



GSK HCP PORTAL USER GUIDE

Specialty (Nucale)

July 2025



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Header/Footer Links



HEADER LINKS

Name	URL
Nucala Logo	https://hcp.nucalacopayprogram.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://hcp.nucalacopayprogram.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



Nucala

mepolizumab

Home

Claims

Practice

Contact Us

Jessica.Rubin2@iqvia.com

Welcome to the Nucala HCP Copay Portal

To submit a medical co-pay claim you will need:

- Explanation of Benefits (EOB) or Claims Remittance Advice (EOPI)
- Documentation provided via portal must include:
 - 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

If submitting via mail or fax, HCP / Account seeking reimbursement and provider address must also be included.

Sign in

Email

Password

[Forgot password?](#)

☐ Remember my email

[Sign In](#) or [register your practice](#)

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Error Message

Nucala

mepolizumab

Home

Claims

Practice

Contact Us

Jessica.Rubin2@iqvia.com

Welcome to the Nucala HCP Copay Portal

To submit a medical co-pay claim you will need:

- Explanation of Benefits (EOB) or Claims Remittance Advice (EOPI)
- Documentation provided via portal must include:
 - 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

If submitting via mail or fax, HCP / Account seeking reimbursement and provider address must also be included.

Sign in

Email

Password

[Forgot password?](#)

☐ Remember my email

[Sign In](#) or [register your practice](#)

Invalid username or password.

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Login Page



Forgot Password? -> [Reset Your Password](#)



(mepolizumab)
Injection 30mg/mL

Reset Your Password

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

You will only receive an email if your practice has been approved and your email address has been registered at the practice.

Email Address

☐ I'm not a robot


reCAPTCHA
[Privacy](#) - [Terms](#)

Send Email

Need help?

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

Reset Your Password: Password Reset Sent



Reset Your Password

 **Password Reset Sent**

Click the link in your email to reset your password.

Your link will be valid for 30 minutes

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@opushealth.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 Nucala HCP Copay Portal account. You can also [click here](#) to receive a new link.

Need help?

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

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Reset Password: Email triggered using approved template

- Link brings user to this page



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 ! @ # \$ % ^ & + =

Change Your Password

Nucala

prepolizmas

Health Group

Home

Claims

Practice

Contact Us

Jessica.Rubin2@iqvia.com

Change Password

Sign Out

Change Your Password

Old 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 ! @ # \$ % ^ & + =

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Enter

Nucala
mepolizumab

Nucala

(mepolizumab)

capsule 10mg/ml

Home

Claims ▾

Practice ▾

Contact Us

Jessica.Rubin2@iqvia.com ▾

Change Your Password

Old Password

New Password

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 ! @ # \$ % ^ & * =

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GSK

Login Page



Password updated



HomeClaimsPracticeContact Us

Jessica.Rubin2@iqvia.com

Welcome, Jessica

 Your password has been updated.

Submit a Claim

Need help?

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

Recent Claims

See all claims

Status	Confirmation #	Card ID #	Patient	Prescriber	Date of Service	Date Submitted	Date Updated	Claim Amount
You haven't submitted any claims yet.								

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Register Your Practice



About The Practice

Nucala

mepolizumab

an oral corticosteroid

Create Practice Account

Introduction

To begin, a representative from the prescribing physician's practice must complete the practice registration process.

Before you may begin using the Nucala HCP Copay Portal, each user within the practice must activate his or her own account individually.

User activation does not have to be completed at the time of practice registration, but must be completed before you may begin using the Nucala HCP Copay Portal.

You will need the following information in order to successfully register your practice:

1. User information including email address (you may add additional users at a later date)
2. Practice location information
3. Prescriber licensing information
 - a. Prescriber National Provider Identifier (NPI)
 - b. State License Number (optional)

You will be asked to agree to the Nucala HCP Copay Portal Agreement. You must agree to these terms to proceed with the Nucala HCP Copay Portal.

Begin

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Nucala

mepolizumab

an oral corticosteroid

Create Practice Account

About The Practice

Please enter the information requested below. We will use this information to verify your practice.

Practice Name

Practice NPI

XXXXXXXXXX

Tax ID

XX-XXXXXX

Street Address

Address Line 2 (optional)

City

State

ZIP

XXXXXX

Phone

(XXX) XXX-XXXX

Email Address

Payment Method

You can receive payment for your claims by any of the methods below. Electronic payments require additional setup on our payment provider's website.

Electronic

Your electronic payment account is funded.

Next

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Register Your Practice



Error Message

Create Practice Account

About The Practice

Please enter the information requested below. We will use this information to verify your practice.

Practice Name

Name is required.

Practice NPI

XXXXXXXXXX

NPI is required.

Tax ID

XX-XXXXXX

Tax ID is required.

Street Address

Street Address is required.

Address Line 2 (optional)

City

City is required.

State

State is required.

ZIP

XXXX

ZIP is required.

Phone

(XXX) XXX-XXXX

Phone is required.

Email Address

Email Address is required.

Payment Method

You can receive payment for your claims by any of the methods below. Electronic payments require additional setup on our payment provider's website.

Electronic

Your electronic payment account is funded.

Next

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About You

Create Practice Account

About You

Please enter this information about yourself. We will send an account activation email to the email address you specify below. We may use the phone number below to contact you if additional information is required to verify your practice.

Email Address

Your activation email will be sent to this address.

First Name

Last Name

Phone Number

(XXX) XXX-XXXX

Extension

Role in Practice

Next

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Nucala
mepolizumab

Create Practice Account

About You

Please enter this information about yourself. We will send an account activation email to the email address you specify below. We may use the phone number below to contact you if additional information is required to verify your practice.

Email Address

Your activation email will be sent to this address.

Email is required.

First Name

First Name is required.

Last Name

Last Name is required.

Phone Number

(###) ###-####
Phone is required.

Extension

Role In Practice

User Role is required.

Next

Nucala
Empowering
Healthcare

Create Practice Account

Practice Already Registered

A practice with NPI number 222222222 has already been created.
Please contact your administrator to get an account.

Back

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Nucala
Innovations

Create Practice Account

Practice Already Registered

A practice with NPI number 222222222 has already been registered.
Please contact your administrator to get an account, or [contact support](#) if you believe you received this message in error.

Back

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GSK

Nucala
mepolizumab

Additional Users

Nucala

mpgplzmbi

Practice Elogist

Create Practice Account

Additional Users

You can add up to three additional users at this practice, or skip this step and add more users after your account is activated.

Name	Email Address	Role	Admin	
Jessica Rubin	Jessica.Rubin2@iqvia.com	Office/Billing Administrator	☒	Edit

[Add a User](#)

Next

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GSK

Register Your Practice



Clicking Add a User brings up this window

The screenshot shows the 'Create Practice Account Additional Users' window. A modal titled 'User' is open, displaying the following fields and options:

- Email Address:** A text input field with a note: 'An activation email will be sent to this address.'
- First Name:** A text input field.
- Last Name:** A text input field.
- Phone Number:** A text input field with a placeholder '(###) ###-####'.
- Extension:** A text input field.
- Role in Practice:** A dropdown menu with 'Administrator' selected. Below it, a checkbox labeled 'Administrator' is checked, with a note: 'Administrators can manage users and prescribers at the practice.'

At the bottom of the modal are 'Save' and 'Cancel' buttons. The background window shows a table with one user: Jessica Rubin, with email Jessica.Rubin2@iqvia.com. There is an 'Add a User' button and a 'Next' button.

