





GSK PATIENT PORTAL USER GUIDE

Nucala

July 2025







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Header/Footer Links





HEADER LINKS

Name	URL
Nucala Logo	https://patient.nucalacopayprogram.com/Account

Name	URL CONTRACTOR OF THE CONTRACT
Privacy Policy	https://www.iqvia.com/about-us/privacy
Terms of Use	https://www.iqvia.com/about-us/terms-of-use
Contact Us	https://patient.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 #





Welcome to the Nucala Copay Portal			
To submit a claim via the portal, you will need:	Sign in		
A Nucala Copay Portal account (create account)	Email		
Information to verify your drug purchase	Email		
To submit a claim via mail or fax, you will need:	Password		Forgot password?
Proof of payment showing out-of-pocket cost	Password		
Please note: You may only submit a claim if you have commercial insurance and you are not a participant of Medicare Part B, Medicare Part D, Medicaid, Medigap, VA,	Remembe	ar mar ann all	
CHAMPUS, TriCare or other similar federal or state program.			
	Sign In	or create account	
Privacy Policy Terms of Use Contact Us GSK Copay Terms and Conditions GSK Privacy Stateme	ent GSK Terms	of Use	DSX
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Error Message

Welcome to the Nucala Copay Portal

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

A Nucala Copay Portal account (create account)
Information to verify your drug purchase

To submit a claim via mail or fax, you will need:
Proof of payment showing out-of-pocket cost

Please noter/ou may only submit a claim if you have commercial insurance and you are not a participant of Medicare Part B, Medicare Part D, Medicaid, Medigap, VA, CHAMPUS, TriCare or other similar federal or state program.



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

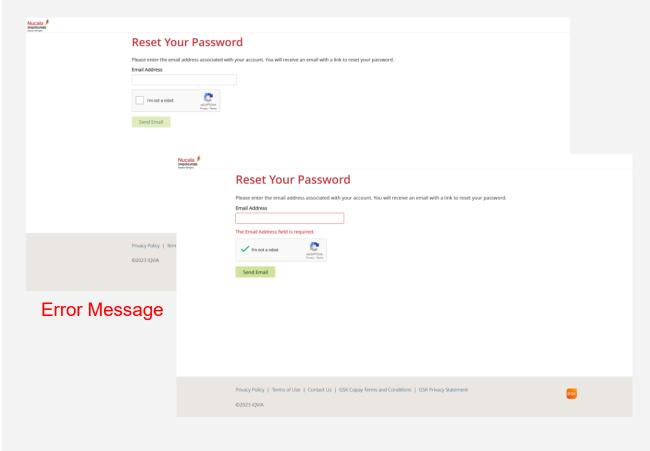
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Login Page

