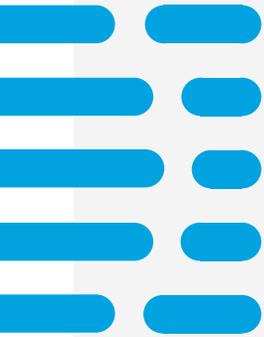




GSK PATIENT PORTAL USER GUIDE

Nucale

July 2025



Contents

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

- + **Home Page.....15**
- + **Set up Digital Payment (EFT)17**
- + **Navigation Menu: Submit a Claim.....19**
- + **Navigation Menu: My Account.....25**
- + **Navigation Menu: Contact Us.....34**

Header/Footer Links



HEADER LINKS

Name	URL
Nucala Logo	https://patient.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://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-notice/

Login Page



Welcome to the Nucla Copay Portal

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

- A Nucla 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 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, CHAMPUS, TriCare or other similar federal or state program.

Sign in

Email

Password

[Forgot password?](#)

Remember my email

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

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Error Message



Welcome to the Nucla Copay Portal

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

- A Nucla 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 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, CHAMPUS, TriCare or other similar federal or state program.

Sign in

Email

Please enter your Email.

Password

[Forgot password?](#)

Please enter your Password.

Remember my email

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

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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.

Email Address

I'm not a robot

[Send Email](#)

Reset Your Password

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

Email Address

The Email Address field is required.

I'm not a robot

[Send Email](#)

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Error Message

Reset Your Password: Password Reset Sent

Reset Your Password

✔ Password Reset Sent

Click the link in your email to reset your password.

If a valid account was found for your email address, we have sent you a password reset link. Please check your inbox for an email from donotreply@Nucalacopayprogram.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 Nucale Copay Portal account. You can also click here to receive a new link.

Your code will be valid for 30 minutes.

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Login Page



Reset Password: Email triggered using approved template

- Link brings user to this page

Error Messages

Reset Your Password

New 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 ! @ # \$ % ^ & + =

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Reset Your Password

New Password

The New Password field is required.

Confirm Password

The Confirm Password field is required.

Your password should have:

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

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Reset Your Password

New Password

New Password must be between 8 and 50 characters.

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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Create Account



User has a card starting point

Nucale
(mepolizumab)
Injection 100mg/mL

Enter Your Card Information

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

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

RxGrp

RxID

[Next](#) [I don't have a card](#)

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Nucale
(mepolizumab)
Injection 100mg/mL

Enter Your Card Information

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

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

RxGrp

RxID

[Next](#) [I don't have a card](#)

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Create Account



Error Messages

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

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

RxGrp

Please select your RxGrp.

RxID

Please enter your RxID.

[Next](#) [I don't have a card](#)



Enter Your Card Information

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

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

RxGrp

RxID

Card has not been activated. Please check your email for a message with the subject "Complete Your Co-pay Program Enrollment". If you cannot locate the email, call (800) 691-1939 or your prescribing physician's office for assistance.

[Next](#) [I don't have a card](#)



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Enter Your Card Information

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

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

RxGrp

RxID

Invalid ID

[Next](#) [I don't have a card](#)

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Create Account



Complete account creation (either starting point)

Verify Your Insurance

User does not have a card starting point

Clicks I don't have a card

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

RxID

[Next](#) [I don't have a card](#)

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

We need to check your insurance information to make sure you're eligible for the program.
This program is not available to patients with government-funded insurance.

Prescription Insurance Name

BIN

Group

PCN (optional)

[Next](#)

Your Insurance Company
Subscriber name: Thomas Anderson
Identification number: XXXXXXXXXX
Group number: 000000
Plan type: PPO
Plan ID: 00000000

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Create Account



Error Messages

Nucala
(mepolizumab)
nasal spray

Enter Your Insurance Information

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

We need to check your insurance information to make sure you're eligible for the program.
This program is not available to patients with government-funded insurance.

Prescription Insurance Name

Please enter your Prescription Insurance Name.

BIN

Please enter your BIN.

Group

Please enter your Group.

