ENROLLMENT FORM



Please complete the form, sign, and FAX to 1-877-850-9901. For assistance, please call 1-877-4-BENLYSTA (1-877-423-6597).

PATIENT SECTION

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

By signing below, **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 BENLYSTA Gateway services, which may include the following activities:

- 1) Communicating with my Healthcare Providers about BENLYSTA Gateway prescription and medical condition;
- 2) Investigating and resolving my insurance coverage, coding, or reimbursement inquiry, or reviewing my eligibility for GSK's patient assistance and co-pay assistance programs;
- 3) 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;
- 4) Contacting me to offer (and, if I am interested, provide) optional case management and/or educational services offered by healthcare professionals; and
- 5) 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 Benlysta 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 222173, Charlotte, NC 28222-2173, but that such a revocation would end my eligibility to participate in the BENLYSTA 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 BENLYSTA Gateway services. If an authorized representative signs for the patient, please indicate relationship to the patient.

Printed in USA. BGADR198; 0001-9000-07 February 2019





ENROLLMENT FORM

Please complete the form, sign, and FAX to 1-877-850-9901. For assistance, please call 1-877-4-BENLYSTA (1-877-423-6597).

	Services Requested Benefits Verifi			ims Assistance	☐ Co-pay Program	
	11.27	ance Program (PAP) for	or Uninsured Patier	t (see pg 3)	□ Prior Authorizat	tion Assistance
	Patient Information				*Indicates requir	ed fields
	Last name*:	First name	*:			
	Date of birth* (mm/dd/yy):	City:		State: Zi	p:	
	Street:		contact name*:			
	Home phone: Work/cell phone:		contact phone*:			
7	E-mail:		contact relationship			
ō	Co-pay Program communication preference: Text E-mail Mail Only Language preference: English Spanish Mandarin Other:					
Ĕ	Patient name or caregiver (print): Date:					
PATIENT SECTION	Relationship to patient:			☐ BENLYSTACare	es Patient Support Prog	ram (see pg 3)
Μ̈́	PATIENT SIGNAT	URE REQUIRED H	IERE F	PATIENT SIGN	ATURE OPTIONAL	HERE
S	PATIENT TO SIGN					
<u> </u>		ree to the included HIF	PAA Patient		agree to the BENLYSTA	
ш	Authorization form. Support Program consent on page 3.					
▤	Insurance Information: Have you provided copies of all insurance cards? Medical Cards Prescription Card					
4	Primary insurance*: Insurance type: □ Private Commercial □ Medicare/Medicaid □ TRICARE					
△	Phone: Policy ID #:					
	Secondary insurance*:	Insur	ance type: 🗌 Priva	te Commercial	Medicare/Medicaid	☐ TRICARE
	Phone: Policy ID #:					
	Rx Card (PBM):	ID#:				
	BIN #: PCN #:	Group #:		1 11 12 1		
		Ider first name:	Polic	cyholder relationsh	nip to patient:	
	Policyholder date of birth (mm/dd/yy):	Employer:				
	Prescriber, Acquisition, and Administration In				*Indicates requir	ed fields
	Prescriber's last name*:		's first name*:			
	Practice name*:	Specialty*:		01-1-*	7' +-	
	Street*:	City*:		State*:	Zip*:	
	Office contact name*:	Phone*:	DEA #.	Fax*:		
	Prescriber Tax ID*:	Prescriber		NDL #		
	Prescriber State License #: Prescriber N Are you the prescribing physician? ☐ Yes			ıp NPI #:		
	, , ,		name of prescribin			
	How will BENLYSTA be acquired?			decided		
	Site of Administration: Prescribing Physici		er Physician's Office		☐ ASOC ☐ Pati	ent administered
	If administration site is different than site of prescri Administering practice/facility:		ring office contact:	lowing:		
	Administering practice/facility:	Administer	ing office confact.			