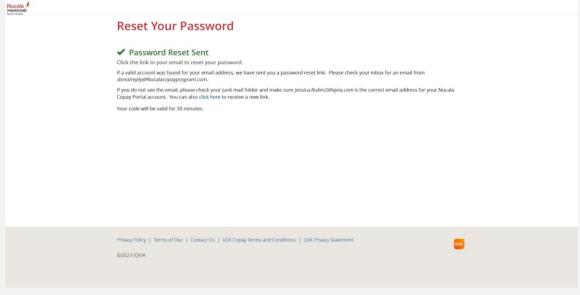




Forgot Password? -> Reset Your Password



Reset Your Password: Password Reset Sent





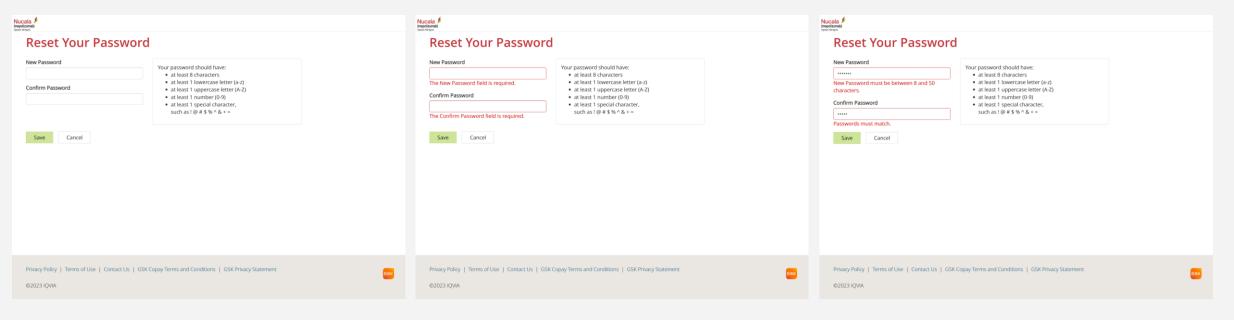
Login Page





Reset Password: Email triggered using approved template

Link brings user to this page

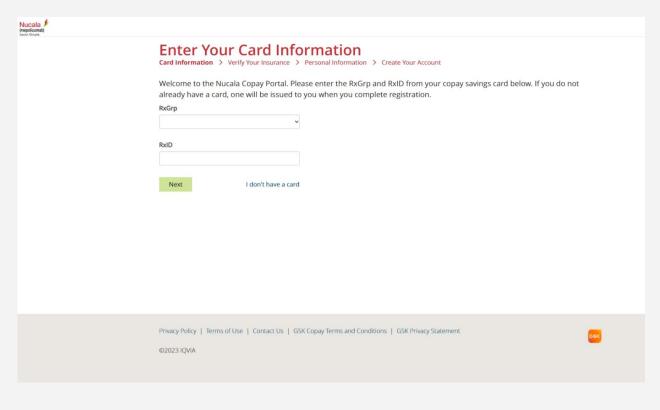


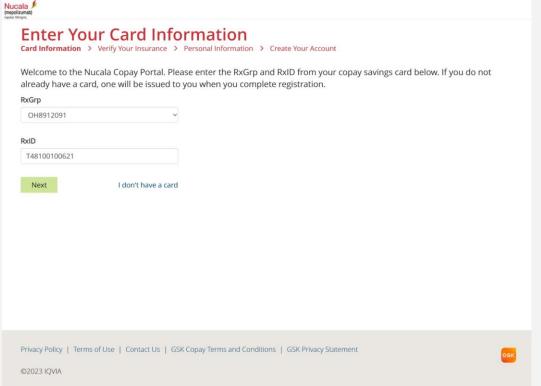






User has a card starting point











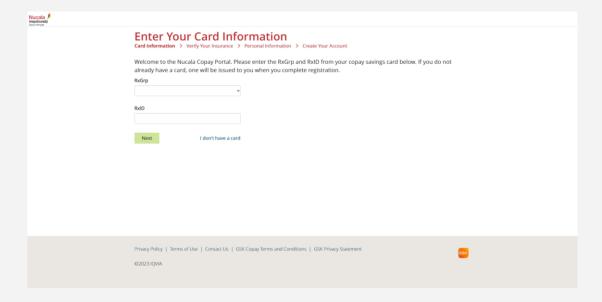
Error Messages Nucala (mepolizumab) **Enter Your Card Information** $Welcome\ to\ the\ Nucala\ Copay\ Portal.\ Please\ enter\ the\ RxGrp\ and\ RxID\ from\ your\ copay\ savings\ card\ below.\ If\ you\ do\ not$ already have a card, one will be issued to you when you complete registration. Please select your RxGrp. Please enter your RxID. **Enter Your Card Information** Card Information > Verify Your Insurance > Personal Information > Create Your Account Welcome to the Nucala Copay Portal. Please enter the RxGrp and RxID from your copay savings card below. If you do not already have a card, one will be issued to you when you complete registration. RxGrp OH8912091 **Enter Your Card Information** RxID Card Information > Verify Your Insurance > Personal Information > Create Your Account T54100100555 Privacy Policy | Terms of Use | Contact Us | GSK Copay Terms and Condition Card has not been activated. Please check your email for a message with Welcome to the Nucala Copay Portal. Please enter the RxGrp and RxID from your copay savings card below. If you do not already have a card, one will be issued to you when you complete registration. ©2023 IQVIA locate the email, call (800) 691-1939 or your prescribing physican's office for assistance. OH8912101 I don't have a card T33100101533 Invalid ID Next I don't have a card Privacy Policy | Terms of Use | Contact Us | GSK Copay Terms and Conditions | GSK Privacy Statement ©2023 IQVIA Privacy Policy | Terms of Use | Contact Us | GSK Copay Terms and Conditions | GSK Privacy Statement ©2023 IOVIA





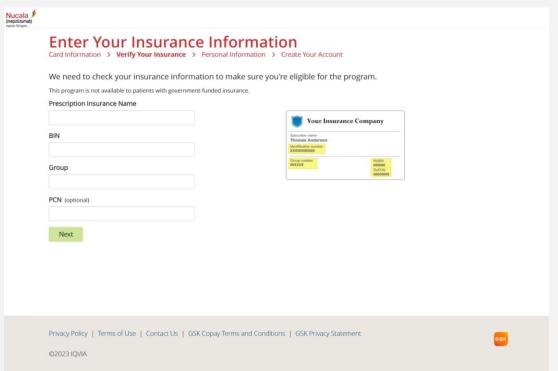
User does not have a card starting point

Clicks I don't have a card



Complete account creation (either starting point)

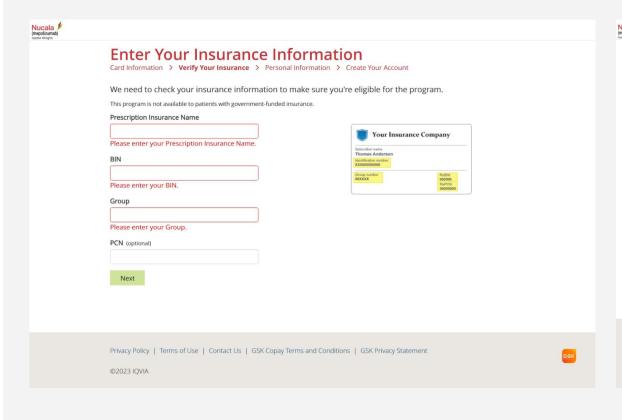
Verify Your Insurance









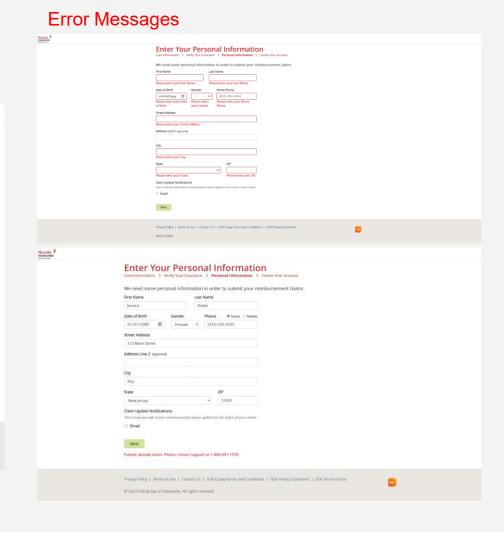


Enter Your Insurance In Card Information > Verify Your Insurance > Person	
We need to check your insurance information to This program is not available to patients with government-funded Prescription Insurance Name	
Test Payer	Your Insurance Company
BIN 008589	Thomas Anderson Industrialists currier XXXX00000000
Group	Orsco number (POSIN) (
PACE PCN (optional)	
Next	
You are not eligible for the NUCALA Co-Pay Program at thi	s time. Please contact support 1-800-691-1939 for more information.
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© 2023 GSK group of companies. All rights reserved.	