PCN (optional)

[Next](#)

Your Insurance Company

Subscriber name Thomas Anderson
Identification number XXXXXXXXXXXX
Group number XXXXXX
RUBIN 00000
RUPCN 0000000

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Nucala
(mepolizumab)
nasal spray

Enter Your Insurance Information

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

We need to check your insurance information to make sure you're eligible for the program.
This program is not available to patients with government-funded insurance.

Prescription Insurance Name

BIN

Group

PCN (optional)

[Next](#)

You are not eligible for the NUCALA Co-Pay Program at this time. Please contact support 1-800-691-1939 for more information.

Your Insurance Company

Subscriber name Thomas Anderson
Identification number XXXXXXXXXXXX
Group number XXXXXX
RUBIN 00000
RUPCN 0000000

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Create Account



Personal Information (patient 18+ years old)

Error Messages

Create Account



Personal Information

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

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

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

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

Date of Birth: [07/11/2023] Gender: [Female] Home Phone: [(###) ###-####]

Street Address: [Text Field]

Address Line 2 (optional): [Text Field]

City: [Text Field]

State: [Dropdown] ZIP: [Text Field]

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

Email

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

Caregiver Date of Birth: [mm/dd/yyyy] Caregiver Address: [Text Field] Same as patient

[Next](#)

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Error Messages

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

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

First Name: [Jessica] Last Name: [Rubin]

Date of Birth: [07/11/2023] Gender: [Female] Home Phone: [(333) 333-3333]

Street Address: [123 Main Street]

Address Line 2 (optional): [Text Field]

City: [Text Field]

State: [Any] ZIP: [12345]

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

Email

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

Caregiver Date of Birth: [05/11/2023] Caregiver Address: [Text Field] Same as patient

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

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Create Account



Personal Information

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

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

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

First Name: Last Name:
Date of Birth: Gender: Home Phone:
Street Address:
Address Line 2 (optional):
City:
State: ZIP:
Claim Update Notifications
This is how you will receive communications about updates to the status of your claims.
 Email
Caregiver First Name: Caregiver Last Name:
Caregiver Date of Birth: Same as patient
Caregiver Street Address:
Address Line 2 (optional):
City:
State: ZIP:

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Error Messages

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

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

First Name: Last Name:
Date of Birth: Gender: Home Phone:
Street Address:
Address Line 2 (optional):
City:
State: ZIP:
Claim Update Notifications
This is how you will receive communications about updates to the status of your claims.
 Email
Caregiver First Name: Caregiver Last Name:
Caregiver Date of Birth: Same as patient
Caregiver Street Address:
Caregiver Street Address is required.
Address Line 2 (optional):
City:
City is required.
State: ZIP:
State is required. ZIP is required.

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Create Account



Create Your Account

Create Your Account

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

We will use your email address and password to sign you into the Nucala Co-pay Portal.

Email Address

Password

Confirm Password

Your password should have:

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

Eligibility Questions

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

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

Yes No

Patients are not eligible for this program if they are covered by any federal or state prescription insurance program. This includes patients enrolled in Medicare Part B, Medicare Part D, Medicaid, 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 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 or PPO insurance plans that reimburse them for the entire cost of their prescription drugs are also not eligible.

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

Yes No

Are you commercially insured?

Yes No

Optional Opt-in for Additional Support

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

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

Terms and Conditions

I agree to the NUCALA Co-pay Terms & Conditions.

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

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

Your Name

Relationship to Patient

I'm Not a USDR



Finish

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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.

Error Messages

Create Your Account

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

We will use your email address and password to sign you into the Nucala Co-pay Portal.

Email Address

Please enter your Email Address.

Password

Please enter a Password.

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 ! @ # \$ % ^ & * - =

Eligibility Questions

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

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

Yes No

You are not eligible for the NUCALA Co-pay Program at this time. Please contact Gateway to NUCALA for more information at 1-888-6-NUCALA-888 (68-2524).

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 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 or PPO insurance plans that reimburse them for the entire cost of their prescription drugs are also not eligible.

