



BENLYSTA® (belimumab)	
BENLYSTA Gateway PO Box 222173 Charlotte, NC 28222-2173 Phone (877) 423-6597 Fax (877) 850-9901	FAX COVER PAGE X7201
To: Bella Fradlis Date: 02/17/2020	Fax Number: (845) 333-1957
Subject: BG003KYN	Pages: 3(including cover)
<p>Notes: Copay Approval Letter</p> <p>Please find attached the Copay Approval Letter for your patient. Should you have any questions or concerns, please don't hesitate to contact me at 877-423-6597.</p> <p>Youlanda Campbell Site Coordinator Benlysta Gateway</p>	

CONFIDENTIALITY NOTE

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February 17, 2020

Orange Regional Medical Ctr
707 E Main St
Middletown, NY 10940

Re: BENLYSTA Co-pay Program Renewal Approval Notification

Dear Bella Fradlis, MD,

We are pleased to inform you that your patient **Jennifer Piemonte** has been approved for the BENLYSTA Co-pay Program effective **02/13/2020** through **02/12/2021** up to a program maximum of \$15,000. The Co-pay Program will pay all of your patient's eligible cost-share (co-pay or coinsurance) for BENLYSTA as well as cover the administration fee up to \$100 per administration.

GSK's copay program does not provide reimbursement for administration fees in Massachusetts, Michigan, Minnesota and Rhode Island.

Patients Filling at the Specialty Pharmacy:

Patients will use the following three step process each time they fill their prescription in order to use the BENLYSTA Co-pay Program:

BENLYSTA Co-pay Program \$25 Voucher

Member ID: (Mailed to Patient)

RxBIN # 610020

RxGroup # 99992587

Step 1. Patients provide the above \$25 Voucher to their Specialty Pharmacy.

After the Specialty Pharmacy adjudicates the \$25 Voucher, the Virtual Debit Card will be automatically loaded with the patient's remaining balance.

Step 2. Patients access their Virtual Debit Card number in 1 of 3 ways:

- Patients can visit www.BENLYSTACoPayProgram.com and sign-in as an existing patient to access their Virtual Debit Card number.
- Patients may call 855-891-5424 and click Option 2 to access their Virtual Debit Card number
- Patients can access their Virtual Debit Card via Email or Text if they so choose to when they enroll in the program

Step 3. Patients provide the Virtual Debit Card to the Specialty Pharmacy to cover their remaining out-of-pocket responsibility, subject to program maximum.

Each time patients refill their prescription, patients will receive a communication once their Virtual Debit Card has been loaded with funds.

Patients will receive notifications when they are close to the Co-pay Program maximum and when their enrollment in the program is about to expire.

If patients are eligible for administration fee support, **(GSK's copay program does not provide reimbursement for administration fees in Massachusetts, Michigan, Minnesota and Rhode Island.)** please follow the EOB submission instructions below.

1. Submit Claim: Provider submits a claim for the date of service for administration of BENLYSTA to your health insurance plan
2. Send Explanation of Benefits (EOB): You and/or your patient receives the EOB from the health plan and sends it to the BENLYSTA Co-pay Program:
 - a. Fax: Attention to BENLYSTA Co-Pay Program at fax number: 1-800-514-9187
 - b. Mail: BENLYSTA Co-pay Program
2250 Perimeter Park Drive, Ste 300
Morrisville, NC 27560
3. The program reviews and approves the EOB and sends patient a check for administration fees, up to \$100. Notification will also be sent if an EOB does not meet the qualifications of the program.

The patient's enrollment in the BENLYSTA Co-pay Program requires that the patient continue to meet all eligibility requirements, including:

- Not being insured or eligible for any type of state, federal, or government-funded program (e.g. Medicare, Medicaid, TRICARE, VA, etc.) If patients become eligible for one of the programs listed above, they are no longer eligible to participate in the BENLYSTA Co-pay Program.

Please notify BENLYSTA Gateway immediately of any changes to the patient's insurance coverage.

If you have any questions regarding the BENLYSTA Co-pay Program, please contact BENLYSTA Gateway at 1-877-4-BENLYSTA (1-877-423-6597) 8 AM to 8 PM ET, Monday through Friday.

Sincerely,



Youlanda Campbell
BENLYSTA Gateway