			ing office contact.	Ctoto:	7in:	
	Street Address:	City:		State:	Zip:	
	Street Address: Phone: Fax:	City: Administer	ring site tax ID:		Zip: ing site NPI #:	
_	Street Address: Phone: Fax: Diagnosis and Clinical Information (Prescribe	City: Administer d dosing regimen o	ring site tax ID:	Administer	ing site NPI #:	regimen:
N N	Street Address: Phone: Fax: Diagnosis and Clinical Information (Prescriber □ BENLYSTA for intravenous use (IV) □ BENLYSTA	City: Administer d dosing regimen of for subcutaneous use	ring site tax ID: of BENLYSTA) (SC) Dose:	Administer Frequency:	ing site NPI #: Date to begin dosing	<u> </u>
NOI	Street Address: Phone: Fax: Diagnosis and Clinical Information (Prescriber BENLYSTA for intravenous use (IV) BENLYSTA It is up to the provider to determine the most appropria	City: Administer d dosing regimen of for subcutaneous use te diagnosis code. Cor	ring site tax ID: of BENLYSTA) (SC) Dose: nsult the patient's p	Administer Frequency: ayer for coding or	ing site NPI #: Date to begin dosing	<u> </u>
NOILS	Street Address: Phone: Fax: Diagnosis and Clinical Information (Prescriber BENLYSTA for intravenous use (IV) BENLYSTA It is up to the provider to determine the most appropria Diagnosis ICD10 code*:	City: Administer d dosing regimen of for subcutaneous use te diagnosis code. Cor Date of Di	ring site tax ID: of BENLYSTA) (SC) Dose: nsult the patient's pagnosis (mm/dd/yy	Administer Frequency: ayer for coding or	ing site NPI #: Date to begin dosing	<u> </u>
ECTION	Street Address: Phone: Fax: Diagnosis and Clinical Information (Prescriber □ BENLYSTA for intravenous use (IV) □ BENLYSTA It is up to the provider to determine the most appropria Diagnosis ICD10 code*: □ M32.0 Systemic Lupus Erythematosus (SLE)	City: Administer d dosing regimen of for subcutaneous use te diagnosis code. Cor Date of Di Anti-Nucle	ring site tax ID: of BENLYSTA) (SC) Dose: nsult the patient's pagnosis (mm/dd/ygar Antibody (ANA):	Administer Frequency: ayer for coding or	ing site NPI #: Date to begin dosing	<u> </u>
SECTION	Street Address: Phone: Fax: Diagnosis and Clinical Information (Prescriber BENLYSTA for intravenous use (IV) BENLYSTA It is up to the provider to determine the most appropria Diagnosis ICD10 code*:	City: Administer d dosing regimen of for subcutaneous use te diagnosis code. Cor Date of Di Anti-Nucle	ring site tax ID: of BENLYSTA) (SC) Dose: nsult the patient's pagnosis (mm/dd/ygar Antibody (ANA):	Administer Frequency: ayer for coding or	ing site NPI #: Date to begin dosing	<u> </u>
SE	Street Address: Phone: Fax: Diagnosis and Clinical Information (Prescriber □ BENLYSTA for intravenous use (IV) □ BENLYSTA It is up to the provider to determine the most appropria Diagnosis ICD10 code*: □ M32.0 Systemic Lupus Erythematosus (SLE)	City: Administer d dosing regimen of for subcutaneous use te diagnosis code. Cor Date of Di Anti-Nucle s Anti ds-DN	ring site tax ID: of BENLYSTA) (SC) Dose: nsult the patient's pagnosis (mm/dd/ygar Antibody (ANA):	Administer Frequency: ayer for coding or '):	ing site NPI #: Date to begin dosing	<u> </u>
SE	Street Address: Phone: Fax: Diagnosis and Clinical Information (Prescriber BENLYSTA for intravenous use (IV) BENLYSTA It is up to the provider to determine the most appropria Diagnosis ICD10 code*: M32.0 Systemic Lupus Erythematosus (SLE) M32.8 Other forms of Systemic Lupus Erythematosus	City: Administer d dosing regimen of for subcutaneous use te diagnosis code. Cor Date of Di Anti-Nucle s Anti ds-DN d SELENA-5	ring site tax ID: of BENLYSTA) (SC) Dose: nsult the patient's pagnosis (mm/dd/y) ar Antibody (ANA): IA Level:	Administer Frequency: ayer for coding or '):	ing site NPI #: Date to begin dosing documentation require	<u> </u>
SE	Street Address: Phone: Fax: Diagnosis and Clinical Information (Prescribee BENLYSTA for intravenous use (IV) BENLYSTA It is up to the provider to determine the most appropria Diagnosis ICD10 code*: M32.0 Systemic Lupus Erythematosus (SLE) M32.8 Other forms of Systemic Lupus Erythematosu M32.9 Systemic Lupus Emphysematous, unspecified Other:	City: Administer d dosing regimen of for subcutaneous use te diagnosis code. Cor Date of Di Anti-Nucle s Anti ds-DN d SELENA-5	ring site tax ID: of BENLYSTA) (SC) Dose: nsult the patient's pagnosis (mm/dd/ygar Antibody (ANA): IA Level: SLEDAI Score:	Administer Frequency: ayer for coding or '):	ing site NPI #: Date to begin dosing documentation require	<u> </u>