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

Yes No

You are not eligible for the NUCALA Co-pay Program at this time. Please contact Gateway to NUCALA for more information at 1-888-6-NUCALA-888 (68-2524).

Are you commercially insured?

Yes No

You are not eligible for the NUCALA Co-pay Program at this time. Please contact Gateway to NUCALA for more information at 1-888-6-NUCALA-888 (68-2524).

Optional Opt-in for Additional Support

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

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

Terms and Conditions

I agree to the NUCALA Co-pay Terms & Conditions.

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

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

Your Name

Relationship to Patient

I'm Not a USDR



Finish

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Create Account



Account Created

Account Created

✔ Your account has been created.

Activate your account to sign in and begin submitting claims.

An email has been sent to you from donotreply@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

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Account Activated

Email triggered using approved template

Account Activated

✔ Your account has been activated.

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

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Account Created: Email triggered using approved template

Home Page



No recent claims

Nucale mepolizumab | Submit a Claim | My Account | Contact Us | JESSICA.RUBIN2@IQVIA.COM | Sign Out

Welcome, JESSICA

[Submit a Claim](#)

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

Claim History

You haven't submitted any claims yet.
[Submit a claim now](#)

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

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With recent claims

Nucale mepolizumab | Submit a Claim | My Account | Contact Us | JESSICA.RUBIN2@IQVIA.COM | Sign Out

Welcome, JESSICA

[Submit a Claim](#)

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

Claim History

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

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

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Home Page



Session Timeout



Welcome to the Nucla Copay Portal

 Your session has been ended to protect your privacy. 

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

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

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

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

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

Sign in

Email

Password [Forgot password?](#)

Remember my email

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

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My Account: 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

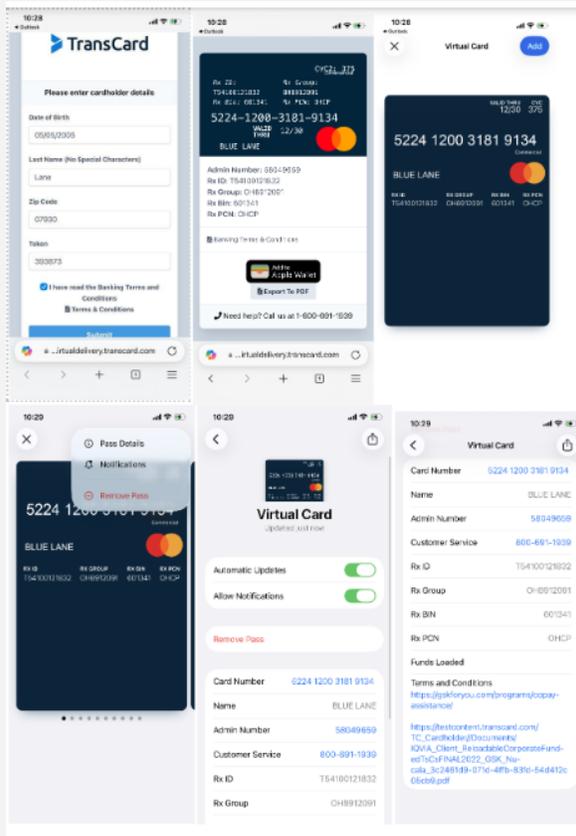
The screenshot shows the Nucale Copay Portal interface. At the top, there are navigation links: "Submit a Claim", "My Account", and "Contact Us". The user is logged in as "JESSICA.RUBIN2@IQVIA.COM" with a "Sign Out" option. The main content area displays a "Welcome, JESSICA" message and a "Submit a Claim" button. Below this, there is a notification: "Your reimbursements are mailed to a bank account or debit card. Your digital payments are managed via secure payment site." A modal window is open in the center, titled "Connecting you to our secure payment site". The modal text reads: "You are leaving Nucale Copay Portal to manage your digital payment. You can return at any time." It has two buttons: "Continue" and "Cancel". To the right of the modal, there is a "Need help?" section with contact information: "Call Customer Support (800) 691-1939 8:00 AM-8:00 PM ET Mon-Fri". At the bottom of the page, there are links for "Privacy Policy", "Terms of Use", "Contact Us", "GSK Copay Terms and Conditions", and "GSK Privacy Statement". The footer includes "©2023 IQVIA" and the GSK logo.

