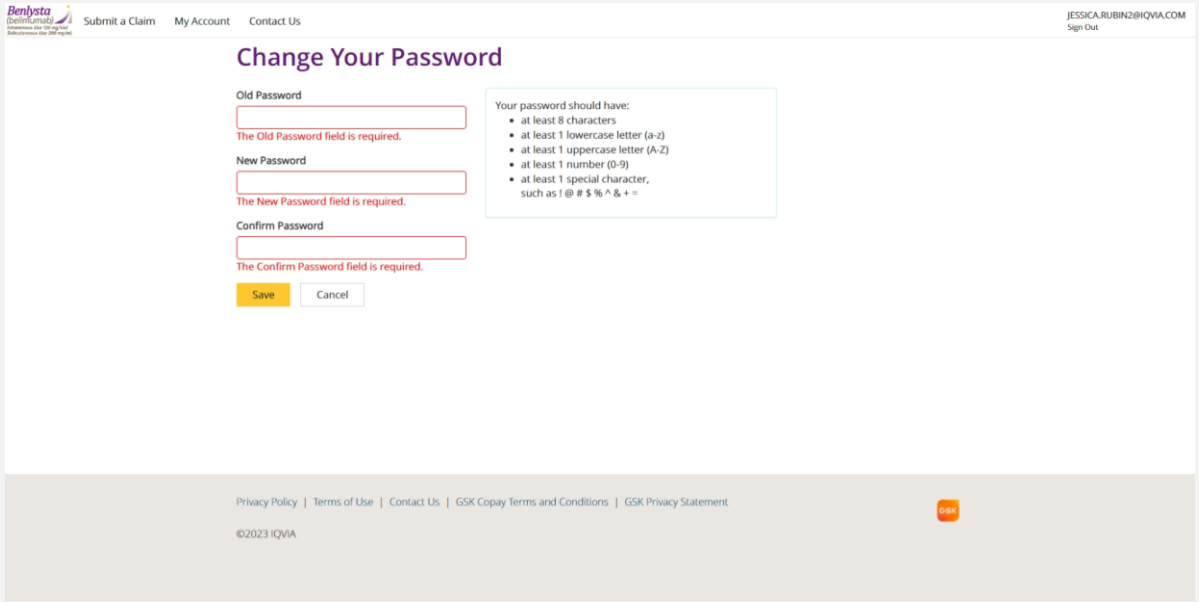
Email Address Changed: Email triggered using approved template