Personal Information (patient 18+ years old) Nucala (mepolizumab) **Enter Your Personal Information** Card Information > Verify Your Insurance > Personal Information > Create Your Account We need some personal information in order to submit your reimbursement claims. First Name Last Name Date of Birth Home Phone V (###)###-#### mm/dd/yyyy 🖃 Street Address Address Line 2 (optional) City ZIP State Claim Update Notifications This is how you will receive communications about updates to the status of your claims. ☐ Email Privacy Policy | Terms of Use | Contact Us | GSK Copay Terms and Conditions | GSK Privacy Statement ©2023 IQVIA

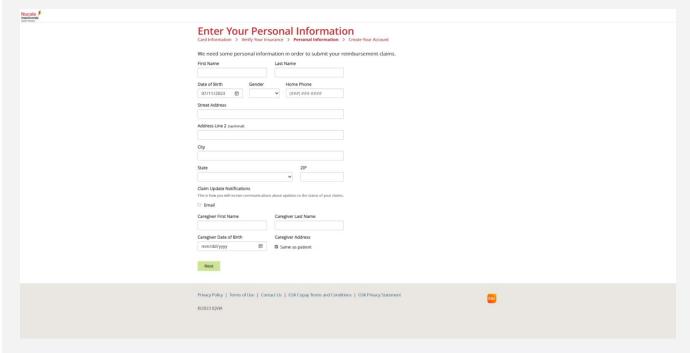


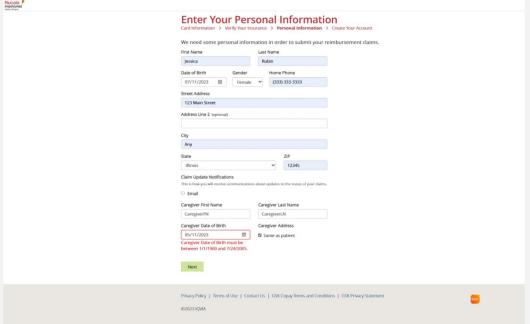




Personal Information

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





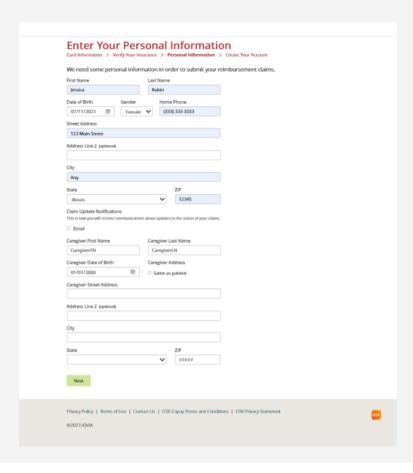






Personal Information

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



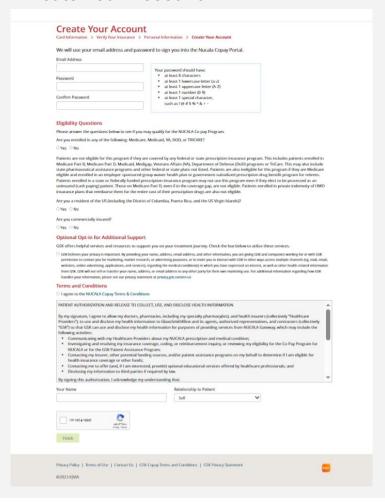
First Name	Last Name			
essica	Rubin			
Date of Birth Gender	Home Phone			
07/11/2023 @ Female	(333) 333-3333			
Street Address				
123 Main Street				
Address Line 2 (optional)				
City				
Any				
State	ZIP			
Illinois	12345			
Claim Update Notifications	1			
Caregiver Date of Birth 01/01/2000 (2) Caregiver Street Address Caregiver Street Address is required. Address Line 2 (optional)	Caregiver Address Same as patient			
City				
,				
City is required.				
State	ZIP			
	V			
State is required.	ZIP is requir	nd.		
Next				
Privacy Policy Terms of Use Conti 02023 IQVIA	act Us. GSK Copay Terms a	nd Conditions CSK Privac	y Statement	







Create Your Account



View of Full Patient Authorization (content provided by GSK)

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

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

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

By signing this authorization, I acknowledge my understanding that:

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

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









Account Created

Account Created

✓ Your account has been created.

Activate your account to sign in and begin submitting claims.

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

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

Need help?

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

Account Activated

Email triggered using approved template

Account Activated

✓ Your account has been activated.

Click here to sign in to the Nucala Copay Portal.