SE	Street Address: Phone: Fax: Diagnosis and Clinical Information (Prescriber BENLYSTA for intravenous use (IV) BENLYSTA It is up to the provider to determine the most appropria Diagnosis ICD10 code*: M32.0 Systemic Lupus Erythematosus (SLE) M32.8 Other forms of Systemic Lupus Erythematosus M32.9 Systemic Lupus Emphysematous, unspecified Other: Concomitant Medications (please attach)	City: Administer d dosing regimen of for subcutaneous use te diagnosis code. Col Date of Di Anti-Nucle s Anti ds-DN d SELENA-S Medicar	ring site tax ID: of BENLYSTA) (SC) Dose: nsult the patient's pagnosis (mm/dd/y) ar Antibody (ANA): IA Level: SLEDAI Score: tion Allergies:	Administer Frequency: ayer for coding or y): Patie	Date to begin dosing or documentation required the two begins and the two begins are documentation required that the two begins are two begins and the two begins are the two begins are two begins are two begins are two begins are the two begins are the two begins are two begins are the two begins are the two begins are the two begins are the two begins are two begins are the two begins are	<u> </u>
SE	Street Address: Phone: Fax: Diagnosis and Clinical Information (Prescriber BENLYSTA for intravenous use (IV) BENLYSTA It is up to the provider to determine the most appropriate Diagnosis ICD10 code*: M32.0 Systemic Lupus Erythematosus (SLE) M32.8 Other forms of Systemic Lupus Erythematosus M32.9 Systemic Lupus Emphysematous, unspecified Other: Concomitant Medications (please attach) Specialty Pharmacy Referral (Complete only if respective in the control of the c	City: Administer d dosing regimen of for subcutaneous use te diagnosis code. Cor Date of Di Anti-Nucle s Anti ds-DN d SELENA-S	ring site tax ID: of BENLYSTA) (SC) Dose: nsult the patient's pagnosis (mm/dd/y) ar Antibody (ANA): IA Level: SLEDAI Score: tion Allergies:	Administer Frequency: ayer for coding of y): Patie	Date to begin dosing documentation required to the sequence of	<u> </u>
SE	Street Address: Phone: Fax: Diagnosis and Clinical Information (Prescriber BENLYSTA for intravenous use (IV) BENLYSTA It is up to the provider to determine the most appropriate Diagnosis ICD10 code*: M32.0 Systemic Lupus Erythematosus (SLE) M32.8 Other forms of Systemic Lupus Erythematosus M32.9 Systemic Lupus Emphysematous, unspecified Other: Concomitant Medications (please attach) Specialty Pharmacy Referral (Complete only if recombled in the provider of the provider	City: Administer d dosing regimen of the for subcutaneous use the diagnosis code. Compared to the diagnosis code. Code to the diagnosis co	ring site tax ID: of BENLYSTA) (SC) Dose: nsult the patient's pagnosis (mm/dd/y) ar Antibody (ANA): IA Level: SLEDAI Score: tion Allergies: ation referral be tr	Administer Frequency: ayer for coding of y): Patie	Date to begin dosing documentation required to begin dosing redocumentation required to the second s	<u> </u>
SE	Street Address: Phone: Fax: Diagnosis and Clinical Information (Prescriber	City: Administer d dosing regimen of for subcutaneous use te diagnosis code. Col Date of Di Anti-Nucle s Anti ds-DN SELENA-S Medicar equesting that medic nt date (mm/dd/yy): eady been forwarded to	ring site tax ID: of BENLYSTA) (SC) Dose: nsult the patient's pagnosis (mm/dd/y) ar Antibody (ANA): IA Level: SLEDAI Score: tion Allergies: ation referral be trong a Specialty Pharm	Administer Frequency: ayer for coding of the coding of t	Date to begin dosing documentation required to begin dosing documentation required to be a second documentation of the second documentation docu	ements.
Ш	Street Address: Phone: Fax: Diagnosis and Clinical Information (Prescriber BENLYSTA for intravenous use (IV) BENLYSTA It is up to the provider to determine the most appropriate Diagnosis ICD10 code*: M32.0 Systemic Lupus Erythematosus (SLE) M32.8 Other forms of Systemic Lupus Erythematosus M32.9 Systemic Lupus Emphysematous, unspecified Other: Concomitant Medications (please attach) Specialty Pharmacy Referral (Complete only if recombled in the provider of the provider	City: Administer d dosing regimen of for subcutaneous use te diagnosis code. Col Date of Di Anti-Nucle s Anti ds-DN SELENA-S Medicar equesting that medic nt date (mm/dd/yy): eady been forwarded to	ring site tax ID: of BENLYSTA) (SC) Dose: nsult the patient's pagnosis (mm/dd/y) ar Antibody (ANA): IA Level: SLEDAI Score: tion Allergies: ation referral be trong a Specialty Pharm	Administer Frequency: ayer for coding of the coding of t	Date to begin dosing documentation required to begin dosing documentation required to be a second documentation of the second documentation docu	ements.