Error Messages

This screenshot shows the 'User' modal with several error messages in red text:

- Email Address:** 'Email is required.'
- First Name:** 'First Name is required.'
- Last Name:** 'Last Name is required.'
- Phone Number:** 'Phone is required.'
- Role in Practice:** 'User Role is required.'

The 'Save' button is disabled. The background window shows the same user table as the previous screenshot.

This screenshot shows the 'User' modal with one error message in red text:

- Email Address:** 'This email address is already in use.'

The 'Save' button is disabled. The background window shows the same user table as the previous screenshots.

Register Your Practice



About the Prescriber

Nucala

mepolizumab

Learn More

Create Practice Account

About the Prescriber

At least one prescriber from your practice must be added in order to verify the practice.

Prescriber First Name

Prescriber Last Name

NPI Number

State License Number (optional)

Next

Error Messages

Nucala

mepolizumab

Learn More

Create Practice Account

About the Prescriber

At least one prescriber from your practice must be added in order to verify the practice.

Prescriber First Name

First Name is required.

Prescriber Last Name

Last Name is required.

NPI Number

NPI Number is required.

State License Number (optional)

Next

Additional Prescribers

Nucala

mepolizumab

Learn More

Create Practice Account

Additional Prescribers

You can add up to three more prescribers now, or skip this step and add prescribers after your account is activated.

Name	NPI	SLN	
DocFN DocLN	8888888888		Edit

Add a Prescriber

Next

Register Your Practice



Clicking Add a Prescriber brings up this window

Create Practice Account
Additional Prescribers

You can add up to three more prescribers now, or skip this step.

Name
TestDoc TestLast

Add a Prescriber

Next

Prescriber

First Name
Last Name
NPI Number
State License Number (optional)

Save Cancel

Error Messages

Create Practice Account
Additional Prescribers

You can add up to three more prescribers now, or skip this step.

Name
TestDoc TestLast

Add a Prescriber

Next

Prescriber

First Name
Last Name
NPI Number
State License Number (optional)

First Name is required.
Last Name is required.
NPI Number is required.

Save Cancel

Create Practice Account
Additional Prescribers

You can add up to three more prescribers now, or skip this step.

Name
TestDoc Rubin

Add a Prescriber

Next

Prescriber

First Name
Last Name
NPI Number
State License Number (optional)

TestDoc
Rubin
999999999
NJ

A prescriber with this NPI has already been added.
A prescriber with this SLN has already been added.

Save Cancel

Nucala
mepolizumab

Create Practice Account

Review Registration

Please review the information below before submitting your registration.

Practice

Edit

Test Practice

NPI:2222222222

Tax ID:33-333333

Phone:(555) 555-5555

Address:
123 Main Street
Any, AL 12345

Payments will be received by debit.

Next

Users

Edit

Name	Email Address	Role
Jessica Rubin	Jessica.Rubin2@iqvia.com	Office/Billing Administrator
AdminFirst AdminLast	jrubin@us.imshealth.com	Other

Prescribers

Edit

Name	NPI	SLN
DocFN DocLN	8888888888	
NPFN NPLN	9999999999	

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0000



Create Practice Account

Practice Agreement

Please sign below the following Terms and Conditions to indicate your understanding and acceptance of the terms and conditions of participation of this GSK Copay Program.

I certify that the information provided in claims submitted to IQVIA Inc., Patient Access and Affordability Solutions Division as part of this GSK Copay Program will be accurate; that expenses requested for payments will be eligible patient co-pay, co-insurance, or deductible expenses, actually incurred and not paid by the patient's insurance, Flexible Spending Account, Health Savings Account, or any other payer; and that I would, in the ordinary course of my practice, have charged my patient for such out-of-pocket expenses. I also certify that I will ensure that each patient for whom I submit documentation under this Program (i) will not be purchasing their prescriptions with benefits from Medicare, including Medicare Part D or Medicare Advantage Plans; Medicaid, including Medicaid Managed Care or Alternative Benefits Plans ("ABPs") under the Affordable Care Act; Medicaid; Veterans Administration ("VA"); Department of Defense (DoD); TRICARE; or any similar state-funded programs, such as medical or pharmaceutical assistance programs; and (ii) will meet the other eligibility criteria for the program. Any other expenses, including, but not limited to, out-of-network amounts not covered by patient's insurance, are not eligible for payment under this Program. I understand that I am liable for any misrepresentations herein to the full extent of applicable law.

I also understand that IQVIA reserves the right to verify submitted claims information at any time.

☐ Acknowledged and Agreed

Enter your name to accept

TestDoc TestLast

☐ I'm not a robot
 

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 [GSK Privacy Statement](#) |
 [GSK Terms of Use](#)

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Register Your Practice



Error Message

Create Practice Account

Practice Agreement

Please sign below the following Terms and Conditions to indicate your understanding and acceptance of the terms and conditions of participation of this HCP Medical Co-pay Program.

I certify that the information provided in claims submitted to IQVIA Inc., Patient Access and Affordability Solutions Division as part of this HCP Medical Co-pay Program will be accurate; that expenses requested for payments will be eligible patient co-pay, co-insurance, or deductible expenses, actually incurred and not paid by the patient's insurance, Flexible Spending Account, Health Savings Account, or any other payer; and that I would, in the ordinary course of my practice, have charged my patient for such out-of-pocket expenses. I also certify that I will ensure that each patient for whom submits documentation under this Program (i) will not be purchasing their prescriptions with benefits from Medicare, including Medicare Part D or Medicare Advantage Plans; Medicaid, including Medicaid Managed Care or Alternative Benefit Plans ("ABPs") under the Affordable Care Act; Medicaid; Veterans Administration ("VA"); Department of Defense ("DoD"); TRICARE®; or any similar state-funded programs, such as medical or pharmaceutical assistance programs; and (ii) will meet the other eligibility criteria for the program. Any other expenses, including, but not limited to, out-of-network amounts not covered by patient's insurance, are not eligible for payment under this Program. I understand that I am liable for any misrepresentations herein to the full extent of applicable law.

I also understand that IQVIA reserves the right to verify submitted claims information at any time.

☒ Acknowledged and Agreed

Enter your name to accept

Jessica

Please enter your first name.

Ruben

Please enter your last name.

I'm not a robot

reCAPTCHA

Privacy - Terms

Finish

Privacy Policy

Terms of Use

Contact Us

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Registration Successful

Practice Registration Submitted: Email triggered using approved template

Create Practice Account

Registration Successful

✓ Your registration was successfully submitted.

Thank you for registering your practice for the Nucala HCP Copay Portal. We are currently processing your request. You and any users added during registration will receive an account notification email within two (2) business days.

Please note, you will not be able to sign in until your practice has been approved and your account is activated.

Done

Need help?

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

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Account Activation



Activate Account:
Email triggered using approved template

Account Activation: Set Password

Account Activation

Please set your password.

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 ! @ # \$ % ^ & * + =

Save

Cancel

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Error Message

Account Activation

Please set your password.

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 ! @ # \$ % ^ & * + =

Save

Cancel

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Account Activated

Account Activated

✓ Your account has been activated.

Click here to sign in to the Nucala HCP Copay Portal.

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Navigation Menu (Home)



Portal Home Page (no recent claims)

Nucala

mepolizumab

Home

Claims

Practice

Contact Us

Submit a Claim

Need help?

Call Customer Support

(800) 691-1939

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

Recent Claims

See all claims

Status	Confirmation #	Card ID #	Patient	Prescriber	Date of Service	Date Submitted	Date Updated	Claim Amount
You haven't submitted any claims yet.								

