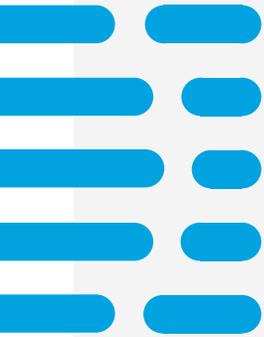




GSK HCP PORTAL USER GUIDE

Specialty (Nucalea)

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-notice/

Login Page



Nucala 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 (EOP)
- 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
Jessica.Rubin2@iqvia.com

Password [Forgot password?](#)
Password

Remember my email

[Sign In](#) or register your practice

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Error Message

Nucala 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 (EOP)
- 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
Jessica.Rubin2@iqvia.com

Password [Forgot password?](#)
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



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](#)

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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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Login Page



Reset Password: Email triggered using approved template

- Link brings user to this page

The screenshot shows the 'Reset Your Password' page. It features a header with the NuCALA logo and navigation links. The main content area has a title 'Reset Your Password' and two input fields: 'New Password' and 'Confirm Password'. To the right of these fields is a box containing password requirements: 'Your password should have:' followed by a bulleted list: 'at least 8 characters', 'at least 1 lowercase letter (a-z)', 'at least 1 uppercase letter (A-Z)', 'at least 1 number (0-9)', and 'at least 1 special character, such as ! @ # \$ % ^ & + ='. At the bottom of the form are 'Save' and 'Cancel' buttons. 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.

Change Your Password

The screenshot shows the 'Change Your Password' page. It features a header with the NuCALA logo, navigation links, and a user profile dropdown for 'Jessica.Rubin2@iqvia.com'. The main content area has a title 'Change Your Password' and three input fields: 'Old Password', 'New Password', and 'Confirm Password'. To the right of these fields is a box containing password requirements: 'Your password should have:' followed by a bulleted list: 'at least 8 characters', 'at least 1 lowercase letter (a-z)', 'at least 1 uppercase letter (A-Z)', 'at least 1 number (0-9)', and 'at least 1 special character, such as ! @ # \$ % ^ & + ='. At the bottom of the form are 'Save' and 'Cancel' buttons. 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.

Login Page



Error Message

Nucla mepolizumab Home Claims Practice Contact Us Jessica.Rubin2@iqvia.com

Change Your Password

Old Password

The Old Password field is required.

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 ! @ # \$ % ^ & + =

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Nucla mepolizumab Home Claims Practice Contact Us Jessica.Rubin2@iqvia.com

Change Your Password

Old Password

New Password

Confirm Password

Passwords must match.

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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Login Page



Password updated

 Home Claims Practice Contact 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

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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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 Tax ID

Street Address

Address Line 2 (optional)

City

State ZIP

Phone 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

Practice NPI Tax ID
NPI is required. Tax ID is required.

Street Address

Address Line 2 (optional)

City

State ZIP
State is required. ZIP is required.

Phone Email Address
Phone is required. 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.

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

Role in Practice

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Register Your Practice



Error Message

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 Extension

Phone is required.

Role in Practice

User Role is required.

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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.

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Register Your Practice



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.

This email address is already in use.

First Name

Last Name

Phone Number Extension

Role in Practice

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Additional Users

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	Edit
Jessica Rubin	Jessica.Rubin2@iqvia.com	Office/Billing Administrator	<input type="checkbox"/>	Edit