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Account Created: Email triggered using approved template

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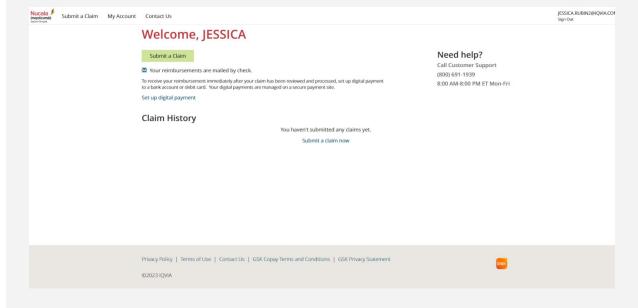
Home Page



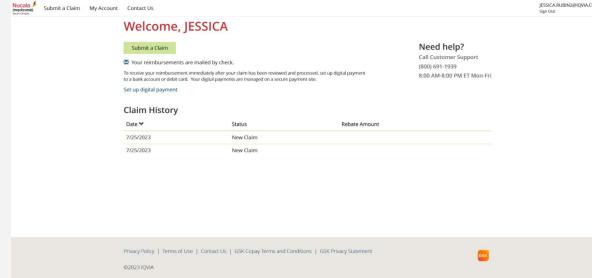


JESSICA.RUBIN2@IQVIA.CO!

No recent claims



With recent claims

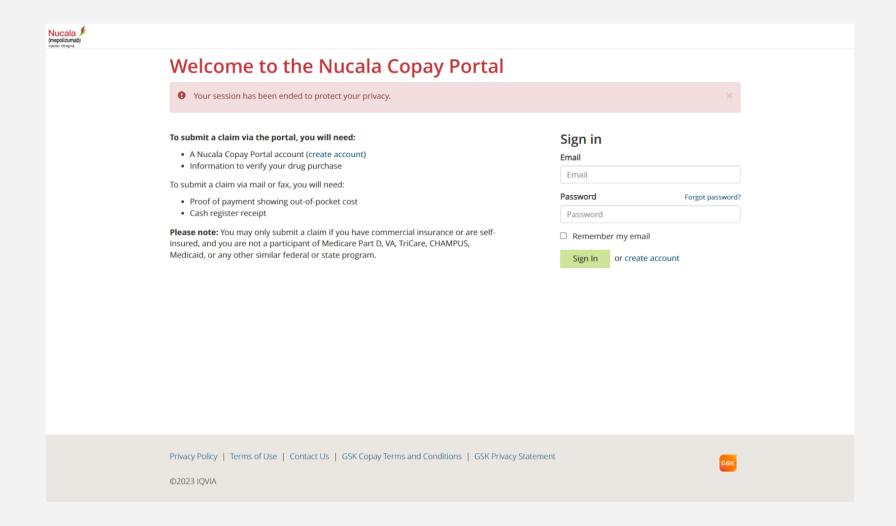


Home Page





Session Timeout



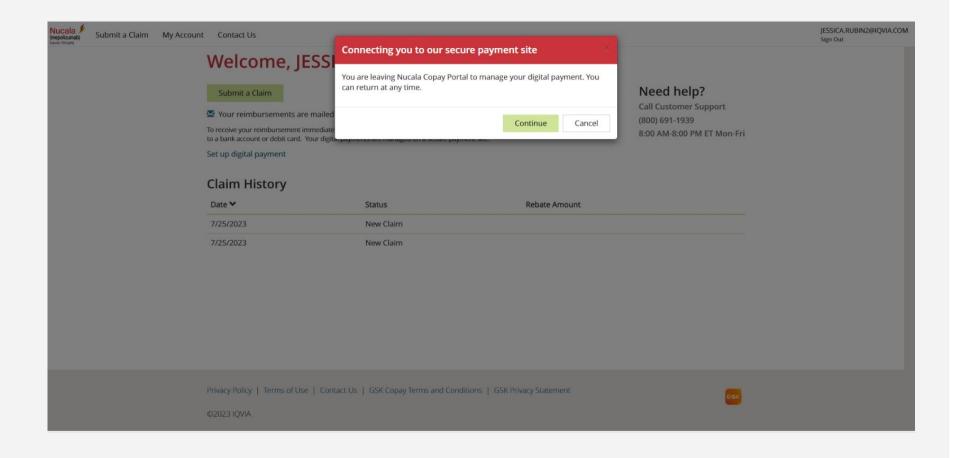


Set Up Digital Payment (EFT)