Navigation Menu: My Account

Change Your Password

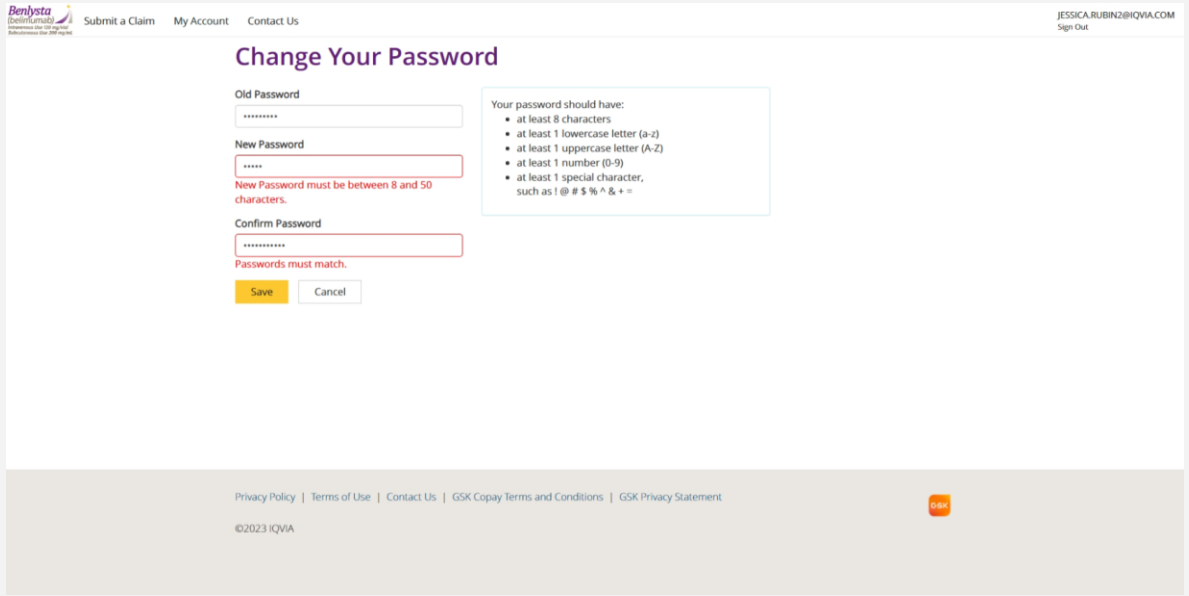


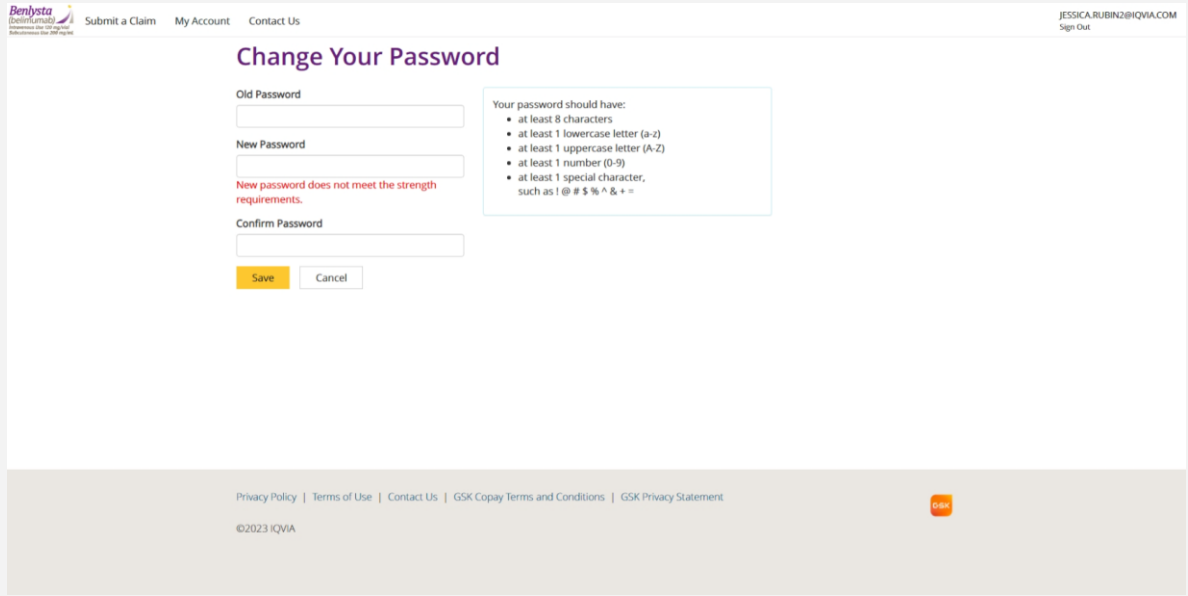
Error Messages