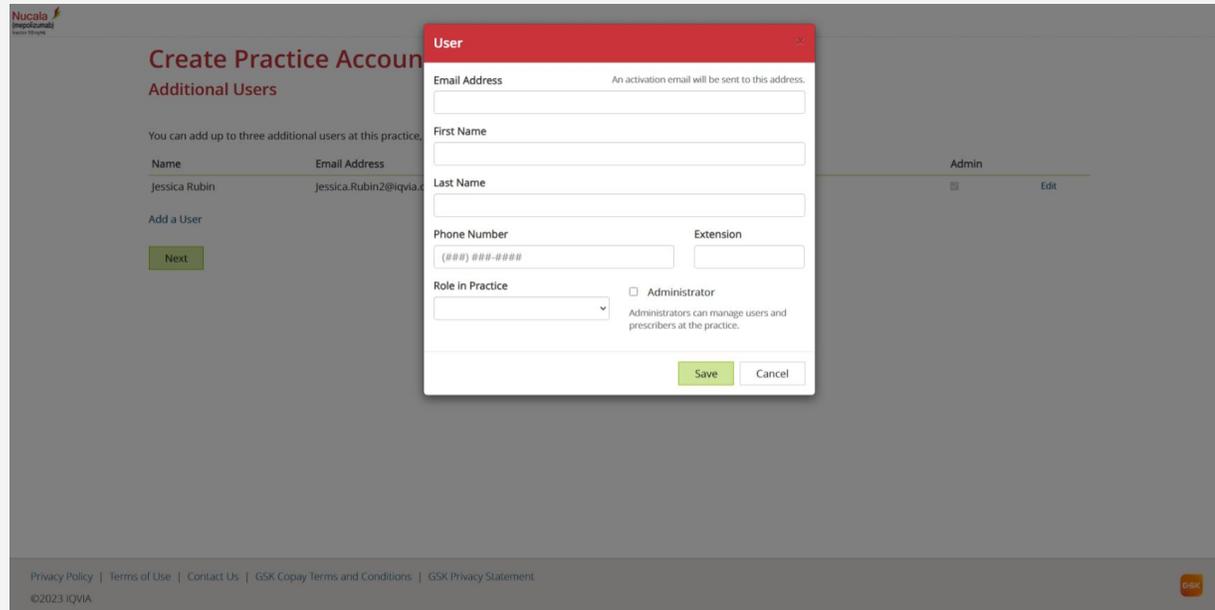
Add a User

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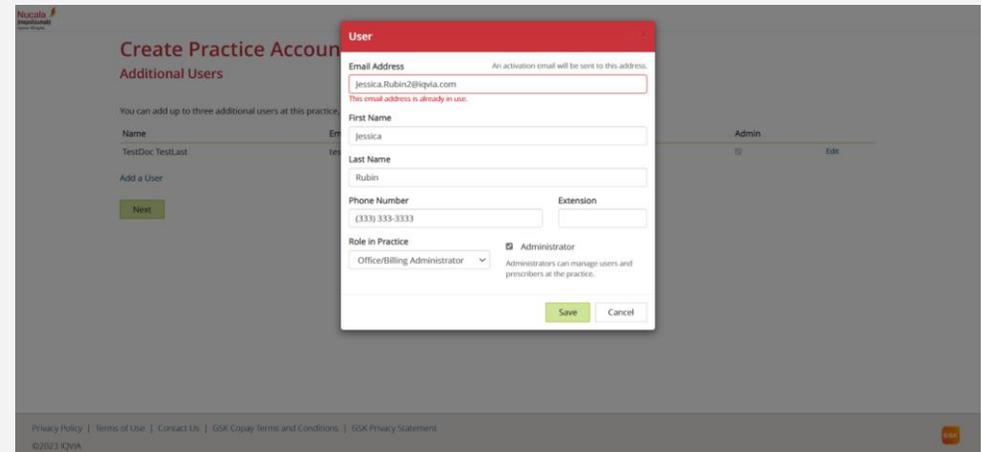
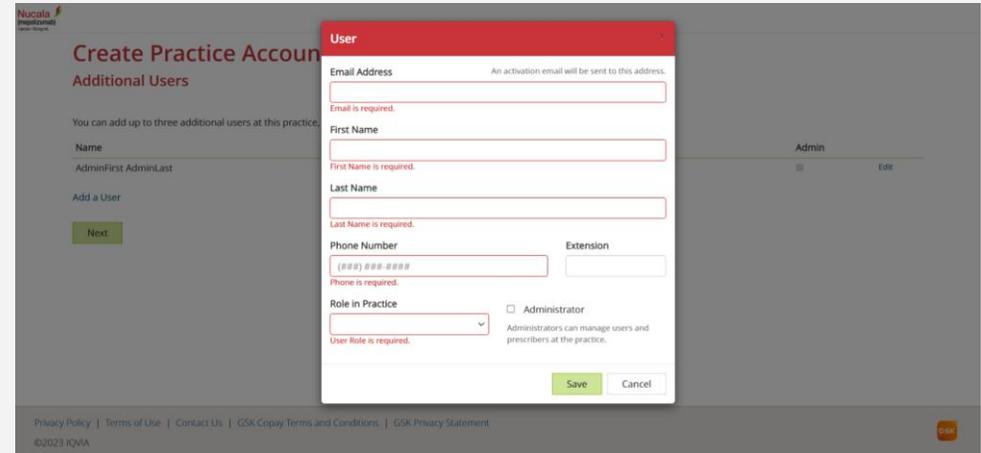
Register Your Practice



Clicking Add a User brings up this window



Error Messages



Register Your Practice



About the Prescriber

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](#)

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Error Messages

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)

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Additional Prescribers

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	Edit
DocFN DoCLN	8888888888		Edit

[Add a Prescriber](#)

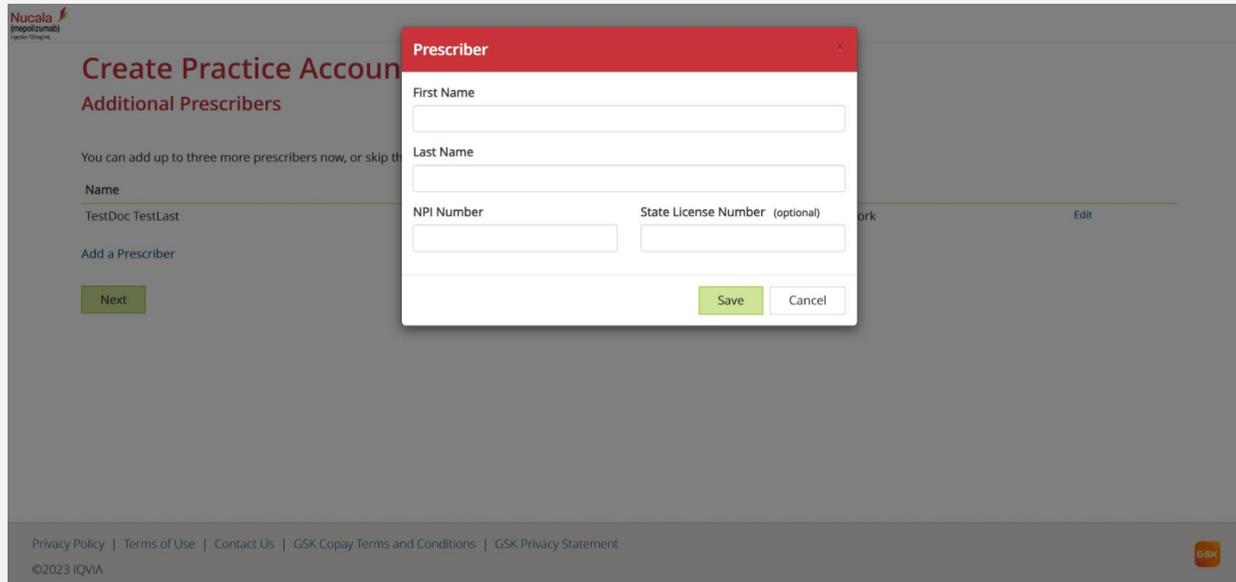
[Next](#)