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



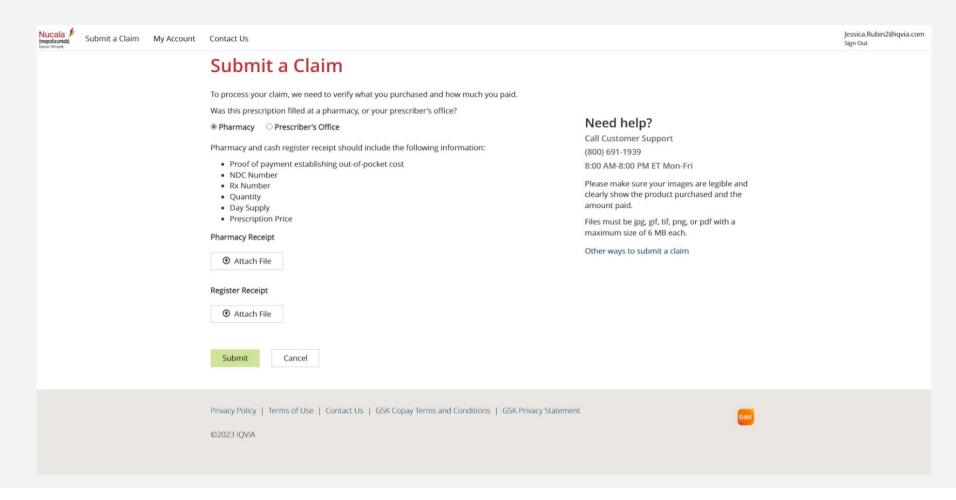






Other ways to submit a claim link points to Contact Us page

Pharmacy Selected

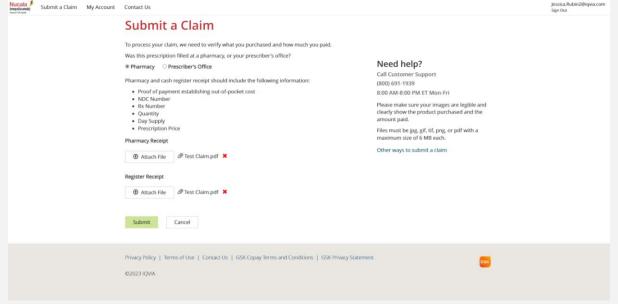


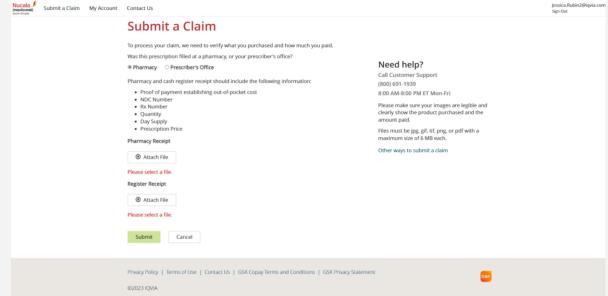




Jessica Rubin2@invia.com

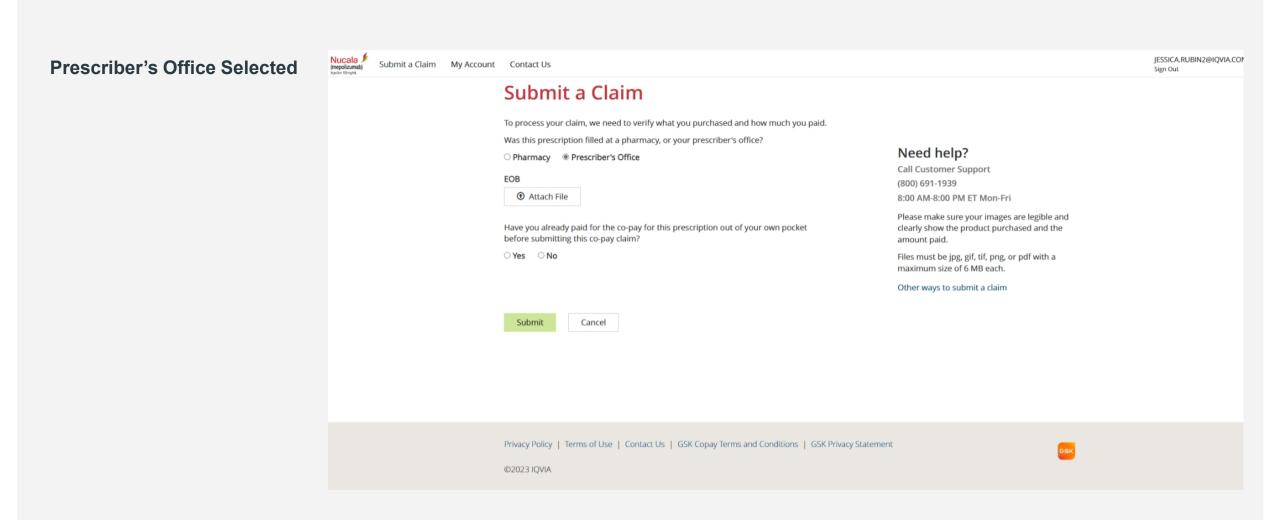
Pharmacy Selected









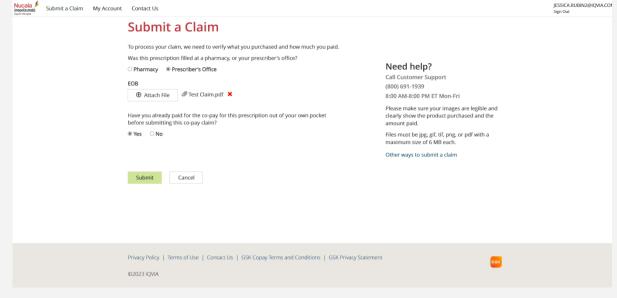






Prescriber's Office Selected

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

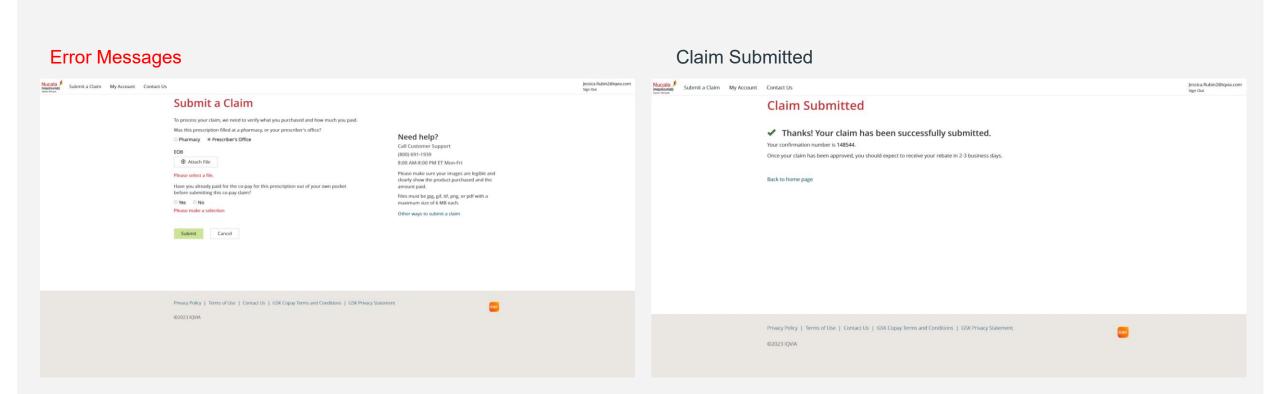


When "No" is selected, SmartCard will be funded upon successful claim processing

Nucala (mepolizumab)	Submit a Claim	My Account	Contact Us		JESSICA.RUBIN2@IQVIA.CON Sign Out
			Submit a Claim		
			To process your claim, we need to verify what you purchased and how much you paid. Was this prescription filled at a pharmacy, or your prescriber's office? Pharmacy Prescriber's Office EOB Attach File Pest Claim.pdf X Have you already paid for the co-pay for this prescription out of your own pocket before submitting this co-pay claim? Yes No Cancel	Need help? Call Customer Support (800) 691-1939 8:00 AM-8:00 PM ET Mon-Fri Please make sure your images