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Portal Home Page (with recent claims)

Nucala

mepolizumab

Home

Claims

Practice

Contact Us

Submit a Claim

Need help?

Call Customer Support

(800) 691-1939

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

Recent Claims

See all claims

Status	Confirmation #	Card ID #	Patient	Prescriber	Date of Service	Date Submitted	Date Updated	Claim Amount
New Claim	134367	155100100130	TESTLN, TESTFN	NPLN, NPIN	7/21/2023			View

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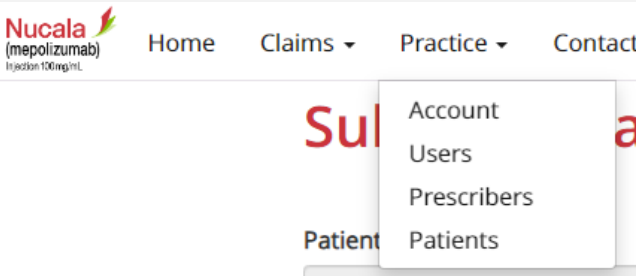
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Nucala
mepolizumab



Navigation Menu (Practice -> Account)



Practice -> Account

Nucala (mepolizumab) Injection 100mg/mL

Home Claims Practice Contact Us

Jessica.Rubin2@iqvia.com

Practice

Test Practice

NPI: 222222222
Tax ID: 33-333333

Address

123 Main Street
Any, AL 12345

Communications

Phone: (555) 555-5555
Email: Jessica.Rubin2@iqvia.com

Payment Method

Your payments are being transferred to your debit card.

[Edit](#)

[Manage Patients](#)
[Manage Users](#)
[Manage Prescribers](#)

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Edit Practice

Nucala (mepolizumab) Injection 100mg/mL

Home Claims Practice Contact Us

Practice

Practice Name
Test Practice

Practice NPI: 222222222 Tax ID: 33-333333

Street Address
123 Main Street

Address Line 2 (optional)

City
Any

State: Alabama ZIP: 12345

Phone: (555) 555-5555 Email Address: Jessica.Rubin2@iqvia.com

Payment Method

You can receive payment for your claims by any of the methods below. Electronic payments require additional setup on our payment provider's website.
Changes will take effect for the next claim you submit.

Debit The patient's debit card is funded.

[Save](#) [Cancel](#)

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Navigation Menu (Practice -> Users)



Practice -> Users

Select Manage Users from Account Page or users from dropdown menu

Nucala

mepolizumab

iqvia

iqvia

Home

Claims

Practice

Contact Us

Jessica.Rubin2@iqvia.com

Users

Add a User

Name	Email Address	Role	Administrator	
Jessica Rubin	Jessica.Rubin2@iqvia.com	Office/Billing Administrator	☒	Edit
AdminFirst AdminLast	jrubin@us.imshealth.com	Other	☐	Edit

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Add a User

Nucala

mepolizumab

iqvia

iqvia

Home

Claims

Practice

Contact Us

Jessica.Rubin2@iqvia.com

Users

Add a User

Name

Jessica Rubin

AdminFirst AdminLast

Email Address

An activation email will be sent to this address.

First Name

Last Name

Phone Number

(###) ###-####

Extension

Role in Practice

Administrator

Administrators can manage users and prescribers at the practice.

Error Message

Nucala

mepolizumab

iqvia

iqvia

Home

Claims

Practice

Contact Us

Jessica.Rubin2@iqvia.com

Users

Add a User

Name

Jessica Rubin

AdminFirst AdminLast

Email Address

Email is required.

First Name

First Name is required.

Last Name

Last Name is required.

Phone Number

(###) ###-####

Extension

Role in Practice

User Role is required.

Administrator

Administrators can manage users and prescribers at the practice.

Edit User

Nucala

mepolizumab

iqvia

iqvia

Home

Claims

Practice

Contact Us

Jessica.Rubin2@iqvia.com

Users

Add a User

Name

Jessica Rubin

AdminFirst AdminLast

Email Address

jrubin@us.imshealth.com

First Name

AdminFirst

Last Name

AdminLast

Phone Number

(333) 333-3333

Extension

Role in Practice

Other

Administrator

Administrators can manage users and prescribers at the practice.

Save

Cancel

Navigation Menu (Practice -> Prescribers)



Practice -> Prescribers

Select Prescribers Users from Account Page or prescribers from dropdown menu

Nucala

mepolizumab

Home

Claims

Practice

Contact Us

Jessica.Rubin2@iqvia.com

Prescribers

Add a Prescriber

Name	NPI	SLN	
DocFN DocLN	8888888888		Edit
NPFN NPLN	9999999999		Edit

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GSK

Add a Prescriber

Prescribers

Add a Prescriber

Name

DocFN DocLN

NPFN NPLN

NPI Number

State License Number (optional)

Edit

Edit

First Name

Last Name

NPI Number

State License Number (optional)

Save

Cancel

Error Message

Prescribers

Add a Prescriber

Name

DocFN DocLN

NPFN NPLN

NPI Number

State License Number (optional)

Edit

Edit

First Name

Last Name

NPI Number

State License Number (optional)

Save

Cancel

First Name is required.

Last Name is required.

NPI Number is required.

Edit Prescriber

Prescribers

Add a Prescriber

Name

DocFN DocLN

NPFN NPLN

NPI Number

State License Number (optional)

Edit

Edit

First Name

Last Name

NPI Number

State License Number (optional)

Save

Cancel

NPFN

NPLN

9999999999

Navigation Menu (Practice -> Patients)



Practice -> Patients

Select Manage Patients from
Account Page Patients from
Prescriber drop down menu

The screenshot shows the 'Patients' management page for Nucala (mepolizumab). The header includes the Nucala logo, navigation links (Home, Claims, Practice, Contact Us), and a user profile (Jessica.Rubin2@iqvia.com). The main heading is 'Patients' in red. Below it, a search instruction reads: 'Enter the first few letters of the patient's first and/or last name, or leave both fields empty to see all patients.' There are two input fields labeled 'First Name' and 'Last Name', followed by a search button with a magnifying glass icon. A link 'Add a Patient' is located below the search fields. The footer contains links for Privacy Policy, Terms of Use, Contact Us, GSK Copay Terms and Conditions, and GSK Privacy Statement, along with the copyright notice '©2023 IQVIA' and the GSK logo.

Nucala
(mepolizumab)
injection 100 mg/mL

Home Claims Practice Contact Us

Jessica.Rubin2@iqvia.com

Patients

Enter the first few letters of the patient's first and/or last name, or leave both fields empty to see all patients.

First Name Last Name

[Add a Patient](#)

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GSK

Navigation Menu (Practice -> Patients)



Patient Search Results

- To add a patient, click Add a Patient or go to Submit a Claim

Home

Claims

Practice

Contact Us

Jessica.Rubin2@iqvia.com

Patients

Enter the first few letters of the patient's first and/or last name, or leave both fields empty to see all patients.

First Name

Last Name

Q

Add a Patient

Name	Date Of Birth	ZIP
No results		

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Home

Claims

Practice

Contact Us

Jessica.Rubin2@iqvia.com

Patients

Enter the first few letters of the patient's first and/or last name, or leave both fields empty to see all patients.