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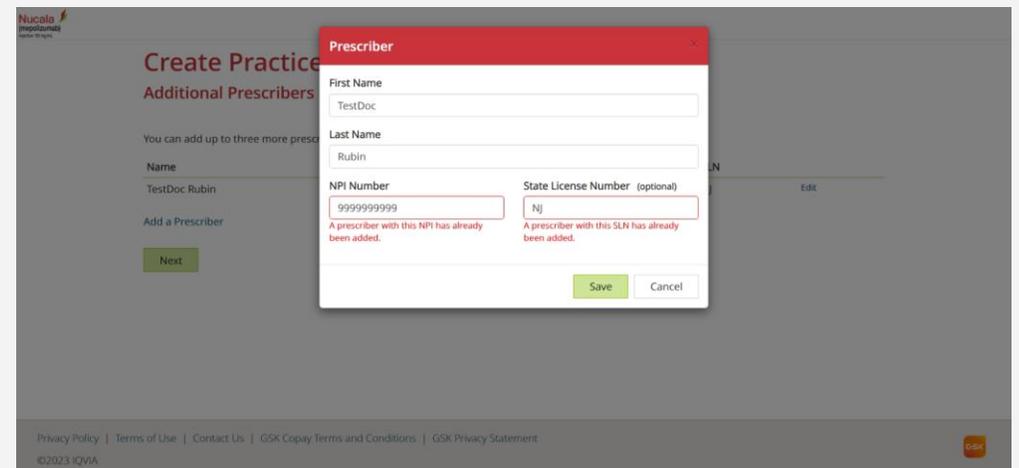
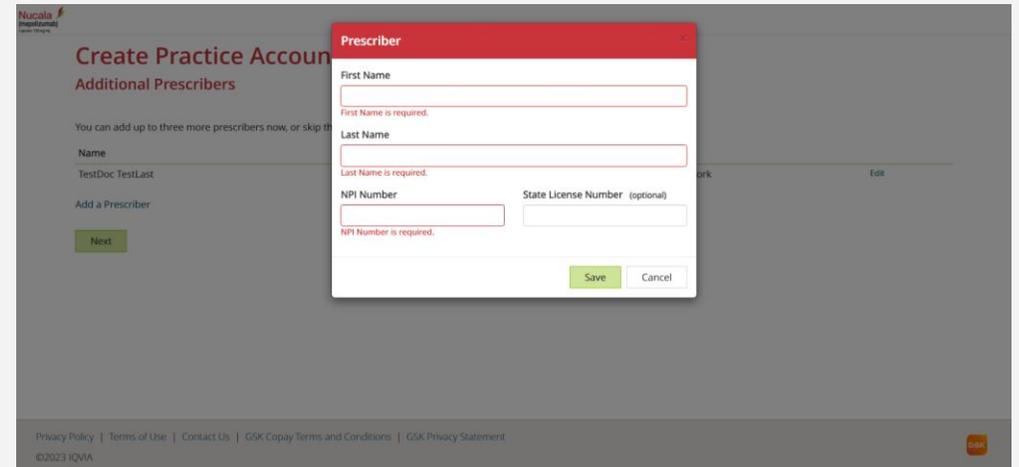
Register Your Practice



Clicking Add a Prescriber brings up this window



Error Messages



Register Your Practice



Review Registration

Create Practice Account
Review Registration

Please review the information below before submitting your registration.

Practice [Edit](#)

Test Practice

NPI: 222222222

Tax ID: 33-3333333

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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Practice Agreement

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 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

TestFirst: TestLast:

I'm not a robot

[FINISH](#)

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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.

Rubin
Please enter your last name.

I'm not a robot

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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 Nucale 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.

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

Error Message

Account Activated

Navigation Menu (Home)



Portal Home Page (no recent claims)

The screenshot shows the NuCALA portal home page for user Jessica.Rubin2@iqvia.com. The page features a navigation menu (Home, Claims, Practice, Contact Us) and a 'Submit a Claim' button. A 'Need help?' section provides contact information for customer support. The 'Recent Claims' section is empty, displaying a table header and a message: 'You haven't submitted any claims yet.'