are legible and clearly show the product purchased and the amount paid. Files must be jpg, gif, tif, png, or pdf with a maximum size of 6 MB each. Other ways to submit a claim	
			Privacy Policy Terms of Use Contact Us GSK Copay Terms and Conditions GSK Privacy Statement ©2023 IQVIA	cox.	







Claim Submitted: Email triggered using approved template

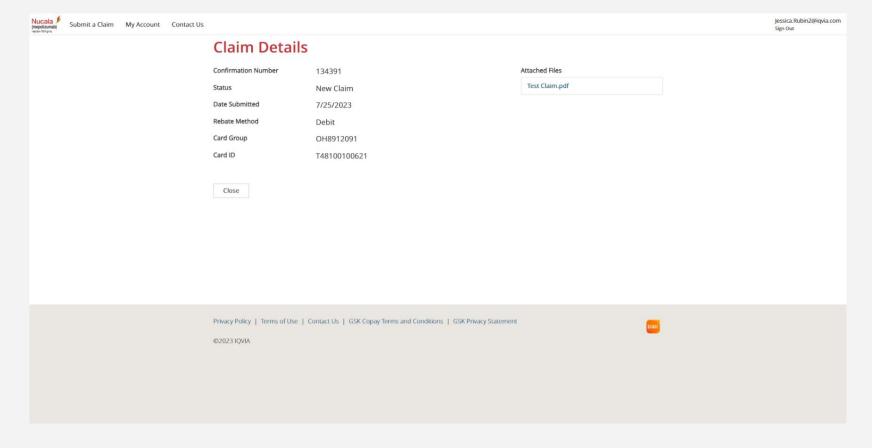






View Claim Details

Click claim date/status in Claim History list



Claim Approved:

Email triggered using approved template

Claim Rejected:

Email triggered using approved template





Jessica.Rubin2@igvia.com My Account Submit a Claim My Account Contact Us My Account Name Change My Password JESSICA RUBIN My Insurance Date of Birth Gender Home Phone 54654363 01/01/1999 Female (333) 333-3333 OH901714 Address 123 MAIN STREET Edit Insurance ANY, NJ 12345 My Reimbursement Method Email Address Mailed by check JESSICA.RUBIN2@IQVIA.COM Manage my reimbursement method Claim Update Notifications □ Email My Cards Edit Card Group Card ID OH8912091 T48100100621 SmartCard C Privacy Policy | Terms of Use | Contact Us | GSK Copay Terms and Conditions | GSK Privacy Statement ©2023 IQVIA



