



# GSK PATIENT PORTAL USER GUIDE

*Exdensur*

January 2026

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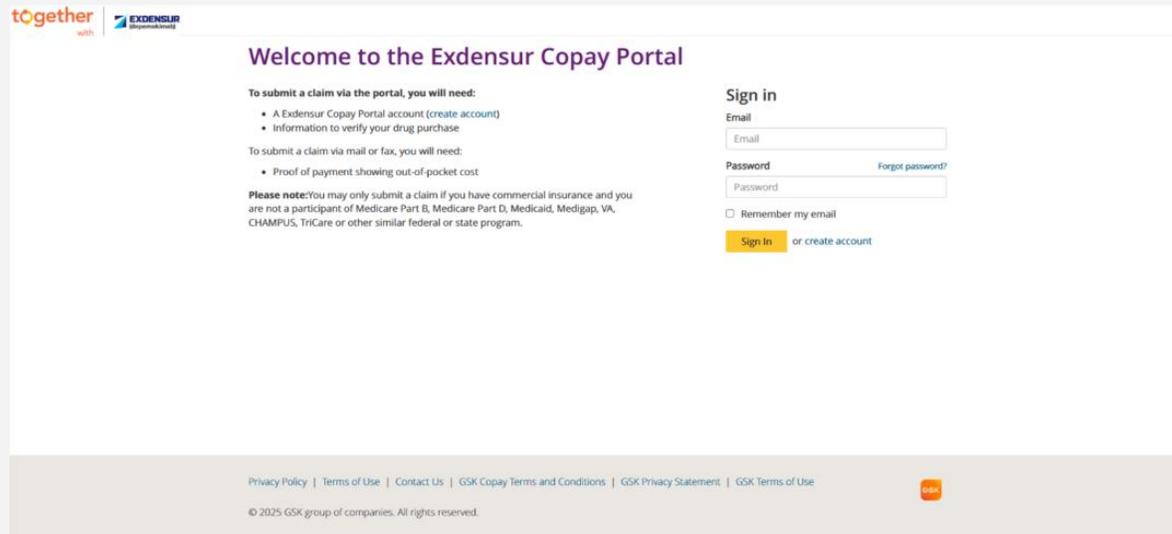
# Header/Footer Links

## HEADER LINKS

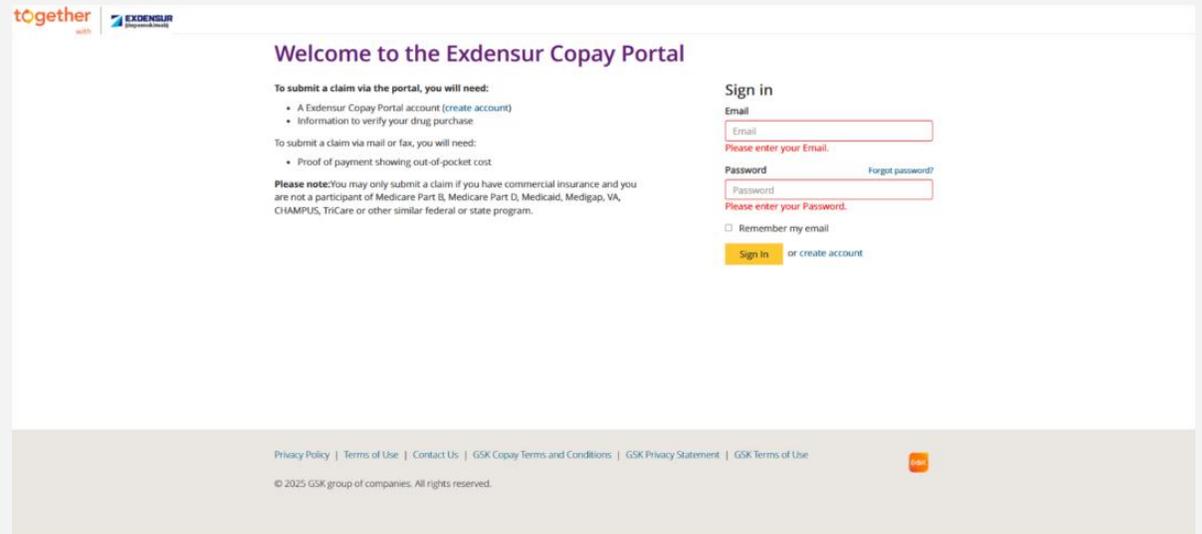
Name	URL
Exdensur Logo	<a href="https://patient.exdensurcopayprogram.com/Account">https://patient.exdensurcopayprogram.com/Account</a>