My Account: Set Up Digital Payment (Mobile Wallet)

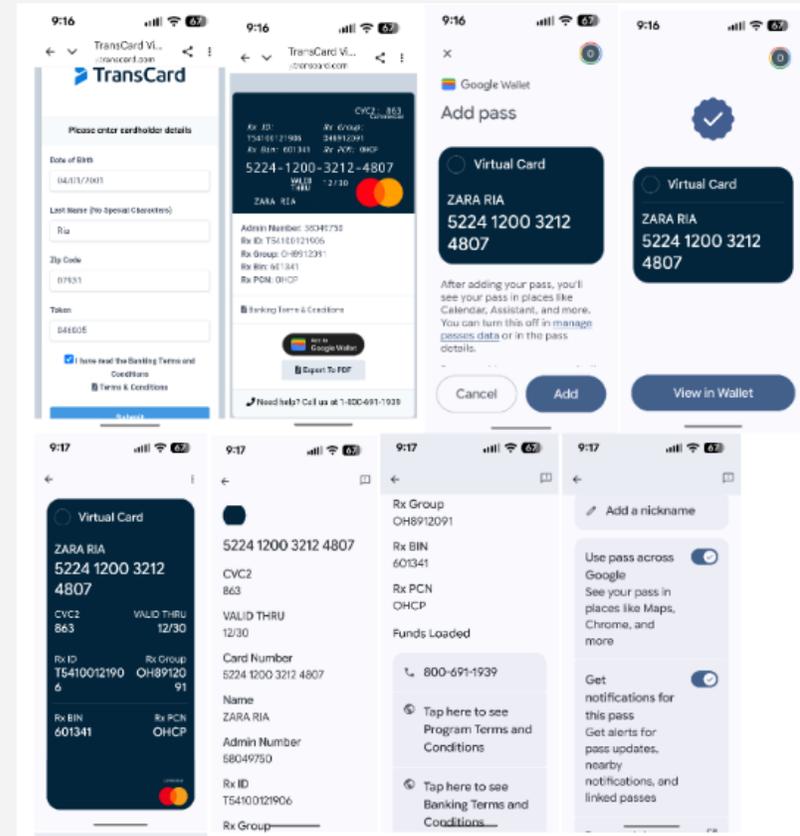


Add Your Copay Card to Your Mobile Wallet

Apple



Android



Navigation Menu: Submit a Claim



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

Pharmacy Selected

Submit a Claim

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

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

Pharmacy Prescriber's Office

Pharmacy and cash register receipt should include the following information:

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

Pharmacy Receipt

Register Receipt

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](#)

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Navigation Menu: Submit a Claim



Pharmacy Selected

The screenshot shows the 'Submit a Claim' page with the 'Pharmacy Selected' status. The page includes a navigation menu with 'Submit a Claim', 'My Account', and 'Contact Us'. The main content area is titled 'Submit a Claim' and contains instructions for submitting a claim, including a list of required information (Proof of payment, NDC Number, Rx Number, Quantity, Day Supply, Prescription Price) and a 'Need help?' section with contact information for Customer Support. There are two file upload sections: 'Pharmacy Receipt' and 'Register Receipt', each with an 'Attach File' button and a 'Test Claim.pdf' file. At the bottom, there are 'Submit' and 'Cancel' buttons. The footer contains links for Privacy Policy, Terms of Use, Contact Us, GSK Copy Terms and Conditions, and GSK Privacy Statement, along with the GSK logo and copyright information for IQVIA.