First Name

Last Name

Q

Add a Patient

Name	Date Of Birth	ZIP	
TESTFN TESTLN	01/01/2000	12345	View Submit Claim

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Navigation Menu (Practice -> Patients)



Patient Record: View

Home

Claims

Practice

Contact Us

Jessica.Rubin2@iqvia.com

Submit a Claim

Name

JESSICA RUBIN

Date of Birth

01/01/2000

Address

123 MAIN STREET
ANY, NJ 12345

Home Phone

(333) 333-3333

Email

JESSICA.RUBIN2@IQVIA.COM

Electronic Signature

Consent received

Edit

Close

Co-pay Card GRP #

Co-pay Card ID #

Gender

Female

Insurance Name

Test Payer

Insurance BIN

008589

Insurance Group

PACE

Insurance PCN

AJNB

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Patient Record: Edit

Home

Claims

Practice

Contact Us

Jessica.Rubin2@iqvia.com

Patient

First Name

TESTFN

Last Name

TESTLN

Date of Birth

01/01/2000

Gender

Female

Street Address

123 MAIN STREET

Address Line 2 (optional)

City

ANY

State

New Jersey

ZIP

12345

Phone

(333) 333-3333

Home

Mobile

Email

JESSICA.RUBIN2@IQVIA.COM

Electronic Signature

The patient will receive an email requesting electronic signature

Save

Cancel

Co-pay Card GRP #

CH8912101

Co-pay Card ID #

T55100100130

Insurance Name

Test Payer

Insurance BIN

008589

Insurance Group

PACE

Insurance PCN

AJNB

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Navigation Menu (Practice -> Patients)



Patient Record: Enrolled by HCP w/o eConsent in place yet

Home

Claims

Practice

Contact Us

Jessica.Rubin2@hqva.com

Patient

Patient has been added.

X

No claims can be submitted until patient consent is in place.

Name	TESTFN TESTLN	Co-pay Card GRP #	OH8912101	Co-pay Card ID #	T55100100130
Date of Birth	01/01/2000	Gender	Female		
Address	123 MAIN STREET ANY, NJ 12345	Insurance Name	Test Payer		
Home Phone	(333) 333-3333	Insurance BIN	008589		
Email	JESSICA.RUBIN2@HQVA.COM	Insurance Group	PACE		
		Insurance PCN	AJNB		

Electronic Signature

Awaiting online consent

Resend email

Edit

Close

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Patient Record: eConsent in place

Clicking View SmartCard brings HCP to Transcard site to access debit details

Home

Claims

Practice

Contact Us

Jessica.Rubin2@hqvia.com

Patient

Submit a Claim

Name
TESTFN TESTLN

Date of Birth
01/01/2000

Address
123 MAIN STREET
ANY, NJ 12345

Home Phone
(333) 333-3333

Email
JESSICA.RUBIN2@HQVIA.COM

Electronic Signature
✔ Consent received.

EditClose

View SmartCard

Co-pay Card GRP #
OH8912101

Gender
Female

Insurance Name
Test Payer

Insurance BIN
008589

Insurance Group
PACE

Insurance PCN
AJNB

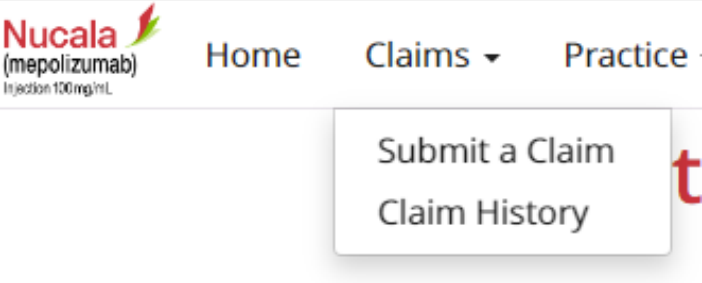
Co-pay Card ID #
T55100100130

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Navigation Menu (Claims)



Claims -> Submit a Claim

Patient and prescriber are prepopulated if selected from patient screen or patient search results

Clicking Change default payment method brings user to Practice Edit page

Navigation Menu (Claims -> Submit a Claim)



Click on search icon to find patient

Submit a Claim

Patient New Patient Prescriber

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

Please select the payment method for this claim.
Debit The patient's debit card is funded.
Change default payment method

Please provide the explanation of benefits (EOB) or Claims Remittance Advice (EOB), which must include:

- 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

I understand that payment from the Co-pay program is available only for eligible claims on behalf of patients that the Co-pay Program has determined to be eligible for the Co-pay program. Other expenses, including, but not limited to, out-of-network amounts not covered by patient's insurance, are not eligible for payment under the Co-pay Program. I understand that I am liable for any misrepresentations herein to the full extent of applicable law.

I appoint the Gateway to NUCALA, on my behalf, to convey this prescription to the dispensing pharmacy, to the extent permitted under state law. Special Note: Prescribers in all states must follow applicable laws for a valid prescription. For prescribers in states with official prescription form requirements, please submit an actual prescription along with this enrollment form. Prescribers may need to submit an electronic prescription to the Specialty Pharmacy.

☐ Agree

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Submit a Claim

Find a Patient
First Name: Last Name:

Submit a Claim

Patient New Patient Prescriber

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

Please select the payment method for this claim.
Debit The patient's debit card is funded.
Change default payment method

Please provide the explanation of benefits (EOB) or Claims Remittance Advice (EOB), which must include:

- 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

Prescriber Declaration: I certify that:

- the information provided above is true and accurate and that NUCALA is being prescribed for the patient listed above,
- for any insured patient seeking co-pay assistance under the Co-pay Program, in the absence of financial support from such program, any applicable co-pay, coinsurance, or other out of pocket cost for NUCALA would be collected from the patient upon insurance,
- the information submitted represents only the eligible patient out of pocket costs associated with NUCALA and not patient out of pocket costs for other services provided by me or my office/pharmacy as applicable,
- the expenses requested represent eligible patient co-payment, co-insurance, or deductible expenses actually incurred and not paid by the patient's insurance, flexible spending accounts, health savings account, or any other payer;
- I also certify that neither I nor any patient for whom I submit documentation under this program will seek payment or reimbursement for NUCALA prescriptions from any local, state, federal or government program that pays for any portion of prescription drug costs, including but not limited to Medicare including Medicare Part B, Part D or Medicare Advantage Plans; Medicaid; Medigap; Veterans Administration (VA); Department of Defense (DOD); TRICARE.

I understand that payment from the Co-pay program is available only for eligible claims on behalf of patients that the Co-pay Program has determined to be eligible for the Co-pay program. Other expenses, including, but not limited to, out-of-network amounts not covered by patient's insurance, are not eligible for payment under the Co-pay Program. I understand that I am liable for any misrepresentations herein to the full extent of applicable law.

☐ Agree

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Navigation Menu (Claims -> Submit a Claim)



Find a Patient: Results

Submit a Claim

Find a Patient

First Name: Last Name: Q

Name	Date Of Birth	ZIP	
TESTIN TESTLN	01/01/2000	12345	View Submit Claim

Please select the payment method for this claim.

Debit

Change default payment method

Please provide the explanation of benefits (EOB) or Claims Remittance Advice (COA) which must include:

- 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

Attach File

Prescriber Declaration: I certify that

- the information provided above is true and accurate and that NUCALA is being prescribed for the patient listed above.
- for any insured patient seeking co-pay assistance under the Co-pay Program, in the absence of financial support from such program, any applicable co-pay, coinsurance, or other out of pocket cost for NUCALA would be collected from the patient upon treatment.
- the information submitted represents only the eligible patient out of pocket costs associated with NUCALA and not patient out of pocket costs for other services provided by me or my office/pharmacy as applicable.
- the expenses requested represent eligible patient co-payment, co-insurance, or deductible expenses actually incurred and not paid by the patient's insurance, flexible spending accounts, health savings account, or any other payer.
- I also certify that neither I nor any patient for whom I submit documentation under this program will seek payment or reimbursement for NUCALA prescriptions from any local, state, federal or government program that pays for any portion of prescription drug costs, including but not limited to Medicare including Medicare Part B, Part D or Medicare Advantage Plans; Medicaid; Medicare, Veterans Administration (VA), Department of Defense (DOD), TRICARE.