Name	URL
Privacy Policy	<a href="https://www.iqvia.com/about-us/privacy">https://www.iqvia.com/about-us/privacy</a>
Terms of Use	<a href="https://www.iqvia.com/about-us/terms-of-use">https://www.iqvia.com/about-us/terms-of-use</a>
Contact Us	<a href="https://patient.exdensurcopayprogram.com/Home/ContactUs">https://patient.exdensurcopayprogram.com/Home/ContactUs</a>
GSK Copay Terms and Conditions	<a href="https://www.gskforyou.com/programs/copay-assistance/">https://www.gskforyou.com/programs/copay-assistance/</a>
GSK Privacy Statement	<a href="https://privacy.gsk.com/en-us/privacy-notice/">https://privacy.gsk.com/en-us/privacy-notice/</a>
GSK Terms of Use	<a href="https://us.gsk.com/en-us/legal-notices/">https://us.gsk.com/en-us/legal-notices/</a>

# Login Page



## Error Messages



# Login Page

## Forgot Password? -> Reset Your Password

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

- Logos for 'together with' and 'EXDENSUR (depemokimab)' at the top left.
- Section title: 'Reset Your Password'.
- Instruction: 'Please enter the email address associated with your account. You will receive an email with a link to reset your password.'
- Form field: 'Email Address' with an empty input box.
- Verification: 'I'm not a robot' checkbox with a CAPTCHA image.
- Buttons: 'Send Email' (yellow) and 'Privacy Policy' (blue).

## Password Reset Sent

The screenshot shows the confirmation page with the following elements:

- Logos for 'together with' and 'EXDENSUR (depemokimab)' at the top left.
- Section title: 'Reset Your Password'.
- Status: '✓ Password Reset Sent'.
- Instructions: '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 dbnotreply@copayprogram.gsk.com. If you do not see the email, please check your junk mail folder and make sure michael.ferguson@iqvia.com is the correct email address for your Exdensur Copay Portal account. You can also click here to receive a new link. Your code will be valid for 30 minutes.'
- Footer: 'Privacy Policy | Terms of Use | Contact Us | GSK Copay Terms and Conditions | GSK Privacy Statement | GSK Terms of Use' and '© 2025 GSK group of companies. All rights reserved.'