SE	Street Address: Phone: Fax: Diagnosis and Clinical Information (Prescriber	City: Administer d dosing regimen of for subcutaneous use te diagnosis code. Cor Date of Di Anti-Nucle s Anti ds-DN d SELENA-S Medicat equesting that medic nt date (mm/dd/yy): eady been forwarded to lan requirements. Re	ring site tax ID: of BENLYSTA) (SC) Dose: nsult the patient's pagnosis (mm/dd/y) ar Antibody (ANA): IA Level: SLEDAI Score: tion Allergies: ation referral be transported by the patient's pagnosis (mm/dd/y) at Antibody (ANA): IA Level: SLEDAI Score: tion Allergies: ation referral be transported by the patient of a Specialty Pharmanus at the patient of th	Administer Frequency: ayer for coding or '): Patie liaged to Specialt t date/Date neede hacy? No harmacy for Triage	Date to begin dosing documentation required to begin dosing documentation required to the following documentation documentation for the following documentation required for the following documentation for the following docu	eferred:
SE	Street Address: Phone: Fax: Diagnosis and Clinical Information (Prescriber BENLYSTA for intravenous use (IV) BENLYSTA It is up to the provider to determine the most appropriate Diagnosis ICD10 code*: M32.0 Systemic Lupus Erythematosus (SLE) M32.8 Other forms of Systemic Lupus Erythematosus M32.9 Systemic Lupus Emphysematous, unspecified Other: Concomitant Medications (please attach) Specialty Pharmacy Referral (Complete only if received in the prescription along the prescription along Specialty Pharmacy selection is subject to health please Specialty Pharmacy ship to: Patient address (BENLYS)	City: Administer d dosing regimen of for subcutaneous use te diagnosis code. Cor Date of Di Anti-Nucle s Anti ds-DN d SELENA-S Medicat equesting that medic nt date (mm/dd/yy): eady been forwarded to lan requirements. Re	ring site tax ID: of BENLYSTA) (SC) Dose: nsult the patient's pagnosis (mm/dd/y) ar Antibody (ANA): IA Level: SLEDAI Score: tion Allergies: ation referral be transparent of a Specialty Pharmoguest Specialty Pharmog	Administer Frequency: ayer for coding or '): Patie iaged to Specialt t date/Date neede nacy? No narmacy for Triag e Administering IONS FOR	Date to begin dosing documentation required to begin dosing documentation required to be documentation and the begin documentation required to be documentation and the begin documentation required to be documentation and the best documentation required to be documentation required to be documentation and the best documentation required to be	eferred:
SE	Street Address: Phone: Fax: Diagnosis and Clinical Information (Prescriber BENLYSTA for intravenous use (IV) BENLYSTA It is up to the provider to determine the most appropria Diagnosis ICD10 code*: M32.0 Systemic Lupus Erythematosus (SLE) M32.8 Other forms of Systemic Lupus Erythematosus M32.9 Systemic Lupus Emphysematous, unspecified Other: Concomitant Medications (please attach) Specialty Pharmacy Referral (Complete only if respecialty Pharmacy selected, has the prescription almost specialty Pharmacy selection is subject to health please in Specialty Pharmacy ship to: Patient address (BENLYS) MEDICATION STRENGTH/FORM	City: Administer d dosing regimen of for subcutaneous use te diagnosis code. Col Date of Di Anti-Nucle s Anti ds-DN SELENA-S Medicar equesting that medic nt date (mm/dd/yy): eady been forwarded to lan requirements. Reserved.	ring site tax ID: of BENLYSTA) (SC) Dose: nsult the patient's pagnosis (mm/dd/y) ar Antibody (ANA): IA Level: SLEDAI Score: tion Allergies: ation referral be transparent of a Specialty Pharmoguest Specialty Pharmog	Administer Frequency: ayer for coding or '): Patie iaged to Specialt t date/Date neede hacy? No harmacy for Triage a Administering	Date to begin dosing documentation required to begin dosing documentation required to the following documentation documentation for the following documentation required for the following documentation for the following docu	eferred:
SE	Street Address: Phone: Fax: Diagnosis and Clinical Information (Prescriber BENLYSTA for intravenous use (IV) BENLYSTA It is up to the provider to determine the most appropria Diagnosis ICD10 code*: M32.0 Systemic Lupus Erythematosus (SLE) M32.8 Other forms of Systemic Lupus Erythematosus M32.9 Systemic Lupus Emphysematous, unspecified Other: Concomitant Medications (please attach) Specialty Pharmacy Referral (Complete only if recomplete	City: Administer d dosing regimen of regimen of for subcutaneous use te diagnosis code. Col Date of Di Anti-Nucle s Anti ds-DN SELENA-S Medicar Medicar equesting that medic nt date (mm/dd/yy): eady been forwarded to lan requirements. Restance on the color of the co	ring site tax ID: of BENLYSTA) (SC) Dose: nsult the patient's pagnosis (mm/dd/y) ar Antibody (ANA): IA Level: SLEDAI Score: tion Allergies: ation referral be transparent of a Specialty Pharmoguest Specialty Pharmog	Administer Frequency: ayer for coding or '): Patie iaged to Specialt t date/Date neede nacy? No narmacy for Triag e Administering IONS FOR	Date to begin dosing documentation required to begin dosing documentation required to be documentation and the begin documentation required to be documentation and the begin documentation required to be documentation and the best documentation required to be documentation required to be documentation and the best documentation required to be	eferred:
SE	Street Address: Phone: Fax: Diagnosis and Clinical Information (Prescriber BENLYSTA for intravenous use (IV) BENLYSTA It is up to the provider to determine the most appropria Diagnosis ICD10 code*: M32.0 Systemic Lupus Erythematosus (SLE) M32.8 Other forms of Systemic Lupus Erythematosus M32.9 Systemic Lupus Emphysematous, unspecified Other: Concomitant Medications (please attach) Specialty Pharmacy Referral (Complete only if respecialty Pharmacy selected, has the prescription almost specialty Pharmacy selection is subject to health please in Specialty Pharmacy ship to: Patient address (BENLYS) MEDICATION STRENGTH/FORM	City: Administer d dosing regimen of regimen of for subcutaneous use te diagnosis code. Col Date of Di Anti-Nucle s Anti ds-DN SELENA-S Medicar Medicar equesting that medic nt date (mm/dd/yy): eady been forwarded to lan requirements. Restance on the color of the co	ring site tax ID: of BENLYSTA) (SC) Dose: nsult the patient's pagnosis (mm/dd/y) ar Antibody (ANA): IA Level: SLEDAI Score: tion Allergies: ation referral be transparent of a Specialty Pharmoguest Specialty Pharmog	Administer Frequency: ayer for coding or '): Patie iaged to Specialt t date/Date neede nacy? No narmacy for Triag e Administering IONS FOR	Date to begin dosing documentation required to begin dosing documentation required to be documentation and the begin documentation required to be documentation and the begin documentation required to be documentation and the best documentation required to be documentation required to be documentation and the best documentation required to be	eferred:
SE	Street Address: Phone: Fax: Diagnosis and Clinical Information (Prescriber BENLYSTA for intravenous use (IV) BENLYSTA It is up to the provider to determine the most appropria Diagnosis ICD10 code*: M32.0 Systemic Lupus Erythematosus (SLE) M32.8 Other forms of Systemic Lupus Erythematosus M32.9 Systemic Lupus Emphysematous, unspecified Other: Concomitant Medications (please attach) Specialty Pharmacy Referral (Complete only if received in the prescription along the precialty Pharmacy selected, has the prescription along specialty Pharmacy selection is subject to health please in the prescription along specialty Pharmacy ship to: Patient address (BENLYS MEDICATION STRENGTH/FORM BENLYSTA SC 200 mg in a 1-mL single dose precialty Provided in the prescription and the prescription along specialty Pharmacy ship to: Patient address (BENLYS MEDICATION STRENGTH/FORM BENLYSTA SC 200 mg in a 1-mL single dose precialty Pharmacy specialty Pharmacy specialty Pharmacy specialty Pharmacy specialty Pharmacy specialty Pharmacy specialty Pharmacy ship to: Patient address (BENLYS MEDICATION STRENGTH/FORM BENLYSTA SC 200 mg in a 1-mL single dose precialty Pharmacy specialty Ph	City: Administer d dosing regimen of regimen of for subcutaneous use te diagnosis code. Col Date of Di Anti-Nucle s Anti ds-DN SELENA-S Medicar Medicar equesting that medic nt date (mm/dd/yy): eady been forwarded to lan requirements. Restance on the color of the co	ring site tax ID: of BENLYSTA) (SC) Dose: nsult the patient's pagnosis (mm/dd/y) ar Antibody (ANA): IA Level: SLEDAI Score: tion Allergies: ation referral be transparent of a Specialty Pharmoguest Specialty Pharmog	Administer Frequency: ayer for coding or '): Patie iaged to Specialt t date/Date neede nacy? No narmacy for Triag e Administering IONS FOR	Date to begin dosing documentation required to begin dosing documentation required to be documentation and the begin documentation required to be documentation and the begin documentation required to be documentation and the best documentation required to be documentation required to be documentation and the best documentation required to be	eferred:
SE	Street Address: Phone: Fax: Diagnosis and Clinical Information (Prescriber BENLYSTA for intravenous use (IV) BENLYSTA It is up to the provider to determine the most appropria Diagnosis ICD10 code*: M32.0 Systemic Lupus Erythematosus (SLE) M32.8 Other forms of Systemic Lupus Erythematosus M32.9 Systemic Lupus Emphysematous, unspecified Other: Concomitant Medications (please attach) Specialty Pharmacy Referral (Complete only if reaching New Restart Continuing Last treatme If Specialty Pharmacy selected, has the prescription alreaching Specialty Pharmacy selection is subject to health pleaching Specialty Pharmacy ship to: Patient address (BENLYS MEDICATION STRENGTH/FORM BENLYSTA SC 200 mg in a 1-mL single dose pre (box of 4)	City: Administer d dosing regimen of for subcutaneous use te diagnosis code. Con Date of Di Anti-Nucle s Anti ds-DN d SELENA-S Medicat equesting that medic nt date (mm/dd/yy): eady been forwarded to lan requirements. Re STA SC only) Prescribi oinjector (box of 4) filled syringe	ring site tax ID: of BENLYSTA) (SC) Dose: nsult the patient's pagnosis (mm/dd/y) ar Antibody (ANA): IA Level: SLEDAI Score: tion Allergies: ation referral be transparent of a Specialty Pharmoguest Specialty Pharmog	Administer Frequency: ayer for coding or '): Patie iaged to Specialt t date/Date neede nacy? No narmacy for Triag e Administering IONS FOR	Date to begin dosing documentation required to begin dosing documentation required to be documentation and the begin documentation required to be documentation and the begin documentation required to be documentation and the best documentation required to be documentation required to be documentation and the best documentation required to be	eferred:
SE	Street Address: Phone: Fax: Diagnosis and Clinical Information (Prescriber BENLYSTA for intravenous use (IV) BENLYSTA It is up to the provider to determine the most appropria Diagnosis ICD10 code*: M32.0 Systemic Lupus Erythematosus (SLE) M32.8 Other forms of Systemic Lupus Erythematosus M32.9 Systemic Lupus Emphysematous, unspecified Other: Concomitant Medications (please attach) Specialty Pharmacy Referral (Complete only if received Pharmacy Referral (Specialty Pharmacy Referral (Complete only if received Pharmacy Selected, has the prescription almospecialty Pharmacy selection is subject to health please of the pharmacy Selec	City: Administer d dosing regimen of regimen of for subcutaneous use te diagnosis code. Con Date of Di Anti-Nucle S Anti ds-DN SELENA-S Medicar Medicar equesting that medic not date (mm/dd/yy): eady been forwarded to lan requirements. Restance on the control of the control o	ring site tax ID: of BENLYSTA) (SC) Dose: nsult the patient's pagnosis (mm/dd/y) ar Antibody (ANA): IA Level: SLEDAI Score: tion Allergies: ation referral be transported by the second of a Specialty Pharm of a Specialty Pharm of the second of the	Administer Frequency: ayer for coding or i): Patie iaged to Specialt t date/Date neede nacy? No narmacy for Triag e Administering IONS FOR STRATION being prescribed for	Date to begin dosing documentation required to begin dosing documentation required to be a second documentation of the patient listed above to be a second documentation required to be a second documentation of the patient listed above to be a second documentation required to be a second documentat	eferred: DPD □ASOC
SE	Street Address: Phone: Fax: Diagnosis and Clinical Information (Prescriber BENLYSTA for intravenous use (IV) BENLYSTA It is up to the provider to determine the most appropria Diagnosis ICD10 code*: M32.0 Systemic Lupus Erythematosus (SLE) M32.8 Other forms of Systemic Lupus Erythematosu M32.9 Systemic Lupus Emphysematous, unspecified Other: Concomitant Medications (please attach) Specialty Pharmacy Referral (Complete only if respecialty Pharmacy selected, has the prescription almost Specialty Pharmacy selection is subject to health please Specialty Pharmacy ship to: Patient address (BENLYS MEDICATION STRENGTH/FORM BENLYSTA SC 200 mg in a 1-mL single dose automatical BENLYSTA IV 400 mg in a 5-mL single-use vial BENLYSTA IV 400 mg in a 20-mL single-use vial Prescriber Declaration: I certify that the information pethat, for any insured patient seeking co-pay assistance under Diagnosis and Clinical Information pethat, for any insured patient seeking co-pay assistance under BENLYSTA IV Hours of the prescriber of the pre	City: Administer d dosing regimen of regimen of for subcutaneous use te diagnosis code. Con Date of Di Anti-Nucle S Anti ds-DN SELENA-S Medicar Medicar equesting that medic and tate (mm/dd/yy): eady been forwarded to lan requirements. Restance of the stance of the sta	ring site tax ID: of BENLYSTA) (SC) Dose: nsult the patient's pagnosis (mm/dd/y) ar Antibody (ANA): IA Level: SLEDAI Score: tion Allergies: ation referral be transparent of a Specialty Pharmone of a Specialty Pharmone of the patient of the	Administer Frequency: ayer for coding of the coding of th	Date to begin dosing documentation require nt Weight: y Pharmacy) d by (mm/dd/yy): Yes—which one? ge? □ No □ Yes Pre physician's office □ HC REFILLS or the patient listed above such program, any applic	eferred: DPD □ASOC I hereby certify able co-pay,