I understand that payment from the Co-pay program is available only for eligible claims on behalf of patients that the Co-pay Program is not reimbursed for the eligible for the Co-pay assistance. (Other assistance, including but not limited to, cost of insurance)

Agree

Submit

Error Messages

Submit a Claim

Patient: New Patient Prescriber

Please select the payment method for this claim.

Debit

Change default payment method

Please provide the explanation of benefits (EOB) or Claims Remittance Advice (COA) which must include:

- 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

Attach File

Prescriber Declaration: I certify that

- the information provided above is true and accurate and that NUCALA is being prescribed for the patient listed above.
- for any insured patient seeking co-pay assistance under the Co-pay Program, in the absence of financial support from such program, any applicable co-pay, coinsurance, or other out of pocket cost for NUCALA would be collected from the patient upon treatment.
- the information submitted represents only the eligible patient out of pocket costs associated with NUCALA and not patient out of pocket costs for other services provided by me or my office/pharmacy as applicable.
- the expenses requested represent eligible patient co-payment, co-insurance, or deductible expenses actually incurred and not paid by the patient's insurance, flexible spending accounts, health savings account, or any other payer.
- I also certify that neither I nor any patient for whom I submit documentation under this program will seek payment or reimbursement for NUCALA prescriptions from any local, state, federal or government program that pays for any portion of prescription drug costs, including but not limited to Medicare including Medicare Part B, Part D or Medicare Advantage Plans; Medicaid; Medicare, Veterans Administration (VA), Department of Defense (DOD), TRICARE.

I understand that payment from the Co-pay program is available only for eligible claims on behalf of patients that the Co-pay Program is not reimbursed for the eligible for the Co-pay assistance. (Other assistance, including but not limited to, cost of insurance)

Agree

Agreement is required.

Submit

Navigation Menu (Claims)



Add a Patient (already has a card)

Error Messages

Patient

First Name Last Name

Date of Birth Gender

Street Address

Address Line 2 (optional)

City

State ZIP

Phone * Home ☐ Mobile ☐

Email

Does the patient have a card?
* Yes ☐ No ☐

Co-pay Card GRP #

Co-pay Card ID #

Insurance Name

Insurance BIN

Insurance Group

Insurance PCN

Patient

First Name Last Name

Date of Birth Gender

Street Address

Address Line 2 (optional)

City

State ZIP

Phone * Home ☐ Mobile ☐

Email

Does the patient have a card?
* Yes ☐ No ☐

Co-pay Card GRP #

Co-pay Card ID #

Insurance Name

Insurance BIN

Insurance Group

Insurance PCN

Nucala
mepolizumab

Nucala

nasopirizumab

nasal spray

Home

Claims ▾

Practice ▾

Contact Us

Jessica.Rubin2@iqvia.com ▾

Patient

✔ Patient has been added.

✕

Submit a Claim

Name

JESSICA RUBIN

Date of Birth

01/01/2000

Address

123 MAIN STREET

ANY, NJ 12345

Home Phone

(333) 333-3333

Email

JESSICA.RUBIN2@IQVIA.COM

Electronic Signature

✔ Consent received.

Edit

Close

View SmartCard

Co-pay Card GRP #

OH8912091

Co-pay Card ID #

T54100100555

Gender

Female

Insurance Name

Test Payer

Insurance BIN

1235454

Insurance Group

6565

Insurance PCN

656

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Navigation Menu (Claims)



Enroll a Patient (does not have a card)

Patient

First Name: Jessica, Last Name: Rubin

Date of Birth: 01/01/2000, Gender: [dropdown]

Street Address: 123 Main Street, Address Line 2 (optional): [text]

City: Any, State: New Jersey, ZIP: 12345

Phone: (333) 333-3333, * Home, Mobile

Email: Jessica.Rubin2@iqvia.com

Electronic Signature: [text]

Preferred Language (if other than English): [text]

Indication: [dropdown]

☐ I certify that the information provided above is true and that NUCLA is being prescribed for the patient listed above. I hereby certify that, for any insured patient seeking co-pay assistance under the Co-pay Program, in the absence of financial support from such program, any applicable co-pay, coinsurance, or other out-of-pocket cost for NUCLA would be collected from the patient upon treatment. I appoint the NUCLA Gateway, on my behalf, to convey this prescription to the dispensing pharmacy, to the extent permitted under state law. Special Note: Prescribers in all states must follow applicable laws for a valid prescription. For prescribers in states with official prescription form requirements, please submit an actual prescription along with this enrollment form. Prescribers may need to submit an electronic prescription to the specialty pharmacy.

Please answer the questions below to see if your patient may qualify for the NUCLA Co-pay Program.

Is your patient 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-subsidized prescription drug benefit 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 (cash paying) patient. Those on Medicare Part D, even if in the coverage gap, are not eligible. Patients enrolled in private indemnity of HMO insurance plans that reimburse them for the entire cost of their prescription drugs are also not eligible.

Is your patient a resident of the US (including the District of Columbia, Puerto Rico, and the US Virgin Islands)?

☐ Yes ☐ No

Does the Patient have commercial insurance?

☐ Yes ☐ No

Error Messages

Patient

First Name: [text], Last Name: [text]

Date of Birth: [text], Gender: [text]

Street Address: [text], Address Line 2 (optional): [text]

City: [text], State: [text], ZIP: [text]

Phone: [text], * Home, Mobile

Email: [text]

Electronic Signature: [text]

Preferred Language (if other than English): [text]

Indication: [text]

Please make a selection

☐ I certify that the information provided above is true and that NUCLA is being prescribed for the patient listed above. I hereby certify that, for any insured patient seeking co-pay assistance under the Co-pay Program, in the absence of financial support from such program, any applicable co-pay, coinsurance, or other out-of-pocket cost for NUCLA would be collected from the patient upon treatment. I appoint the NUCLA Gateway, on my behalf, to convey this prescription to the dispensing pharmacy, to the extent permitted under state law. Special Note: Prescribers in all states must follow applicable laws for a valid prescription. For prescribers in states with official prescription form requirements, please submit an actual prescription along with this enrollment form. Prescribers may need to submit an electronic prescription to the specialty pharmacy.

Please provide authentication to proceed.

Please answer the questions below to see if your patient may qualify for the NUCLA Co-pay Program.

Is your patient enrolled in any of the following: Medicare, Medicaid, VA, DOD, or TRICARE?

☐ Yes ☐ No Please make a selection

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-subsidized prescription drug benefit 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 (cash paying) patient. Those on Medicare Part D, even if in the coverage gap, are not eligible. Patients enrolled in private indemnity of HMO insurance plans that reimburse them for the entire cost of their prescription drugs are also not eligible.

Is your patient a resident of the US (including the District of Columbia, Puerto Rico, and the US Virgin Islands)?

☐ Yes ☐ No Please make a selection

Does the Patient have commercial insurance?

☐ Yes ☐ No Please make a selection

Navigation Menu (Claims)



Patient

First Name Last Name

First Name is required. Last Name is required.

Date of Birth Gender

Date of Birth is required. Gender is required.

Street Address

Street Address is required.

Address Line 2 (optional)

City

City is required.