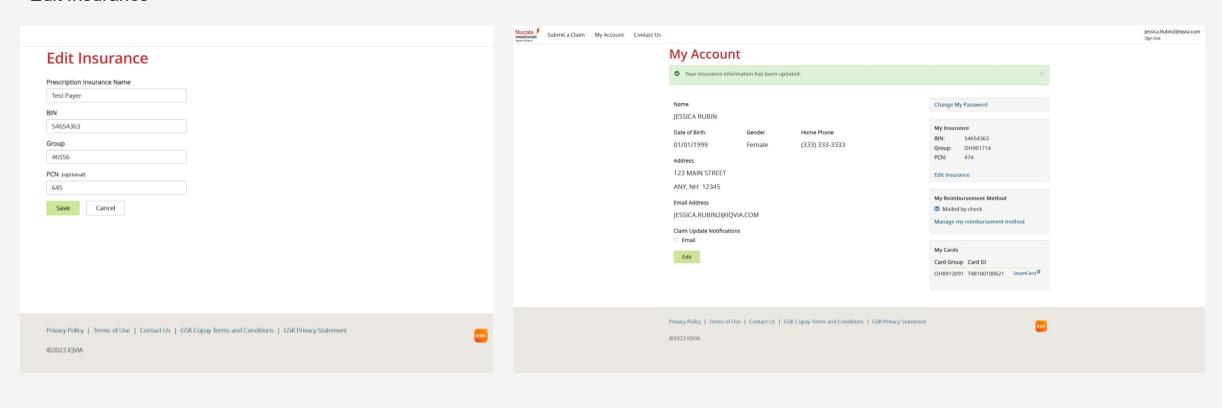


Edit Account Jessica.Rubin2@iqvia.com Submit a Claim My Account Contact Us My Account My Account First Name Your account information has been updated. JESSICA RUBIN Date of Birth (333) 333-3333 07/11/2023 Name Change My Password Street Address JESSICA RUBIN 123 MAIN STREET My Insurance Date of Birth Gender Home Phone Address Line 2 (optional) (333) 333-3333 01/01/1999 Female Group: OH901714 PCN: Address 123 MAIN STREET Edit Insurance ANY, NH 12345 Illinois My Reimbursement Method Email Address **Email Address** Mailed by check JESSICA.RUBIN2@IQVIA.COM JESSICA.RUBIN2@IQVIA.COM Note: Changing your email address will also change your sign in name Manage my reimbursement method Claim Update Notifications Claim Update Notifications This is how you will receive communications about updates to the status of your claims. □ Email □ Email My Cards Edit Caregiver First Name Caregiver Last Name Card Group Card ID OH8912091 T48100100621 SmartCard C Caregiver Date of Birth Caregiver Address Same as patient. Caregiver Street Address Privacy Policy | Terms of Use | Contact Us | GSK Copay Terms and Conditions | GSK Privacy Statement Address Line 2 (optional) ©2023 IQVIA Any ▼ 12345 Privacy Policy | Terms of Use | Contact Us | GSK Copay Terms and Conditions | GSK Privacy Statement ©2023 IOVIA





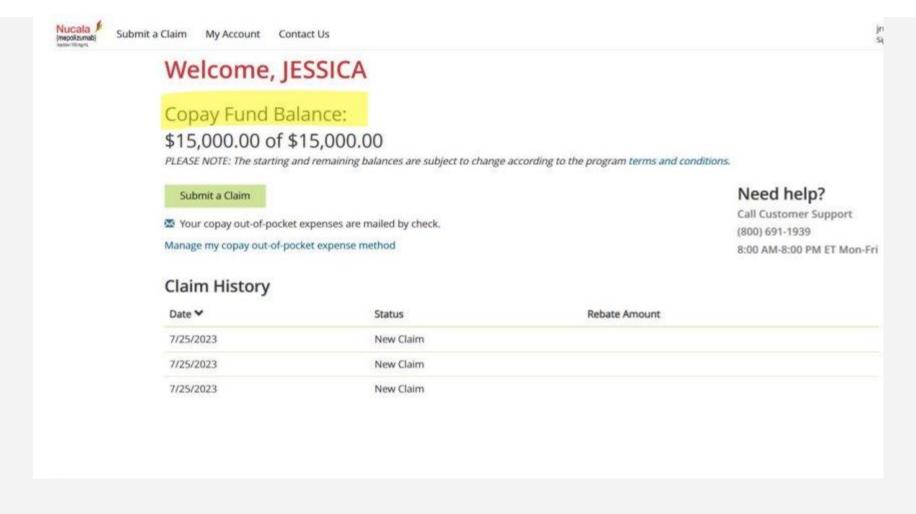
Edit Insurance



Navigation Menu: Starting and Remaining Balances





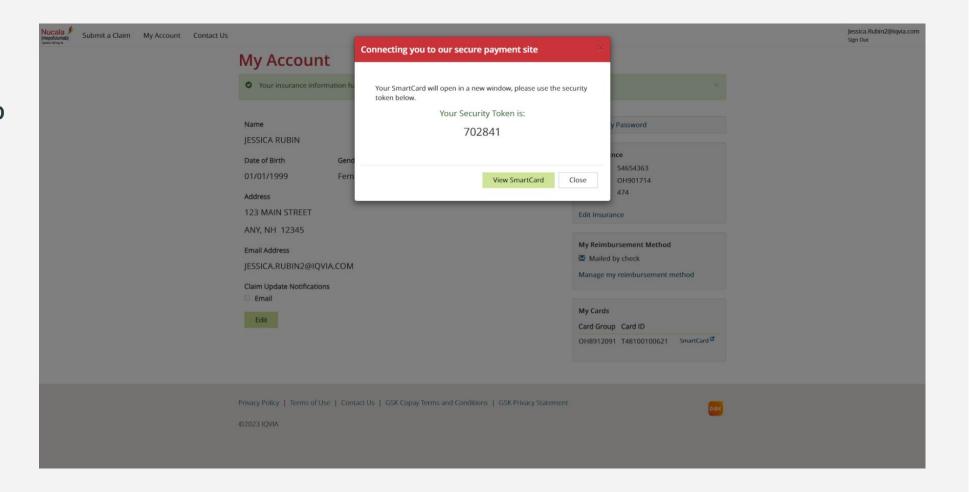






When "SmartCard" is clicked

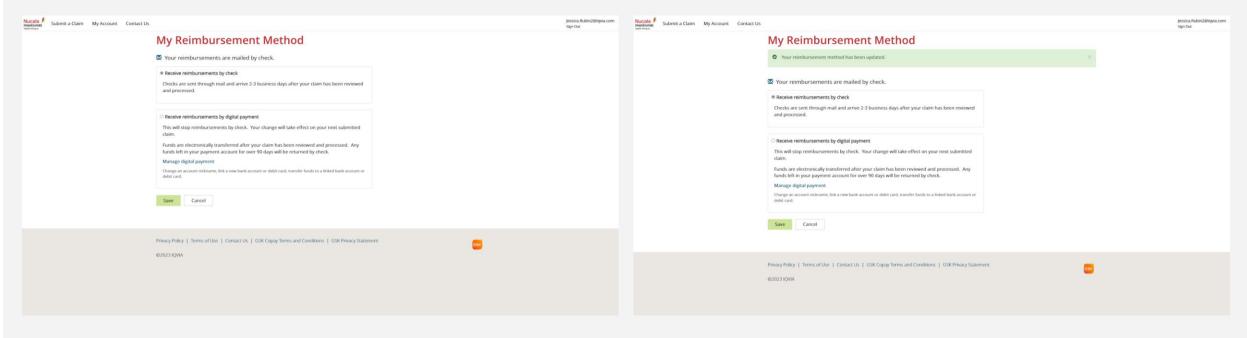
Clicking VIEW SMARTCARD button brings user to
Transcard site (screenshots previously provided)