## Error Message

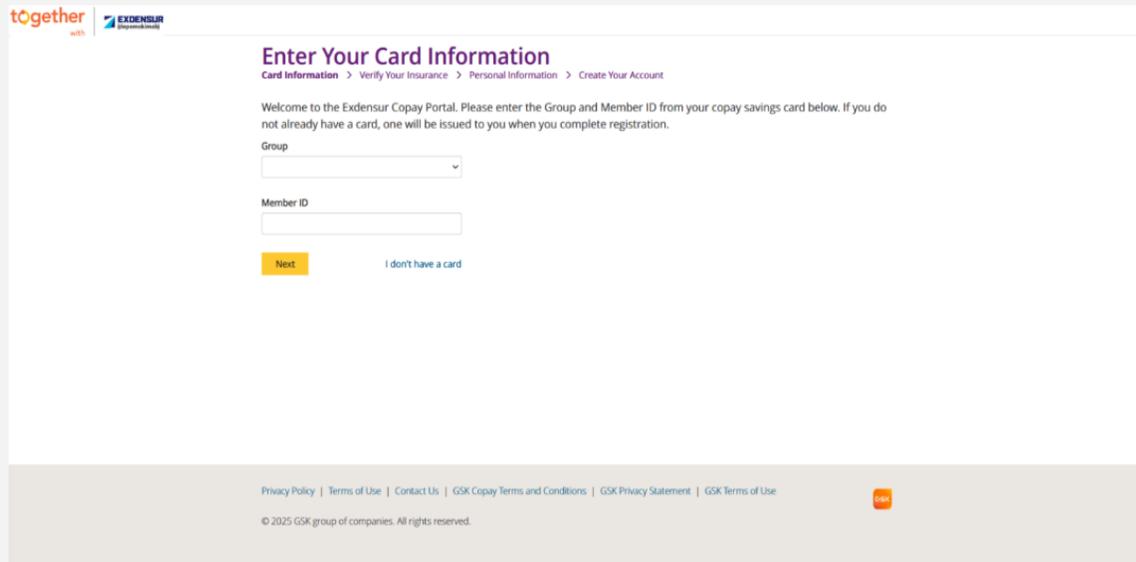
The screenshot shows the 'Reset Your Password' form with an error message:

- Logos for 'together with' and 'EXDENSUR (depemokimab)' at the top left.
- Section title: 'Reset Your Password'.
- Instruction: 'Please enter the email address associated with your account. You will receive an email with a link to reset your password.'
- Form field: 'Email Address' with a red border and the error message: 'The Email Address field is required.'
- Verification: 'I'm not a robot' checkbox with a CAPTCHA image.
- Buttons: 'Send Email' (yellow) and 'Privacy Policy' (blue).
- Footer: 'Privacy Policy | Terms of Use | Contact Us | GSK Copay Terms and Conditions | GSK Privacy Statement | GSK Terms of Use' and '© 2025 GSK group of companies. All rights reserved.'



# Create Account

## Enter Your Card Information



**together** with **EXDENSUR** (depemokimab)

### Enter Your Card Information

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

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

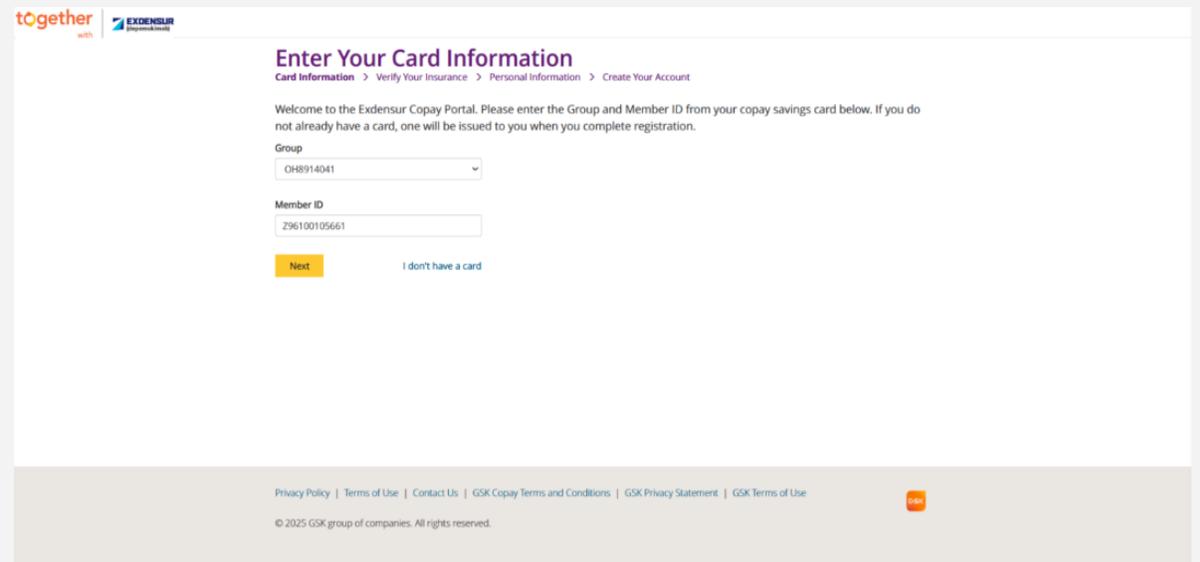
Group

Member ID

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

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**together** with **EXDENSUR** (depemokimab)