State ZIP

State is required. ZIP is required.

Phone ☐ Home ☐ Mobile

Phone is required.

Email

Email is required.

Electronic Signature

The patient will receive an email requesting electronic signature.

Preferred Language (if other than English)

Indication

Please make a selection.

☐ I certify that the information provided above is true and that NUCALA is being prescribed for the patient listed above. I hereby certify that, for any insured patient seeking co-pay assistance under the Co-pay Program, in the absence of financial support from such program, any applicable co-pay, coinsurance, or other out-of-pocket cost for NUCALA would be collected from the patient upon treatment. I appoint the NUCALA Gateway, on my behalf, to convey this prescription to the dispensing pharmacy, to the extent permitted under state law. Special Note: Prescribers in all states must follow applicable laws for a valid prescription. For prescribers in states with official prescription form requirements, please submit an actual prescription along with this enrollment form. Prescribers may need to submit an electronic prescription to the specialty pharmacy.

Please provide authorization to proceed.

Please answer the questions below to see if your patient may qualify for the NUCALA Co-pay Program.

Is your patient enrolled in any of the following: Medicare, Medicaid, VA, DOD, or TRICARE?

☒ Yes ☐ No Your patient is not eligible for the NUCALA Co-pay Program at this time. Please contact Gateway to NUCALA for more information at 1-844-4-NUCALA (1-844-468-2252).

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 subsidized prescription drug benefit 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 (cash paying) patient. Those on Medicare Part D, even if in the coverage gap, are not eligible. Patients enrolled in private indemnity of HMO insurance plans that reimburse them for the entire cost of their prescription drugs are also not eligible.

Is your patient a resident of the US (including the District of Columbia, Puerto Rico, and the US Virgin Islands)?

☐ Yes ☒ No Your patient is not eligible for the NUCALA Co-pay Program at this time. Please contact Gateway to NUCALA for more information at 1-844-4-NUCALA (1-844-468-2252).

Does the Patient have commercial insurance?

☐ Yes ☒ No Your patient is not eligible for the NUCALA Co-pay Program at this time. Please contact Gateway to NUCALA for more information at 1-844-4-NUCALA (1-844-468-2252).

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Patient

First Name Last Name

First Name is required. Last Name is required.

Date of Birth Gender

Date of Birth is required. Gender is required.

Street Address

Street Address is required.

Address Line 2 (optional)

City

City is required.

State ZIP

State is required. ZIP is required.

Phone ☐ Home ☐ Mobile

Phone is required.

Email

Email is required.

Electronic Signature

The patient will receive an email requesting electronic signature.

Preferred Language (if other than English)

Indication

Please make a selection.

☒ I agree to the NUCALA Copay Terms & Conditions.

☒ I certify that the information provided above is true and that NUCALA is being prescribed for the patient listed above. I hereby certify that, for any insured patient seeking co-pay assistance under the Co-pay Program, in the absence of financial support from such program, any applicable co-pay, coinsurance, or other out-of-pocket cost for NUCALA would be collected from the patient upon treatment. I appoint the NUCALA Gateway, on my behalf, to convey this prescription to the dispensing pharmacy, to the extent permitted under state law. Special Note: Prescribers in all states must follow applicable laws for a valid prescription. For prescribers in states with official prescription form requirements, please submit an actual prescription along with this enrollment form. Prescribers may need to submit an electronic prescription to the specialty pharmacy.

Please answer the questions below to see if your patient may qualify for the NUCALA Co-pay Program.

Is your patient 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 subsidized prescription drug benefit 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 (cash paying) patient. Those on Medicare Part D, even if in the coverage gap, are not eligible. Patients enrolled in private indemnity of HMO insurance plans that reimburse them for the entire cost of their prescription drugs are also not eligible.

Is your patient a resident of the US (including the District of Columbia, Puerto Rico, and the US Virgin Islands)?

☒ Yes ☐ No

Does the Patient have commercial insurance?

☒ Yes ☐ No

This patient is already registered at your practice.

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Image updated 8/10/23 showing invalid response for eligibility.

Navigation Menu (Claims)



Home

Claims

Practice

Contact Us

arandappa.kuruba1@iqvia.com

Patient

First Name

Arandappa

Last Name

Kuruba

Date of Birth

01/01/2000

Gender

Male

Street Address

Test Address

Address Line 2 (optional)

Test Address 1

City

Test City

State

New Jersey

ZIP

99999

Phone

(999) 999-9999

Home

Mobile

Email

arandappa.kuruba1@iqvia.com

Electronic Signature

The patient will receive an email requesting electronic signature

Does the patient have a card?

Yes

No

Co-pay Card GRP #

CH8912101

Co-pay Card ID #

Insurance Name

Activa

Insurance BIN

610502

Insurance Group

AP21

Insurance PCN

Preferred Language (if other than English)

Telugu

Indication

Eosinophilic Granulomatosis with Polyangiitis (EGPA)

I agree to the NUCALA Co-pay Terms & Conditions

I certify that the information provided above is true and that NUCALA is being prescribed for the patient listed above. I hereby certify that, for any insured patient seeking co-pay assistance under the Co-pay Program, in the absence of financial support from such program, any applicable co-pay, co-insurance, or other out-of-pocket cost for NUCALA would be collected from the patient upon treatment. I appoint the NUCALA Gateway, on my behalf, to convey this prescription to the dispensing pharmacy, to the extent permitted under state law. Special Note: Prescribers in all states must follow applicable laws for a valid prescription. For prescribers in states with official prescription form requirements, please submit an actual prescription along with this enrollment form. Prescribers may need to submit an electronic prescription to the specialty pharmacy.

Phase answer the questions below to see if your patient may qualify for the NUCALA Co-pay Program.

Is your patient 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 health plan or government subsidized prescription drug benefit program for veterans. 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 (cash paying) patient. Those on Medicare Part D, even if in the coverage gap, are not eligible. Patients enrolled in private indemnity or HMO insurance plans that reimburse them for the entire cost of their prescription drugs are also not eligible.

Is your patient a resident of the US (including the District of Columbia, Puerto Rico, and the US Virgin Islands)?

Yes

No

Does the Patient have commercial insurance?

Yes

No

Save

Cancel

Patients already enrolling. Please contact support at 800-801-1979 to obtain their patient card details.

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Home

Claims

Practice

Contact Us

Jessica.Rubin2@iqvia.com

Patient

First Name

TESTIN

Last Name

TESTLIN

Date of Birth

01/01/2000

Gender

Female

Street Address

123 Main Street

Address Line 2 (optional)

City

Any

State

New Jersey

ZIP

12345

Phone

(333) 333-3333

Home

Mobile

Email

Jessica.Rubin2@iqvia.com

Does the patient have a card?

Yes

No

Co-pay Card GRP #

CH8912101

Co-pay Card ID #

155100100130

Co-pay Card ID # is invalid.

Insurance Name

Test Payer

Insurance BIN

123454

Insurance Group

6565

Insurance PCN

656

Save

Cancel

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Navigation Menu (Claims)



Government Insurance Detected

Same message displays whether patient does or does not already have a card

Patient

This patient is not eligible due to government insurance.

First Name: Jessica, Last Name: Rubin, Date of Birth: 01/01/2000, Gender: Female, Street Address: 123 Main Street, Address Line 2 (optional):, City: Any, State: New Jersey, ZIP: 12345, Phone: (333) 333-3333, Email: Jessica.Rubin2@iqvia.com

Does the patient have a card? Yes No, Co-pay Card GRP #: CH8912091, Co-pay Card ID #: T54100100555, Insurance Name: Test Payer, Insurance BIN: 008589, Insurance Group: PACE, Insurance PCN: AJNB

Save Cancel

This patient is already registered at your practice.
This patient is not eligible due to government insurance.