SE	Street Address: Phone: Fax: Diagnosis and Clinical Information (Prescriber BENLYSTA for intravenous use (IV) BENLYSTA It is up to the provider to determine the most appropria Diagnosis ICD10 code*: M32.0 Systemic Lupus Erythematosus (SLE) M32.8 Other forms of Systemic Lupus Erythematosu M32.9 Systemic Lupus Emphysematous, unspecified Other: Concomitant Medications (please attach) Specialty Pharmacy Referral (Complete only if respecialty Pharmacy selected, has the prescription almost specialty Pharmacy selected, has the prescription almost specialty Pharmacy selection is subject to health please Specialty Pharmacy ship to: Patient address (BENLYS MEDICATION STRENGTH/FORM BENLYSTA SC 200 mg in a 1-mL single dose automatical stream BENLYSTA IV 120 mg in a 5-mL single-use vialum BENLYSTA IV 400 mg in a 20-mL single-use vialum Prescriber Declaration: I certify that the information Prescriber Declaration: I certify that the information Prescriber Open 10 mg in a 20 mg in a 3 mg in	City: Administer d dosing regimen of regimen of for subcutaneous use te diagnosis code. Col Date of Di Anti-Nucle s Anti ds-DN d SELENA-S Medicar Medicar equesting that medic nt date (mm/dd/yy): eady been forwarded to lan requirements. Restant requirements. Restant requirements are reprovided above is true and er the Co-pay Program, and the collected from the	ring site tax ID: of BENLYSTA) (SC) Dose: nsult the patient's pagnosis (mm/dd/y) ar Antibody (ANA): IA Level: SLEDAI Score: tion Allergies: ation referral be transparent of a Specialty Pharmon of a Special Pharmon of a Spe	Administer Frequency: ayer for coding of the coding of th	Date to begin dosing documentation required to begin dosing documentation required to be a superior of the patient listed above such program, any applic NLYSTA Gateway, on m	eferred: DPD □ASOC I hereby certify able co-pay, y behalf, to
SE	Street Address: Phone: Fax: Diagnosis and Clinical Information (Prescriber BENLYSTA for intravenous use (IV) BENLYSTA It is up to the provider to determine the most appropria Diagnosis ICD10 code*: M32.0 Systemic Lupus Erythematosus (SLE) M32.8 Other forms of Systemic Lupus Erythematosus M32.9 Systemic Lupus Emphysematous, unspecified Other: Concomitant Medications (please attach) Specialty Pharmacy Referral (Complete only if re New Restart Continuing Last treatme If Specialty Pharmacy selected, has the prescription alm Specialty Pharmacy selection is subject to health pl Specialty Pharmacy ship to: Patient address (BENLYS MEDICATION STRENGTH/FORM BENLYSTA SC 200 mg in a 1-mL single dose pre (box of 4) BENLYSTA IV 120 mg in a 5-mL single-use vial BENLYSTA IV 400 mg in a 20-mL single-use vial Prescriber Declaration: I certify that the information pthat, for any insured patient seeking co-pay assistance under coinsurance or other out-of-pocket cost for BENLYSTA wou convey this prescription to the dispensing pharmacy, to the valid prescription. For prescribers in states with official prescri	City: Administer d dosing regimen of for subcutaneous use te diagnosis code. Con Date of Di Anti-Nucle S Anti ds-DN SELENA-S Medicat M	ring site tax ID: of BENLYSTA) (SC) Dose: nsult the patient's p agnosis (mm/dd/y) ar Antibody (ANA): IA Level: SLEDAI Score: tion Allergies: ation referral be tr Next treatmen o a Specialty Pharm of a Special Pharm of a Speci	Administer Frequency: ayer for coding of the coding of t	Date to begin dosing documentation required to begin dosing documentation required to be a compared to be a	eferred: DPD \(\text{ASOC} \) I hereby certify able co-pay, behalf, to ble laws for a