Error Messages

The screenshot shows the 'Submit a Claim' page with error messages. The page includes a navigation menu with 'Submit a Claim', 'My Account', and 'Contact Us'. The main content area is titled 'Submit a Claim' and contains instructions for submitting a claim, including a list of required information (Proof of payment, NDC Number, Rx Number, Quantity, Day Supply, Prescription Price) and a 'Need help?' section with contact information for Customer Support. There are two file upload sections: 'Pharmacy Receipt' and 'Register Receipt', each with an 'Attach File' button and a 'Test Claim.pdf' file. Below the 'Attach File' buttons, there are red error messages: 'Please select a file.' for both sections. At the bottom, there are 'Submit' and 'Cancel' buttons. The footer contains links for Privacy Policy, Terms of Use, Contact Us, GSK Copy Terms and Conditions, and GSK Privacy Statement, along with the GSK logo and copyright information for IQVIA.

Navigation Menu: Submit a Claim



Prescriber's Office Selected

Nucla (mepolizumab) Submit a Claim My Account Contact Us JESSICA.RUBIN2@IQVIA.COM Sign Out

Submit a Claim

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

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

Pharmacy Prescriber's Office

EOB

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

Yes No

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](#)

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Navigation Menu: Submit a Claim



Prescriber's Office Selected

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

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

The screenshot shows the 'Submit a Claim' page. At the top, there is a navigation menu with 'Submit a Claim', 'My Account', and 'Contact Us'. The user is logged in as 'JESSICA.RUBINZ@IQVIA.COM'. The main heading is 'Submit a Claim'. Below it, a message states: '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?'. There are two radio button options: 'Pharmacy' and 'Prescriber's Office', with 'Prescriber's Office' selected. Below this is the 'EOB' section with an 'Attach File' button and a file named 'Test Claim.pdf' with a red 'x' icon. A question asks: 'Have you already paid for the co-pay for this prescription out of your own pocket before submitting this co-pay claim?'. There are two radio button options: 'Yes' (selected) and 'No'. At the bottom of the form are 'Submit' and 'Cancel' buttons. On the right side, there is a 'Need help?' section with contact information: 'Call Customer Support (800) 691-1939, 8:00 AM-8:00 PM ET Mon-Fri'. It also includes instructions: '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'. The footer contains links for 'Privacy Policy', 'Terms of Use', 'Contact Us', 'GSK Copay Terms and Conditions', and 'GSK Privacy Statement', along with the GSK logo and '©2023 IQVIA'.

The screenshot shows the 'Submit a Claim' page. At the top, there is a navigation menu with 'Submit a Claim', 'My Account', and 'Contact Us'. The user is logged in as 'JESSICA.RUBINZ@IQVIA.COM'. The main heading is 'Submit a Claim'. Below it, a message states: '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?'. There are two radio button options: 'Pharmacy' and 'Prescriber's Office', with 'Prescriber's Office' selected. Below this is the 'EOB' section with an 'Attach File' button and a file named 'Test Claim.pdf' with a red 'x' icon. A question asks: 'Have you already paid for the co-pay for this prescription out of your own pocket before submitting this co-pay claim?'. There are two radio button options: 'Yes' and 'No' (selected). At the bottom of the form are 'Submit' and 'Cancel' buttons. On the right side, there is a 'Need help?' section with contact information: 'Call Customer Support (800) 691-1939, 8:00 AM-8:00 PM ET Mon-Fri'. It also includes instructions: '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'. The footer contains links for 'Privacy Policy', 'Terms of Use', 'Contact Us', 'GSK Copay Terms and Conditions', and 'GSK Privacy Statement', along with the GSK logo and '©2023 IQVIA'.

Navigation Menu: Submit a Claim



Error Messages

The screenshot shows the 'Submit a Claim' form with several error messages:

- EDB:** An 'Attach File' button is present, but there is a red error message: "Please select a file."
- Payment:** A question asks "Have you already paid for the co-pay for this prescription out of your own pocket before submitting this co-pay claim?" with radio buttons for "Yes" and "No". A red error message below says "Please make a selection".
- Need help?:** A section with contact information for Customer Support and instructions on file formats and sizes.

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.

Claim Submitted

The screenshot shows the 'Claim Submitted' confirmation page with the following content:

- Message:** A green checkmark icon followed by the text: "Thanks! Your claim has been successfully submitted. Your confirmation number is 148544. Once your claim has been approved, you should expect to receive your rebate in 2-3 business days."
- Action:** A link labeled "Back to home page".