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

Portal Home Page (with recent claims)

The screenshot shows the NuCALA portal home page for user Jessica.Rubin2@iqvia.com, displaying one recent claim. The 'Recent Claims' section includes a table with the following data:

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

Navigation Menu (Contact Us)



 Home Claims Practice Contact Us Jessica.Rubin2@iqvia.com

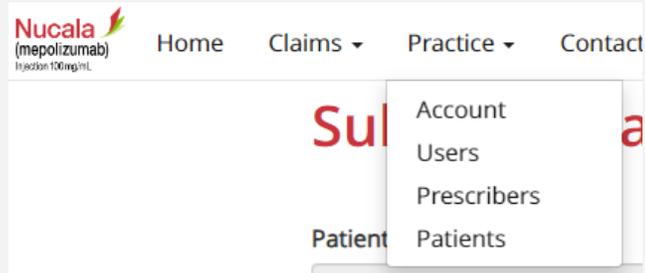
Contact Us

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

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

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Navigation Menu (Practice -> Account)



Practice -> Account

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

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

Name	Email Address	Role	Administrator	
Jessica Rubin	Jessica.Rubin2@iqvia.com	Office/Billing Administrator	<input checked="" type="checkbox"/>	Edit
AdminFirst AdminLast	jrubin@us.imshealth.com	Other	<input type="checkbox"/>	Edit

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Add a User

Error Message

Edit User

Navigation Menu (Practice -> Prescribers)



Practice -> Prescribers

Select Prescribers Users from Account Page or prescribers from dropdown menu

Prescribers

Add a Prescriber

Name	NPI	SLN	
DocFN DocLN	888888888		Edit
NPFN NPLN	999999999		Edit

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Add a Prescriber

Error Message

Edit Prescriber

Navigation Menu (Practice -> Patients)



Practice -> Patients

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

The screenshot shows the Nucale (mepolizumab) web application interface. At the top left is the Nucale logo. The navigation menu includes Home, Claims, Practice, and Contact Us. The user's email address, Jessica.Rubin2@iqvia.com, is displayed in the top right. The main heading is "Patients". Below this is a search instruction: "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.

Navigation Menu (Practice -> Patients)



Patient Search Results

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

The screenshot shows the 'Patients' search interface. At the top, there is a navigation bar with 'Home', 'Claims', 'Practice', and 'Contact Us', and a user email 'Jessica.Rubin2@iqvia.com'. Below the navigation bar, the page title is 'Patients'. 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 for 'First Name' and 'Last Name', and a search button with a magnifying glass icon. Below the search fields is a link 'Add a Patient'. A table with columns 'Name', 'Date Of Birth', and 'ZIP' is shown, but it is empty. Below the table, the text 'No results' is displayed. At the bottom, there is a footer with 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.

The screenshot shows the 'Patients' search interface with a search result. The navigation bar and search instruction are the same as in the previous screenshot. The 'First Name' and 'Last Name' input fields now contain the text 'test'. Below the search fields is a link 'Add a Patient'. A table with columns 'Name', 'Date Of Birth', and 'ZIP' is shown, containing one row of data: 'TESTFN TESTLN', '01/01/2000', and '12345'. To the right of the table, there are links for 'View' and 'Submit Claim'. At the bottom, there is a footer with 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.

Navigation Menu (Practice -> Patients)



Patient Record: View

Nucla Home Claims Practice Contact Us Jessica.Rubin2@iqvia.com

Patient

[Submit a Claim](#)

Name JESSICA RUBIN	Co-pay Card GRP #	Co-pay Card ID #
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	
Electronic Signature ✓ Consent received.	Insurance PCN AJNB	

[Edit](#) [Close](#)

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Patient Record: Edit

Nucla Home Claims Practice Contact Us Jessica.Rubin2@iqvia.com

Patient

First Name TESTLN	Last Name TESTLN	Co-pay Card GRP # GH8912101
Date of Birth 01/01/2000	Gender Female	Co-pay Card ID # T55100100130
Street Address 123 MAIN STREET		Insurance Name Test Payer
Address Line 2 (optional)		Insurance BIN 008589
City ANY		Insurance Group PACE
State New Jersey	ZIP 12345	Insurance PCN AJNB
Phone (333) 333-3333	<input checked="" type="radio"/> Home <input type="radio"/> Mobile	
Email JESSICA.RUBIN2@IQVIA.COM		

Electronic Signature
The patient will receive an email requesting electronic signature.

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

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Navigation Menu (Practice -> Patients)



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

The screenshot shows a patient record for 'TESTFN TESTLN'. A green notification bar at the top states 'Patient has been added.' Below it, a yellow warning bar says 'No claims can be submitted until patient consent is in place.' The patient details are as follows:

Name	Co-pay Card GRP #	Co-pay Card ID #
TESTFN TESTLN	OH8912101	T55100100130

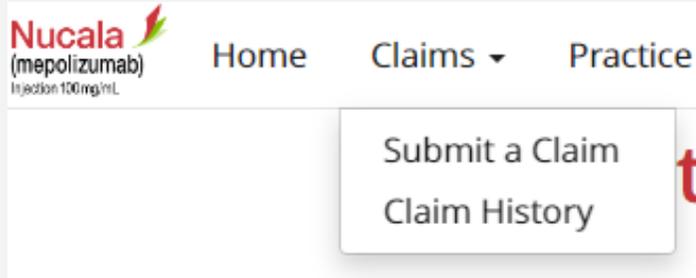
Additional details include Date of Birth (01/01/2000), Gender (Female), Address (123 MAIN STREET, ANY, NJ 12345), Home Phone ((333) 333-3333), Email (JESSICA.RUBIN2@IQVIA.COM), Insurance Name (Test Payer), Insurance BIN (008589), Insurance Group (PACE), and Insurance PCN (AJNB). The Electronic Signature section shows 'Awaiting online consent' and a 'Resend email' button.