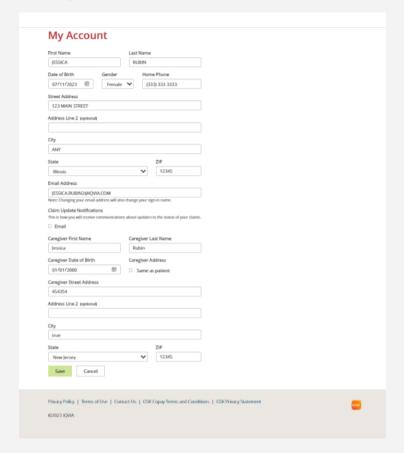
Manage Reimbursement Method

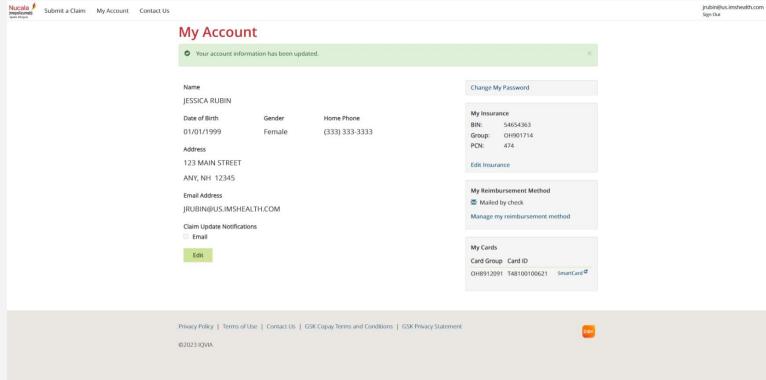






Change Email Address





Email Address Changed: Email triggered using approved template





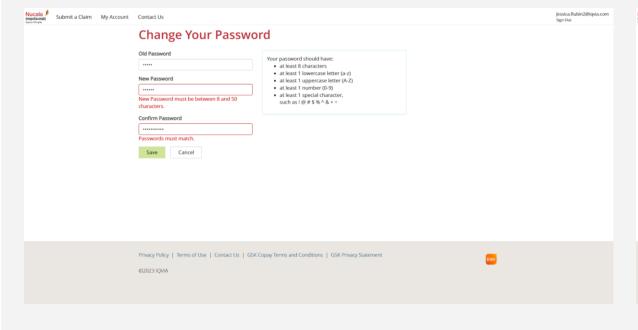


Change Your Password **Error Messages** Nucala | Submit a Claim My Account Contact Us Nucala | Submit a Claim My Account Contact Us Jessica.Rubin2@iqvia.com **Change Your Password Change Your Password** Old Password Old Password Your password should have: Your password should have: at least 8 characters at least 8 characters at least 1 lowercase letter (a-z) at least 1 lowercase letter (a-z) New Password at least 1 uppercase letter (A-Z) at least 1 uppercase letter (A-Z) New Password at least 1 number (0-9) at least 1 number (0-9) at least 1 special character. at least 1 special character. such as ! @ # \$ % ^ & + = such as!@#\$%^&+= Confirm Password The Confirm Password field is required. Cancel Privacy Policy | Terms of Use | Contact Us | GSK Copay Terms and Conditions | GSK Privacy Statement Privacy Policy | Terms of Use | Contact Us | GSK Copay Terms and Conditions | GSK Privacy Statement ©2023 IOVIA ©2023 IQVIA





Jessica.Rubin2@iqvia.com









Error Messages Password Updated Nucala Submit a Claim My Account Contact Us Nucala | Submit a Claim My Account Contact Us My Account **Change Your Password** O Your password has been updated. Old Password Your password should have: at least 8 characters The old password is incorrect. at least 1 lowercase letter (a-z) Change My Password at least 1 uppercase letter (A-Z) JESSICA RUBIN at least 1 number (0-9) · at least 1 special character, Date of Birth Home Phone such as!@#\$%^&+= BIN: 54654363 Confirm Password 01/01/1999 (333) 333-3333 474 PCN: Address 123 MAIN STREET ANY, NH 12345 Email Address Mailed by check JESSICA.RUBIN2@IQVIA.COM Manage my reimbursement method Claim Update Notifications □ Email My Cards Edit Card Group Card ID OH8912091 T48100100621 SmartCard C Privacy Policy | Terms of Use | Contact Us | GSK Copay Terms and Conditions | GSK Privacy Statement Privacy Policy | Terms of Use | Contact Us | GSK Copay Terms and Conditions | GSK Privacy Statement ©2023 IOVIA

Navigation Menu: Contact Us





Nucala (mepolizumab)	Submit a Claim	My Account	Contact Us	Jessica.Rubin2@iqvia.com Sign Out
Regation SSEnglist.			Can't upload documents? No problem! You can also submit your claim in the following ways: Submit by Mail: P.O. Box 6875 Bridgewater, NJ 08807 Send a copy of your receipt plus a cover page with your full name and contact information, or download submission form for fax or mail to help make sure you include all the necessary information. Please feel free to contact us with any questions or issues regarding your account. Support Phone Number: (800) 691-1939 8:00 AM-8:00 PM ET Mon-Fri	
			Privacy Policy Terms of Use Contact Us GSK Copay Terms and Conditions GSK Privacy Statement ©2023 IQVIA	



Thank You