The footer is identical to the previous screenshot, containing 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.

Claim Submitted: Email triggered using approved template

Navigation Menu: Submit a Claim



View Claim Details

Click claim date/status in Claim History list

Claim Details

Confirmation Number	134391
Status	New Claim
Date Submitted	7/25/2023
Rebate Method	Debit
Card Group	OH8912091
Card ID	T48100100621

Attached Files

- Test Claim.pdf

Close

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Claim Approved:

Email triggered using approved template

Claim Rejected:

Email triggered using approved template

Navigation Menu: My Account



My Account

 [Submit a Claim](#) [My Account](#) [Contact Us](#) Jessica.Rubin2@iqvia.com
Sign Out

My Account

Name JESSICA RUBIN			Change My Password		
Date of Birth	Gender	Home Phone			
01/01/1999	Female	(333) 333-3333			
Address 123 MAIN STREET ANY, NJ 12345					
Email Address JESSICA.RUBIN2@IQVIA.COM					
Claim Update Notifications <input type="checkbox"/> Email					
Edit					
My Insurance BIN: 54654363 Group: OH901714 PCN: 47 Edit Insurance					
My Reimbursement Method <input checked="" type="checkbox"/> Mailed by check Manage my reimbursement method					
My Cards Card Group Card ID OH8912091 T48100100621 SmartCard					

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Navigation Menu: My Account



Edit Account

My Account

First Name: JESSICA, Last Name: RUBIN

Date of Birth: 07/11/2023, Gender: Female, Home Phone: (333) 333-3333

Street Address: 123 MAIN STREET

Address Line 2 (optional):

City: ANY

State: Illinois, ZIP: 12345

Email Address: JESSICA.RUBIN2@IQVIA.COM

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

Claim Update Notifications: Email

Caregiver First Name: Jessica, Caregiver Last Name: Rubin

Caregiver Date of Birth: 01/01/2000, Caregiver Address: Same as patient

Caregiver Street Address: 454354

Address Line 2 (optional):

City: Any

State: New Jersey, ZIP: 12345

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My Account

Submit a Claim | My Account | Contact Us

Jessica.Rubin2@iqvia.com Sign Out

Your account information has been updated.

Name: JESSICA RUBIN

Date of Birth: 01/01/1999, Gender: Female, Home Phone: (333) 333-3333

Address: 123 MAIN STREET, ANY, NH 12345

Email Address: JESSICA.RUBIN2@IQVIA.COM

Claim Update Notifications: Email

Change My Password

My Insurance: BIN: 54654363, Group: OH901714, PCN: 47

Edit Insurance

My Reimbursement Method: Mailed by check

Manage my reimbursement method

My Cards: Card Group: OH8912091, Card ID: T48100100621, SmartCard

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Navigation Menu: My Account



Edit Insurance

Edit Insurance

Prescription Insurance Name

BIN

Group

PCN (optional)

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[Submit a Claim](#) [My Account](#) [Contact Us](#) Jessica.Rubin2@iqvia.com
Sign Out

My Account

Your insurance information has been updated.

Name	JESSICA RUBIN	
Date of Birth	Gender	Home Phone
01/01/1999	Female	(333) 333-3333
Address	123 MAIN STREET ANY, NH 12345	
Email Address	JESSICA.RUBIN2@IQVIA.COM	
Claim Update Notifications	<input type="checkbox"/> Email	
<input type="button" value="Edit"/>		

My Insurance
BIN: 54654363
Group: OH901714
PCN: 474

My Reimbursement Method
 Mailed by check

My Cards
Card Group Card ID
OH8912091 T48100100621

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Navigation Menu: Starting and Remaining Balances



Nucala (mepolizumab) Submit a Claim My Account Contact Us

Welcome, JESSICA

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

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

[Submit a Claim](#)

Your copay out-of-pocket expenses are mailed by check.
[Manage my copay out-of-pocket expense method](#)