Patient Record: eConsent in place

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

The screenshot shows the same patient record for 'TESTFN TESTLN'. A green 'Submit a Claim' button is visible. The Electronic Signature section now shows 'Consent received.' and 'Edit' and 'Close' buttons. A 'View SmartCard' link is present, which would lead to the Transcard site for debit details. The patient details are identical to the previous screenshot.

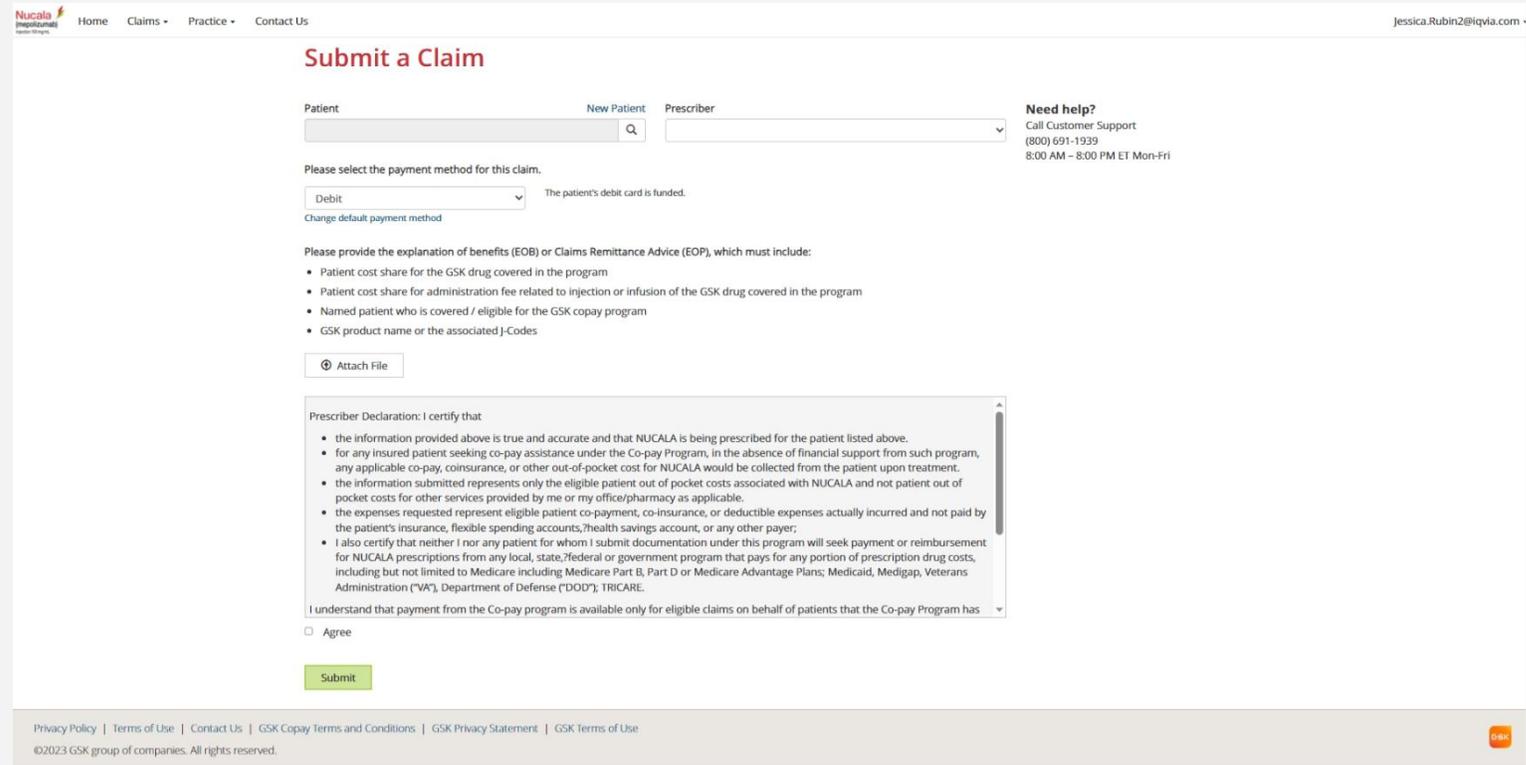
Navigation Menu (Claims)



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

Home | Claims | Practice | Contact Us | Jessica.Rubin2@iqvia.com

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 (EOA), 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-Code

Attach File

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.