### Enter Your Card Information

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

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

Group

Member ID

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

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# Create Account

## Error Messages

The screenshots illustrate the following error messages:

- Group Selection Error:** "Please select your Group." with a dropdown menu for Group.
- Invalid ID Error:** "Invalid ID" with a "Next" button.
- eConsent Error:** "Please complete eConsent. Please check your email for a message with the subject 'Complete Your Copay Program Enrollment'...". If you cannot locate the email, call 888-216-3003 or your prescribing physician's office for assistance." with a "Next" button.
- Card Registered Error:** "Card is already registered." with a "Next" button.

# Create Account

## User Does Not Have a Card

Select 'I don't have a card'

The screenshot shows the 'Enter Your Card Information' step of the account creation process. The breadcrumb trail is 'Card Information > Verify Your Insurance > Personal Information > Create Your Account'. The main heading is 'Enter Your Card Information'. Below it, a message reads: 'Welcome to the Exdensur Copay Portal. Please enter the Group and Member ID from your copay savings card below. If you do not already have a card, one will be issued to you when you complete registration.' There are two input fields: 'Group' (a dropdown menu) and 'Member ID' (a text box). At the bottom, there is a yellow 'Next' button and a link that says 'I don't have a card'. The footer contains links for 'Privacy Policy', 'Terms of Use', 'Contact Us', 'GSK Copay Terms and Conditions', 'GSK Privacy Statement', and 'GSK Terms of Use', along with the copyright notice '© 2025 GSK group of companies. All rights reserved.' and a small GSK logo.

## Complete Account Creation

Enter Your Insurance Information

The screenshot shows the 'Enter Your Insurance Information' step of the account creation process. The breadcrumb trail is 'Card Information > Verify Your Insurance > Personal Information > Create Your Account'. The main heading is 'Enter Your Insurance Information'. Below it, a message reads: '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. Select an Insurance Type'. There are two radio buttons: 'Prescription' (selected) and 'Medical'. Below this is a 'Prescription Insurance Name' label and a text input field. To the right, there is a preview of an insurance card titled 'Your Insurance Company' with fields for 'Subscriber name: Thomas Anderson', 'Identification number: 0000000000', 'Group number: 0000000000', and 'Date of birth: 00/00/0000'. Below the main form, there are input fields for 'BIN', 'Group', and 'PCN (optional)'. At the bottom, there is a yellow 'Next' button. The footer contains links for 'Privacy Policy', 'Terms of Use', 'Contact Us', 'GSK Copay Terms and Conditions', 'GSK Privacy Statement', and 'GSK Terms of Use', along with the copyright notice '© 2025 GSK group of companies. All rights reserved.' and a small GSK logo.

# Create Account

## Error Messages

The screenshot shows the 'Enter Your Insurance Information' form with the following elements:

- Navigation: Card Information > Verify Your Insurance > Personal Information > Create Your Account
- Message: "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. Select an Insurance Type"
- Selection:  Prescription  Medical
- Form Fields: Prescription Insurance Name, BIN, Group, PCN (optional)
- Errors: Red text below each field reads "Please enter your Prescription Insurance Name.", "Please enter your BIN.", and "Please enter your Group."
- Image: A placeholder for a "Your Insurance Company" card with fields for Subscriber Name, ID Number, Group Number, and Address.
- Buttons: "Next" button at the bottom.
- Footer: Privacy Policy | Terms of Use | Contact Us | GSK Copay Terms and Conditions | GSK Privacy Statement | GSK Terms of Use. © 2025 GSK group of companies. All rights reserved.