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

Claim History

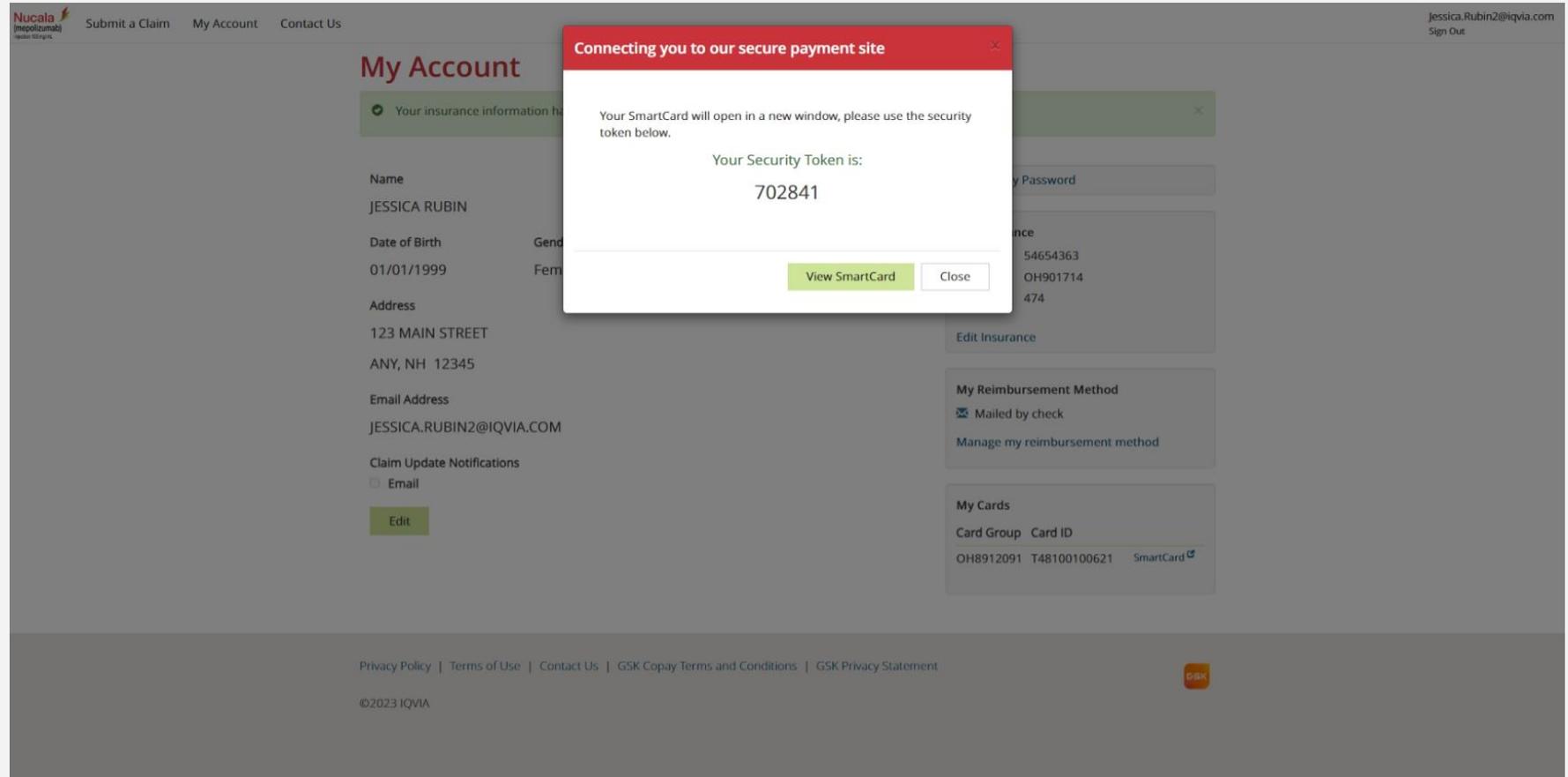
Date ▼	Status	Rebate Amount
7/25/2023	New Claim	
7/25/2023	New Claim	
7/25/2023	New Claim	

Navigation Menu: My Account



When “SmartCard” is clicked

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



Navigation Menu: My Account



Manage Reimbursement Method

This screenshot shows the 'My Reimbursement Method' page in a web browser. The user is logged in as Jessica.Rubin2@iqvia.com. The page title is 'My Reimbursement Method'. A message at the top indicates that reimbursements are currently mailed by check. Two options are available: 'Receive reimbursements by check' (selected) and 'Receive reimbursements by digital payment'. The 'Save' button is highlighted in green.