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

Submit

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Submit a Claim

Home | Claims | Practice | Contact Us | Jessica.Rubin2@iqvia.com

Find a Patient

First Name: Last Name: [Search Icon]

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 (EOA), 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-Code

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 to pay, insurance, 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; 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

Submit

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Navigation Menu (Claims -> Submit a Claim)



Find a Patient: Results

The screenshot shows the 'Submit a Claim' form with the 'Find a Patient' modal open. The modal displays search results for a patient named 'TESTIN TESTLN' with a date of birth of '01/01/2000' and a ZIP code of '12345'. The modal includes fields for 'First Name' and 'Last Name' and a search button. Below the search results, there is a table with columns for 'Name', 'Date Of Birth', and 'ZIP', and a 'View Submit Claim' button. The background form shows the 'Submit a Claim' process, including a 'Patient' dropdown, a 'Prescriber' dropdown, and a 'Submit' button.

Error Messages

The screenshot shows the 'Submit a Claim' form with an error message displayed. The error message is 'Prescriber is required.' and is located below the 'Prescriber' dropdown menu. The form also shows the 'Patient' dropdown menu, the 'Payment Method' dropdown menu, and the 'Submit' button. The error message is highlighted in red.

Navigation Menu (Claims)



Add a Patient (already has a card)

The screenshot shows a web form titled "Patient" with the following fields and sections:

- Personal Information:** First Name, Last Name, Date of Birth (MM/DD/YYYY), Gender (dropdown), Street Address, Address Line 2 (optional), City, State (dropdown), ZIP (#####), Phone (###) ###-#### (with Home and Mobile radio buttons), and Email.
- Insurance Information:** Does the patient have a card? (Yes/No radio buttons), Co-pay Card GRP # (dropdown), Co-pay Card ID # (#####), Insurance Name, Insurance BIN, Insurance Group, and Insurance PCN.
- Buttons:** Save and Cancel.

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Error Messages

The screenshot shows the same "Patient" form as above, but with red error messages overlaid on several fields:

- First Name: First Name is required.
- Last Name: Last Name is required.
- Date of Birth: Date of Birth is required.
- Gender: Gender is required.
- Co-pay Card GRP #: Co-pay Card GRP # is required.
- Co-pay Card ID #: Co-pay Card ID # is required.
- Insurance Name: Insurance Name is required.
- Insurance BIN: Insurance BIN is required.
- Insurance Group: Required without PCN.
- Insurance PCN: Required without Group.

Buttons: Save and Cancel.

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Navigation Menu (Claims)



Patient Added to Practice

Nucla Home Claims Practice Contact Us Jessica.Rubin2@iqvia.com

Patient

✔ Patient has been added.

[Submit a Claim](#) [View SmartCard](#)

Name	JESSICA RUBIN	Co-pay Card GRP #	OH8912091	Co-pay Card ID #	T54100100555
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	1235454		
Email	JESSICA.RUBIN2@IQVIA.COM	Insurance Group	6565		
		Insurance PCN	656		

Electronic Signature
✔ Consent received.

[Edit](#) [Close](#)

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Navigation Menu (Claims)



Enroll a Patient (does not have a card)

Home Claims Practice Contact Us Nucale@iqvia.com

Patient

First Name Last Name

Does the patient have a copy card?
 Yes No

Group

Date of Birth Gender

Member ID

Street Address

Address Line 2 (optional)

City

State ZIP

Phone Home Mobile

Email

Select an Insurance Type
 Prescription Medical

Insurance Name

Insurance BIN

Insurance Group

Insurance PCN

Welcome Contact Preference

Please indicate your preferred method for receiving your eConsent and Smartcard Welcome communication, which will include copy details. If you select SMS, you will be asked to consent to receive text messages. Message and data rates may apply.

I confirm that the patient provided explicit consent to receive their eConsent message and relevant GSK communications via SMS to the mobile number they provided.

Electronic Signature
 The patient will receive a communication via preferred method requesting electronic signature.

Preferred Language (if other than English)

I certify that the information provided above is true and that NUCALE is being prescribed for the patient listed above. I hereby certify that, for any insured patient seeking copy assistance under the Copy Program, in the absence of financial support from such program, any applicable copay, coinsurance, or other out-of-pocket cost for NUCALE would be collected from the patient upon treatment. I appoint the NUCALE 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 NUCALE Copy 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 seek 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

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Phone Home Mobile

Email

Please indicate your preferred method for receiving your eConsent and Smartcard Welcome communication, which will include copy details. If you select SMS, you will be asked to consent to receive text messages. Message and data rates may apply.

I confirm that the patient provided explicit consent to receive their eConsent message and relevant GSK communications via SMS to the mobile number they provided.

Electronic Signature
 The patient will receive a communication via preferred method requesting electronic signature.

Welcome Contact Preference

Error Messages

Home Claims Practice Contact Us Nucale@iqvia.com

Patient

First Name Last Name

Does the patient have a copy card?
 Yes No

Group

Date of Birth Gender

Member ID

Street Address

Address Line 2 (optional)

City

State ZIP

Phone Home Mobile

Email

Select an Insurance Type
 Prescription Medical

Insurance Name

Insurance BIN

Insurance Group

Insurance PCN

Welcome Contact Preference

Please indicate your preferred method for receiving your eConsent and Smartcard Welcome communication, which will include copy details. If you select SMS, you will be asked to consent to receive text messages. Message and data rates may apply.