SE	Street Address: Phone: Fax: Diagnosis and Clinical Information (Prescriber BENLYSTA for intravenous use (IV) BENLYSTA It is up to the provider to determine the most appropria Diagnosis ICD10 code*: M32.0 Systemic Lupus Erythematosus (SLE) M32.8 Other forms of Systemic Lupus Erythematosus M32.9 Systemic Lupus Emphysematous, unspecified Other: Concomitant Medications (please attach) Specialty Pharmacy Referral (Complete only if real New Restart Continuing Last treatme If Specialty Pharmacy selected, has the prescription already Specialty Pharmacy selected, has the prescription already Specialty Pharmacy selection is subject to health pleady Specialty Pharmacy ship to: Patient address (BENLYSMEDICATION STRENGTH/FORM BENLYSTA SC 200 mg in a 1-mL single dose aut (box of 4) BENLYSTA IV 120 mg in a 5-mL single-use vial BENLYSTA IV 400 mg in a 20-mL single-use vial Prescriber Declaration: I certify that the information puthat, for any insured patient seeking co-pay assistance under coinsurance or other out-of-pocket cost for BENLYSTA wou convey this prescription to the dispensing pharmacy, to the	City: Administer d dosing regimen of for subcutaneous use te diagnosis code. Con Date of Di Anti-Nucle S Anti ds-DN SELENA-S Medicat M	ring site tax ID: of BENLYSTA) (SC) Dose: nsult the patient's p agnosis (mm/dd/y) ar Antibody (ANA): IA Level: SLEDAI Score: tion Allergies: ation referral be tr Next treatmen o a Specialty Pharm of a Special Pharm of a Speci	Administer Frequency: ayer for coding of the coding of t	Date to begin dosing documentation required to begin dosing documentation required to be a compared to be a	eferred: DPD \(\text{ASOC} \) I hereby certify able co-pay, behalf, to ble laws for a
SE	Street Address: Phone: Fax: Diagnosis and Clinical Information (Prescriber BENLYSTA for intravenous use (IV) BENLYSTA It is up to the provider to determine the most appropria Diagnosis ICD10 code*: M32.0 Systemic Lupus Erythematosus (SLE) M32.8 Other forms of Systemic Lupus Erythematosus M32.9 Systemic Lupus Emphysematous, unspecified Other: Concomitant Medications (please attach) Specialty Pharmacy Referral (Complete only if re New Restart Continuing Last treatme If Specialty Pharmacy selected, has the prescription alm Specialty Pharmacy selection is subject to health pl Specialty Pharmacy ship to: Patient address (BENLYS MEDICATION STRENGTH/FORM BENLYSTA SC 200 mg in a 1-mL single dose pre (box of 4) BENLYSTA IV 120 mg in a 5-mL single-use vial BENLYSTA IV 400 mg in a 20-mL single-use vial Prescriber Declaration: I certify that the information pthat, for any insured patient seeking co-pay assistance under coinsurance or other out-of-pocket cost for BENLYSTA wou convey this prescription to the dispensing pharmacy, to the valid prescription. For prescribers in states with official prescri	City: Administer d dosing regimen of for subcutaneous use te diagnosis code. Con Date of Di Anti-Nucle S Anti ds-DN SELENA-S Medicat M	ring site tax ID: of BENLYSTA) (SC) Dose: nsult the patient's p agnosis (mm/dd/y) ar Antibody (ANA): IA Level: SLEDAI Score: tion Allergies: ation referral be tr Next treatmen o a Specialty Pharm of a Special Pharm of a Speci	Administer Frequency: ayer for coding of the coding of t	Date to begin dosing documentation required to begin dosing documentation required to be a compared to be a	eferred: DPD \(\text{ASOC} \) I hereby certify able co-pay, behalf, to ble laws for a



ENROLLMENT FORM

Please complete the form, sign, and FAX to 1-877-850-9901. For assistance, please call 1-877-4-BENLYSTA (1-877-423-6597).

Patien	Name: Date of Birth (mm/dd/yyyy):					
	Optional: BENLYSTACares Patient Support Program					
PATIENT SECTION	GSK offers helpful services and resources to support you on your treatment journey with BENLYSTACares.					
	GlaxoSmithKline (GSK) believes your privacy is important. By providing your name, address, phone number, email address, and other information, you are giving GSK and companies working with GSK permission to market or advertise to you across multiple channels, eg, mail, email, websites, online advertising, applications, and services, regarding the medical condition(s) in which you have expressed an interest, 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.					
	You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.					
	Patient Assistance Program (PAP)–Uninsured Patients					
	Uninsured patients who are prescribed BENLYSTA may be eligible for GSK's Patient Assistance Program (PAP). (Please note that this does not constitute health insurance.)					
	To find out if you qualify, please fill in the information below.					
	☐ Enroll in PAP Program Annual pretax household income: Number of family members living in household:					
	PAP applicants are required to submit verification for all sources of household income at time of application, including a copy of one (1) of the following: most recent federal tax return, pay stub, W-2 statement, bank statement, or another source of income verification. This information will only be used to determine eligibility for the PAP. If you do not have one of the above-mentioned sources, please call 1-877-423-6597 for more information.					

Trademarks are owned by or licensed to the GSK group of companies.