Enrollment Complete: eConsent Email Triggered to Patient using approved template

Patient Profile: Awaiting eConsent

Patient

No claims can be submitted until patient consent is in place.

Name: TESTFN TESTLN	Co-pay Card GRP #: CH8912101	Co-pay Card ID #: T55100100130
Date of Birth: 01/01/2000	Gender: Female	
Address: 123 MAIN STREET, ANY, NJ 12345	Insurance Name: Test Payer	
Home Phone: (333) 333-3333	Insurance BIN: 008589	
Email: JESSICA.RUBIN2@IQVIA.COM	Insurance Group: PACE	
	Insurance PCN: AJNB	

Electronic Signature: Awaiting online consent, Resend email

Save Close

Navigation Menu (Claims)



Click Resend email

uat.opushealth.com says

Are you sure you'd like to resend the consent email to JESSICA.RUBIN2@IQVIA.COM?

OK

Cancel

Patient Profile: Awaiting Online Consent -> Resend email

Nucale

mepolizumab

Home

Claims

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Jessica.Rubin2@iqvia.com

Patient

No claims can be submitted until patient consent is in place.

Name

TESTFN TESTLN

Date of Birth

01/01/2000

Address

123 MAIN STREET

ANY, NJ 12345

Home Phone

(333) 333-3333

Email

JESSICA.RUBIN2@IQVIA.COM

Electronic Signature

Awaiting online consent

Resend email

Sent to 'JESSICA.RUBIN2@IQVIA.COM'

Edit

Close

Co-pay Card GRP #

OH8912101

Co-pay Card ID #

T55100100130

Gender

Female

Insurance Name

Test Payer

Insurance BIN

008589

Insurance Group

PACE

Insurance PCN

AJNB

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Navigation Menu (Claims)



Submit Claim enabled once eConsent in place

Home

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Jessica.Rubin2@iqvia.com

Patients

Enter the first few letters of the patient's first and/or last name, or leave both fields empty to see all patients.

First Name

Last Name

Q

Add a Patient

Name	Date Of Birth	ZIP	
TESTIN TESTLN	01/01/2000	12345	View Submit Claim

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Submit a Claim (file attached and agree)

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Jessica.Rubin2@iqvia.com

Submit a Claim

Patient

New Patient

Prescriber

TESTIN TESTLN

Q

NPTN NPTN

Need help?

Call Customer Support

800.691.1939

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

Please select the payment method for this claim.

Debit

The patient's debit card is funded.

Change default payment method

Please provide the explanation of benefits (EOB) or Claims Remittance Advice (COP), which must include:

- 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

Attach File

test Claim.pdf

Prescriber Declaration: I certify that

- the information provided above is true and accurate and that NUCALA is being prescribed for the patient listed above.
- for any insured patient seeking co-pay assistance under the Co-pay Program, in the absence of financial support from such program, any applicable co-pay, coinsurance, or other out-of-pocket cost for NUCALA would be collected from the patient upon treatment.
- the information submitted represents only the eligible patient out of pocket costs associated with NUCALA and not patient out of pocket costs for other services provided by me or my office/pharmacy as applicable.
- the expenses requested represent eligible patient co-payment, co-insurance, or deductible expenses actually incurred and not paid by the patient's insurance, flexible spending accounts, health savings account, or any other payer.
- I also certify that neither I nor any patient for whom I submit documentation under this program will seek payment or reimbursement for NUCALA prescriptions from any local, state, federal or government program that pays for any portion of prescription drug costs, including but not limited to Medicare including Medicare Part B, Part D or Medicare Advantage Plans, Medicaid, Medicaid, Veterans Administration ("VA"), Department of Defense ("DOD"), TRICARE.

I understand that payment from the Co-pay program is available only for eligible claims on behalf of patients that the Co-pay Program has determined to be eligible for this Co-pay program. Patient assistance, including but not limited to, out of network.

Agree

Submit

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Navigation Menu (Claims)



Claim Submitted

Nucale

mepolizumab

Home

Claims ▾

Practice ▾

Contact Us

Jessica.Rubin2@iqvia.com ▾

Claim Submitted

✓ The claim has been successfully submitted.

The confirmation number is 134367.

You will be notified once the claim is approved.

[Back to home page](#)

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Navigation Menu (Claims)



Claims -> Claims History

Nucale

mepolizumab

Home

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Jessica.Rubin2@iqvia.com

Claim History

Submit a Claim

Download claim history

Status	Confirmation #	Card ID #	Patient	Prescriber	Date of Service	Date Submitted	Date Updated	Claim Amount	
New Claim	134367	T55100100130	TESTLN, TESTFN	NPLN, NPFN		7/21/2023			View

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Download claim history drop down

Nucale

mepolizumab

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Jessica.Rubin2@iqvia.com

Claim History

Submit a Claim

Download claim history

Status	Confirmation #	Card ID #	Patient	Prescriber	Date of Service	Date Submitted	
You haven't submitted any claims yet.							

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Claim Approved: Email Triggered using approved template

Claim Rejected: Email Triggered using approved template



Patient → Starting and Remaining Balance

[Home](#)
[Claims](#)
[Practice](#)
[Contact Us](#)

Patient

Copay Fund Balance:

\$9,450.00 of \$9,450.00

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

Submit a Claim

Name

Date of Birth

Address

Email

Edit

Close

Click here to access your patient's virtual copay card

Group

Member ID

Gender

Female

Insurance Type

☒ Prescription
 ☐ Medical

Insurance Name

Test Payer

Insurance BIN

2

Insurance Group

456

Insurance PCN

77

Status	Confirmation #	Prescriber	Date of Service	Date Submitted ▼	Date Updated	Claim Amount
New Claim	137269	DocLN, DocFN		2/28/2024		

View

Navigating to the Paynuver Microsite from the HCP Buy and Bill Portal

Nucala

(mepolizumab)

Injection 300mg/10mL

Home

Claims

Practice

Contact Us

Welcome, Jessica

Submit a Claim

Need help?

Call Customer Support

Phone: (800) 691-1939

Fax: (866) 728-8222

8:00 AM – 8:00 PM ET Mon-Fri

Recent Claims

See all claims

Status	Confirmation #	Member ID	Patient	Prescriber	Date of Service	Date Submitted ▼	Date Updated	Claim Amount
New Claim	137269	T54100100415	RUBIN, JESSICA	DocLN, DocFN		2/28/2024		View
New Claim	134378	T48100100696	RUBIN, JESSICA	DocLN, DocFN		7/24/2023		View
Rejected	134367	T55100100130	TESTLN, TESTFN	NPLN, NPFN	7/21/2023	7/21/2023	7/24/2023	View

- After logging in to your account, select the Practice Drop down from the top menu bar.

Navigating to the Paynuver Microsite from the HCP Buy and Bill Portal

Nucala

(mepolizumab)

Regeneron

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Prescribers

Patients

me, Jessica

Claim

Need help?