I confirm that the patient provided explicit consent to receive their eConsent message and relevant GSK communications via SMS to the mobile number they provided.

Electronic Signature
 The patient will receive a communication via preferred method requesting electronic signature.

Preferred Language (if other than English)

I certify that the information provided above is true and that NUCALE is being prescribed for the patient listed above. I hereby certify that, for any insured patient seeking copy assistance under the Copy Program, in the absence of financial support from such program, any applicable copay, coinsurance, or other out-of-pocket cost for NUCALE would be collected from the patient upon treatment. I appoint the NUCALE 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 NUCALE Copy 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 seek 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.**

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Navigation Menu (Claims)



Patient

First Name: [Text Field] Last Name: [Text Field]

Does the patient have a card? Yes No

Co-pay Card GRP #: [Text Field]

Co-pay Card ID #: [Text Field]

Insurance Name: [Text Field]

Insurance BIN: [Text Field]

Insurance PCN: [Text Field]

Electronic Signature: [Text Field]

Preferred Language (if other than English): [Text Field]

Indication: [Text Field]

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, Medigap, 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).

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

Patient

First Name: [Text Field] Last Name: [Text Field]

Does the patient have a card? Yes No

Co-pay Card GRP #: [Text Field]

Co-pay Card ID #: [Text Field]

Insurance Name: [Text Field]

Insurance BIN: [Text Field]

Insurance PCN: [Text Field]

Electronic Signature: [Text Field]

Preferred Language (if other than English): [Text Field]

Indication: [Text Field]

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, Medigap, 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.

Navigation Menu (Claims)



Government Insurance Detected

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

The screenshot shows a patient profile form with a yellow warning banner at the top: "This patient is not eligible due to government insurance." The form fields are as follows:

First Name: Jessica	Last Name: Rubin	Does the patient have a card? <input checked="" type="radio"/> Yes <input type="radio"/> No
Date of Birth: 01/01/2000	Gender: Female	Co-pay Card GRP #: CH8912091
Street Address: 123 Main Street		Co-pay Card ID #: T5410010055
Address Line 2 (optional):		Insurance Name: Test Payer
City: Any		Insurance BIN: 008589
State: New Jersey	ZIP: 12345	Insurance Group: FACE
Phone: (333) 333-3333	<input checked="" type="radio"/> Home <input type="radio"/> Mobile	Insurance PCN: AJNB
Email: jessica.Rubin2@iqvia.com		

Buttons: Save, Cancel

Footnote: 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

The screenshot shows the same patient profile form, but with a different yellow warning banner: "No claims can be submitted until patient consent is in place." The form fields are populated with the following data:

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: FACE	
	Insurance PCN: AJNB	

Electronic Signature: Awaiting online consent, Resend email

Buttons: Edit, 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?

Patient Profile: Awaiting Online Consent -> Resend email

Nucla Home Claims Practice Contact Us Jessica.Rubin2@iqvia.com

Patient

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	Insurance BIN	008589
Home Phone	(333) 333-3333	Insurance Group	PACE	Insurance PCN	AJNB
Email	JESSICA.RUBIN2@IQVIA.COM				

Electronic Signature

Awaiting online consent

Resend email

Sent to 'JESSICA.RUBIN2@IQVIA.COM'

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Navigation Menu (Claims)



Submit Claim enabled once eConsent in place

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

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

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Submit a Claim (file attached and agree)

Submit a Claim

Patient: TESTFN TESTLN New Patient Prescriber: NPFN NPLN

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 (EOCP), 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 NUICALA 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 NUICALA would be collected from the patient upon treatment.
- the information submitted represents only the eligible patient out of pocket costs associated with NUICALA 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 account, 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 NUICALA 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 its co-pay program. Patient consent, verification, and all required co-pay information.

Agree

Submit

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Navigation Menu (Claims)



Claim Submitted

The screenshot shows a web page with a navigation menu at the top containing 'Home', 'Claims', 'Practice', and 'Contact Us'. The user email 'Jessica.Rubin2@iqvia.com' is displayed in the top right. The main content area features a red heading 'Claim Submitted' and a green checkmark icon followed by the text 'The claim has been successfully submitted.' Below this, it states 'The confirmation number is 134367.' and 'You will be notified once the claim is approved.' A link 'Back to home page' is provided. 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 a small GSK logo.

Navigation Menu (Claims)



Claims -> Claims History

The screenshot shows the 'Claim History' page with a navigation menu at the top (Home, Claims, Practice, Contact Us) and a user profile (Jessica.Rubin2@iqvia.com). A 'Submit a Claim' button is visible. A 'Download claim history' dropdown menu is open, showing options for 'As Excel' and 'As CSV'. Below the dropdown is a table with the following data:

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		

At the bottom of the table, there is a 'View' link for the claim entry.