Navigation Menu: My Account

Error Messages





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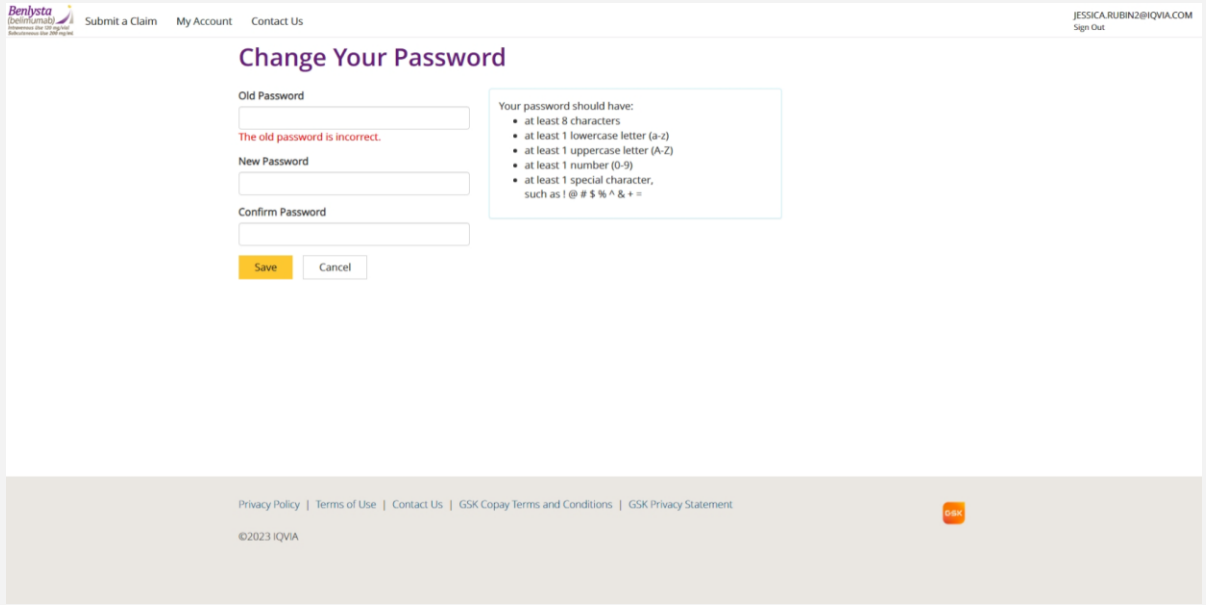