This screenshot shows the 'My Reimbursement Method' page after an update. A green notification banner at the top states 'Your reimbursement method has been updated.' The selected option is now 'Receive reimbursements by check', and the 'Save' button is no longer highlighted.

Navigation Menu: My Account



Change Email Address

My Account

First Name: JESSICA, Last Name: RUBIN
Date of Birth: 07/11/2023, Gender: Female, Home Phone: (333) 333-3333
Street Address: 123 MAIN STREET
Address Line 2 (optional):
City: ANY
State: Illinois, ZIP: 12345
Email Address: JESSICA.RUBIN@IQVIA.COM
Note: Changing your email address will also change your sign-in name.
Claim Update Notifications: Email
Caregiver First Name: Jessica, Caregiver Last Name: Rubin
Caregiver Date of Birth: 01/01/2000, Caregiver Address: Same as patient
Caregiver Street Address: 454354
Address Line 2 (optional):
City: issue
State: New Jersey, ZIP: 12345

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My Account

Your account information has been updated.

Name: JESSICA RUBIN
Date of Birth: 01/01/1999, Gender: Female, Home Phone: (333) 333-3333
Address: 123 MAIN STREET, ANY, NH 12345
Email Address: JRUBIN@US.IMSHEALTH.COM
Claim Update Notifications: Email

My Insurance
BIN: 54654363
Group: OH901714
PCN: 474

My Reimbursement Method
 Mailed by check

My Cards
Card Group: OH8912091, Card ID: T48100100621, SmartCard

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Email Address Changed: Email triggered using approved template

Navigation Menu: My Account



Change Your Password

Error Messages

Nucala Submit a Claim My Account Contact Us Jessica.Rubin2@iqvia.com Sign Out

Change Your Password

Old Password

New 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 ! @ # \$ % ^ & + =

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Nucala Submit a Claim My Account Contact Us Jessica.Rubin2@iqvia.com Sign Out

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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Navigation Menu: My Account



Error Messages

The screenshot shows the 'Change Your Password' form with the following elements:

- Old Password:
- New Password:
- Confirm Password:
- Buttons: Save, Cancel
- Success message: **Success** Your password has been updated.
- Requirements 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)
 - at least 1 special character, such as ! @ # \$ % ^ & + =

The screenshot shows the 'Change Your Password' form with the following elements:

- Old Password:
- New Password:
- Confirm Password:
- Buttons: Save, Cancel
- Error message: **New password does not meet the strength requirements.**
- Requirements 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)
 - at least 1 special character, such as ! @ # \$ % ^ & + =

Navigation Menu: My Account



Error Messages

Change Your Password

Old Password

The old password is incorrect.

New 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 ! @ # \$ % ^ & + =

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Password Updated

My Account

Your password has been updated.

Name: JESSICA RUBIN

Date of Birth: 01/01/1999 | Gender: Female | Home Phone: (333) 333-3333

Address: 123 MAIN STREET, ANY, NH 12345

Email Address: JESSICA.RUBIN2@IQVIA.COM

Claim Update Notifications: Email

Change My Password

My Insurance: BIN: 54654363, Group: OH901714, PCN: 474

My Reimbursement Method: Mailed by check

My Cards: Card Group: OH8912091, Card ID: T48100100621, SmartCard

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Navigation Menu: Contact Us



 [Submit a Claim](#) [My Account](#) [Contact Us](#) Jessica.Rubin2@iqvia.com
Sign Out

Contact Us

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

Submit by Mail: P.O. Box 6875 Bridgewater, NJ 08807	Submit by Fax: (866) 728-8222
------------------------------------------------------------------	-----------------------------------------

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

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Thank You