Download claim history drop down

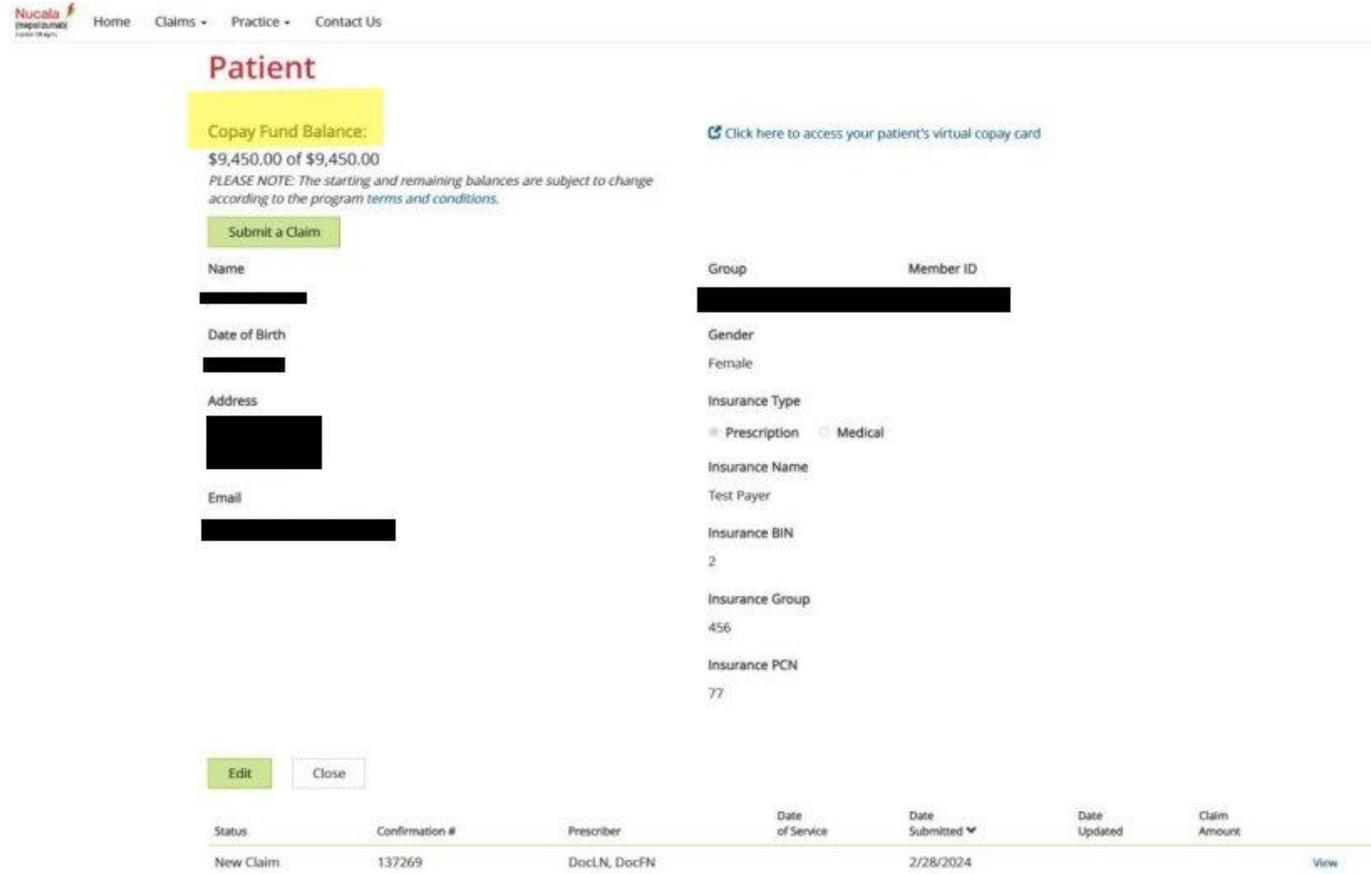
This screenshot is similar to the previous one but shows the 'Download claim history' dropdown menu open, displaying options for 'As Excel' and 'As CSV'. The table below the dropdown is empty, and the text 'You haven't submitted any claims yet.' is displayed in the center of the page.

Claim Approved: Email Triggered using approved template

Claim Rejected: Email Triggered using approved template

Navigation Menu (Starting and Remaining Balances)

Practice → Patient → Starting and Remaining Balance



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](#)

[Click here to access your patient's virtual copay card](#)

Name
[REDACTED]

Date of Birth
[REDACTED]

Address
[REDACTED]

Email
[REDACTED]

Group
[REDACTED]

Member ID
[REDACTED]

Gender
Female

Insurance Type
 Prescription Medical

Insurance Name
[REDACTED]

Test Payer
[REDACTED]

Insurance BIN
2

Insurance Group
456

Insurance PCN
77

[Edit](#) [Close](#)

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



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 Paynover Microsite from the HCP Buy and Bill Portal

Nucala
(mepolizumab)
Nucala 300mg/100mL

Home Claims Practice Contact Us

Account
Users
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
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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 Paynover Microsite from the HCP Buy and Bill Portal



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**

Paynover 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

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 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

Paynover 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
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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

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

- Claim# XXXXXXXX|Rx# XXXXXXXXXXXXX|Fill Date XXXXXXXX

- **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 Paynover Microsite

Paynuver Microsite Functionality

Available Balance
\$0.00

[Update Transfer Options](#)
[Account Holder Details](#)
[Return to Payment Account](#)

Accounts

BW Test *6789

+ Create Account

Transaction History

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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