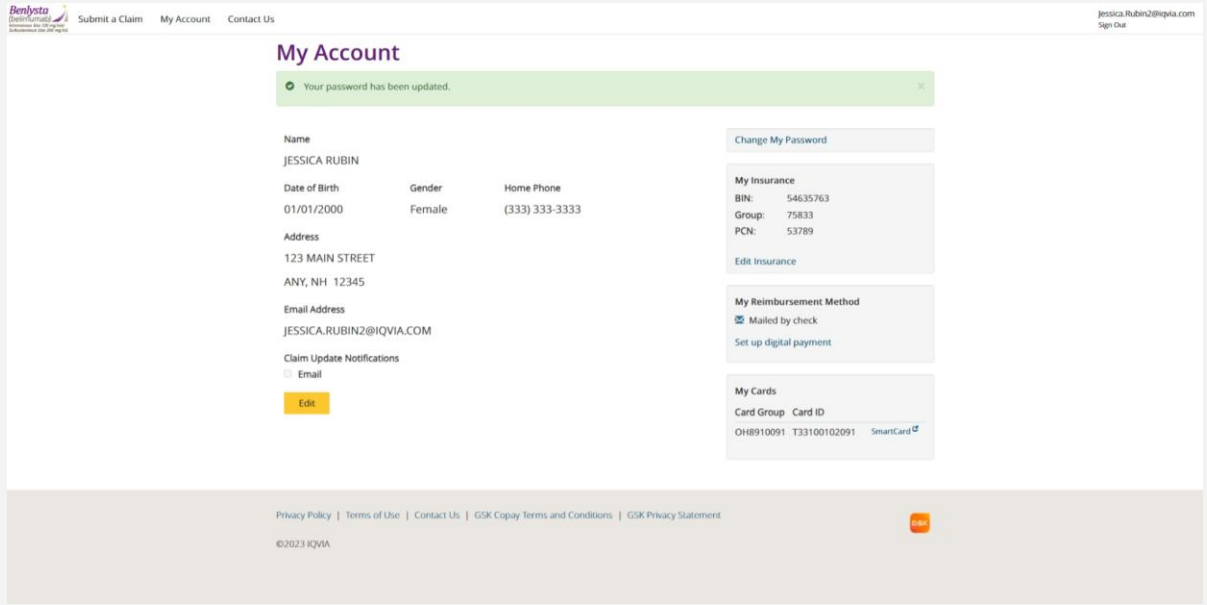
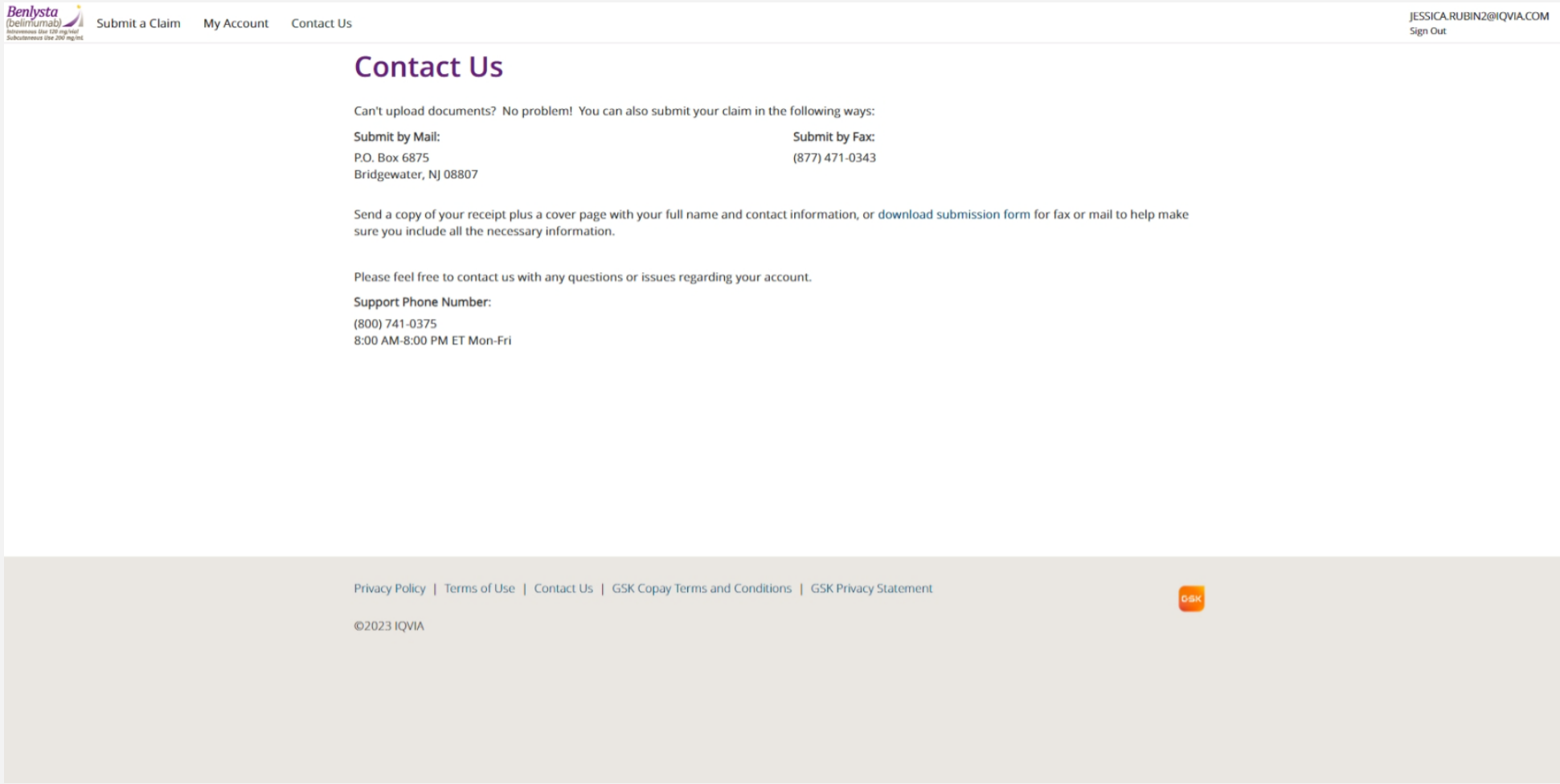
Error Messages



Password Updated



Navigation Menu: Contact Us



Thank You