Call Customer Support

Phone: (800) 691-1939

Fax: (866) 728-8222

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

Recent Claims

See all claims

Status	Confirmation #	Member ID	Patient	Prescriber	Date of Service	Date Submitted ▾	Date Updated	Claim Amount
New Claim	137269	T54100100415	RUBIN, JESSICA	DocLN, DocFN		2/28/2024		View
New Claim	134378	T48100100696	RUBIN, JESSICA	DocLN, DocFN		7/24/2023		View
Rejected	134367	T55100100130	TESTLN, TESTFN	NPLN, NPFN	7/21/2023	7/21/2023	7/24/2023	View

- Next, select the “Account” option from the drop down menu

Navigating to the Paynuver Microsite from the HCP Buy and Bill Portal

Nucala

(necopolizumab)

Injection 100mg/mL

Home

Claims ▾

Practice ▾

Contact Us

Practice

Test Practice

NPI: 2222222222

Tax ID: 33-3333333

Address

123 Main Street

Any, AL 12345

Communications

Phone: (555) 555-5555

Fax: (222) 222-2222

Email: Jessica.Rubin2@iqvia.com

Payment Method

Payments are being electronically transferred to your payment account.

Manage Electronic Payments

Edit

Manage Patients

Manage Users

Manage Prescribers

- From this screen, please select the **Manage Electronic Payments** option located near the bottom left of the screen just above **Edit**

Paynuver Enhancement -Process Update: Inclusion of Member ID for Transaction Details

TO THE ORDER OF:

Dave Test Practice 1

DATE:

January 15, 2025



Transaction Details: 1/1/2025 - 1/13/2025

Name Registered	Member ID	Prescription Number (RX#)	IQVIA Claim ID	Date Created	Prescription Fill Date	Claim Amount	Disbursement Type

For questions, call Customer Support (800) 555-4820

- Updated Process: First & Last Name | Member ID | RX# | Claim ID | Date Created | Prescription Fill Date | Claim Amount | Disbursement Type
- Previous Process: Claim# | Rx# | Fill Date | Patient First & Last Name

Paynuver Microsite Functionality

Electronic Transfer Options

Dave Test Practice 1

Available Balance

\$0.00

[Update Transfer Options](#)

[Account Holder Details](#)

[Return to Payment Account](#)

Accounts

BW Test *6789

+ Create Account

Transaction History

Name	Amount	Created	Balance
Automatic Disbursement from PA to ACH Transfer	(\$1.03)	02/27/2024 05:36 PM	\$0.00
Payment for Claim# 1234898[Rx# 0787899981998 Fill Date 20240227]	\$1.03	02/27/2024 05:36 PM	\$1.03
Automatic Disbursement from PA to ACH Transfer	(\$1.03)	02/27/2024 05:05 PM	\$0.00
Payment for Claim# 1234897[Rx# 0787899981997 Fill Date 20240227]	\$1.03	02/27/2024 05:05 PM	\$1.03
Automatic Disbursement from PA to ACH Transfer	(\$1.02)	02/27/2024 05:04 PM	\$0.00
Automatic Disbursement from PA to ACH Transfer	(\$1.02)	02/27/2024 05:04 PM	\$1.02
Automatic Disbursement from PA to ACH Transfer	(\$1.01)	02/27/2024 05:04 PM	\$2.04
Payment for Claim# 1234896[Rx# 0787899981996 Fill Date 20240227]	\$1.02	02/27/2024 05:02 PM	\$3.05
Payment for Claim# 1234895[Rx# 0787899981995 Fill Date 20240227]	\$1.02	02/27/2024 05:02 PM	\$2.03
Payment for Claim# 1234894[Rx# 0787899981994 Fill Date 20240227]	\$1.01	02/27/2024 05:01 PM	\$1.01

Showing 1 to 10 of 24 entries

Previous

1

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Next

Once you have selected **Manage Electronic Payments**, the user will be automatically taken right into the **Paynuver Microsite** where they can view their **EFT payment transaction history**, update their transfer options, view the account holder details, create new accounts (banks account for deposits), and return to the payment account

Paynuver Microsite Functionality

Electronic Transfer Options

Dave Test Practice 1

Available Balance

\$0.00

[Update Transfer Options](#)

[Account Holder Details](#)

[Return to Payment Account](#)

Accounts

BW Test *6789

+ Create Account

Transaction History

Name	Amount	Created	Balance
Automatic Disbursement from PA to ACH Transfer	(\$1.03)	02/27/2024 05:36 PM	\$0.00
Payment for Claim# 1234898[Rx# 0787899981998]Fill Date 20240227	\$1.03	02/27/2024 05:36 PM	\$1.03
Automatic Disbursement from PA to ACH Transfer	(\$1.03)	02/27/2024 05:05 PM	\$0.00
Payment for Claim# 1234897[Rx# 0787899981997]Fill Date 20240227	\$1.03	02/27/2024 05:05 PM	\$1.03
Automatic Disbursement from PA to ACH Transfer	(\$1.02)	02/27/2024 05:04 PM	\$0.00
Automatic Disbursement from PA to ACH Transfer	(\$1.02)	02/27/2024 05:04 PM	\$1.02
Automatic Disbursement from PA to ACH Transfer	(\$1.01)	02/27/2024 05:04 PM	\$2.04
Payment for Claim# 1234896[Rx# 0787899981996]Fill Date 20240227	\$1.02	02/27/2024 05:02 PM	\$3.05
Payment for Claim# 1234895[Rx# 0787899981995]Fill Date 20240227	\$1.02	02/27/2024 05:02 PM	\$2.03
Payment for Claim# 1234894[Rx# 0787899981994]Fill Date 20240227	\$1.01	02/27/2024 05:01 PM	\$1.01

Showing 1 to 10 of 24 entries

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Next

- **Current Transaction History displays as follows:**

- Claim# XXXXXXXXX[Rx# XXXXXXXXXXXXXXXX]Fill Date XXXXXXXXX

- **Pending enhancements to this page include:**

- Patient Name added to each transaction record.(will be displayed after the Fill Date)
- The ability to export the Transaction History from the Paynuver Microsite

Paynuver Microsite Functionality

Electronic Transfer Options

Dave Test Practice 1

Available Balance

\$0.00

Update Transfer Options

Account Holder Details

Return to Payment Account

Accounts

BW Test *6789

+ Create Account

Transaction History

Name	Amount	Created	Balance
Automatic Disbursement from PA to ACH Transfer	(\$1.03)	02/27/2024 05:36 PM	\$0.00
Payment for Claim# 1234898[Rx# 0787899981998 Fill Date 20240227]	\$1.03	02/27/2024 05:36 PM	\$1.03
Automatic Disbursement from PA to ACH Transfer	(\$1.03)	02/27/2024 05:05 PM	\$0.00
Payment for Claim# 1234897[Rx# 0787899981997 Fill Date 20240227]	\$1.03	02/27/2024 05:05 PM	\$1.03
Automatic Disbursement from PA to ACH Transfer	(\$1.02)	02/27/2024 05:04 PM	\$0.00
Automatic Disbursement from PA to ACH Transfer	(\$1.02)	02/27/2024 05:04 PM	\$1.02
Automatic Disbursement from PA to ACH Transfer	(\$1.01)	02/27/2024 05:04 PM	\$2.04
Payment for Claim# 1234896[Rx# 0787899981996 Fill Date 20240227]	\$1.02	02/27/2024 05:02 PM	\$3.05
Payment for Claim# 1234895[Rx# 0787899981995 Fill Date 20240227]	\$1.02	02/27/2024 05:02 PM	\$2.03
Payment for Claim# 1234894[Rx# 0787899981994 Fill Date 20240227]	\$1.01	02/27/2024 05:01 PM	\$1.01

Showing 1 to 10 of 24 entries

Previous

1

2

3

Next

- Once finished in the Paynuver Microsite, click on Return to Payment Account and the user will be brought back to the HCP Buy and Bill Portal Home Page

Thank You