The screenshot shows the 'Enter Your Insurance Information' form with the following elements:

- Navigation: Card Information > Verify Your Insurance > Personal Information > Create Your Account
- Message: "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. Select an Insurance Type"
- Selection:  Prescription  Medical
- Form Fields: Prescription Insurance Name (filled with "Test Payer"), BIN (filled with "008589"), Group (filled with "PACE"), PCN (optional)
- Image: A placeholder for a "Your Insurance Company" card with fields for Subscriber Name, ID Number, Group Number, and Address.
- Buttons: "Next" button at the bottom.
- Error: A red message at the bottom states "Sorry, your insurance is not valid for this program."
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# Create Account



## Enter Your Personal Information

(Patient 18+ years old)

## Error Messages

# Create Account

## Enter Your Personal Information

(Patient under 18 years old with 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: Testing, Last Name: Test

Date of Birth: 01/01/2020, Gender: Male, Phone: (908) 432-5337

Street Address: 123 MAIN STREET

Address Line 2 (optional):

City: Anywhere

State: Indiana, ZIP: 12345

Claim Update Notifications:  Email

Caregiver First Name: , Caregiver Last Name: , Caregiver Date of Birth: mm/dd/yyyy, Caregiver Address:  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: Testing, Last Name: Test

Date of Birth: 01/01/2020, Gender: Male, Phone: (908) 432-5337

Street Address: 123 MAIN STREET

Address Line 2 (optional):

City: Anywhere

State: Indiana, ZIP: 12345

Claim Update Notifications:  Email

Caregiver First Name:  Caregiver Last Name:   
**Caregiver First Name is required.** **Caregiver Last Name is required.**

Caregiver Date of Birth:  Caregiver Address:  Same as patient  
**Caregiver Date of Birth is required.**

**Caregiver Date of Birth must be between 1/1/1980 and 1/31/2007.**

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# Create Account

## Enter Your Personal Information

(Patient under 18 years old with different address as caregiver)

The screenshot shows the 'Enter Your Personal Information' form with the following fields filled out:

- First Name: Testing
- Last Name: Test
- Date of Birth: 01/01/2020
- Gender: Male
- Phone: (908) 432-5337
- Street Address: 123 MAIN STREET
- Address Line 2 (optional):
- City: Anywhere
- State: Indiana
- ZIP: 12345
- Claim Update Notifications:  Email
- Caregiver First Name: IQVIA
- Caregiver Last Name: Test
- Caregiver Date of Birth: 01/01/2007
- Caregiver Address:  Same as patient
- Caregiver Street Address:
- Address Line 2 (optional):
- City:
- State:
- ZIP: #####

A yellow 'Next' button is visible at the bottom of the form.

## Error Messages

The screenshot shows the 'Enter Your Personal Information' form with the following fields filled out:

- First Name: Testing
- Last Name: Test
- Date of Birth: 01/01/2020
- Gender: Male
- Phone: (908) 432-5337
- Street Address: 123 MAIN STREET
- Address Line 2 (optional):
- City: Anywhere
- State: Indiana
- ZIP: 12345
- Claim Update Notifications:  Email
- Caregiver First Name: IQVIA
- Caregiver Last Name: Test
- Caregiver Date of Birth: 01/01/2007
- Caregiver Address:  Same as patient
- Caregiver Street Address: Caregiver Street Address is required.
- Address Line 2 (optional):
- City: City is required.
- State: State is required.
- ZIP: ##### ZIP is required.

A yellow 'Next' button is visible at the bottom of the form.

# Create Account



## Create Your Account

## View of Full Patient Authorization

### 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 Together with EXDENSUR, which may include the following activities:

- Communicating with my Healthcare Providers about my EXDENSUR prescription and medical condition;
- Investigating and resolving my insurance coverage, coding, or reimbursement inquiry, or reviewing my eligibility for the Copay Program for EXDENSUR 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:

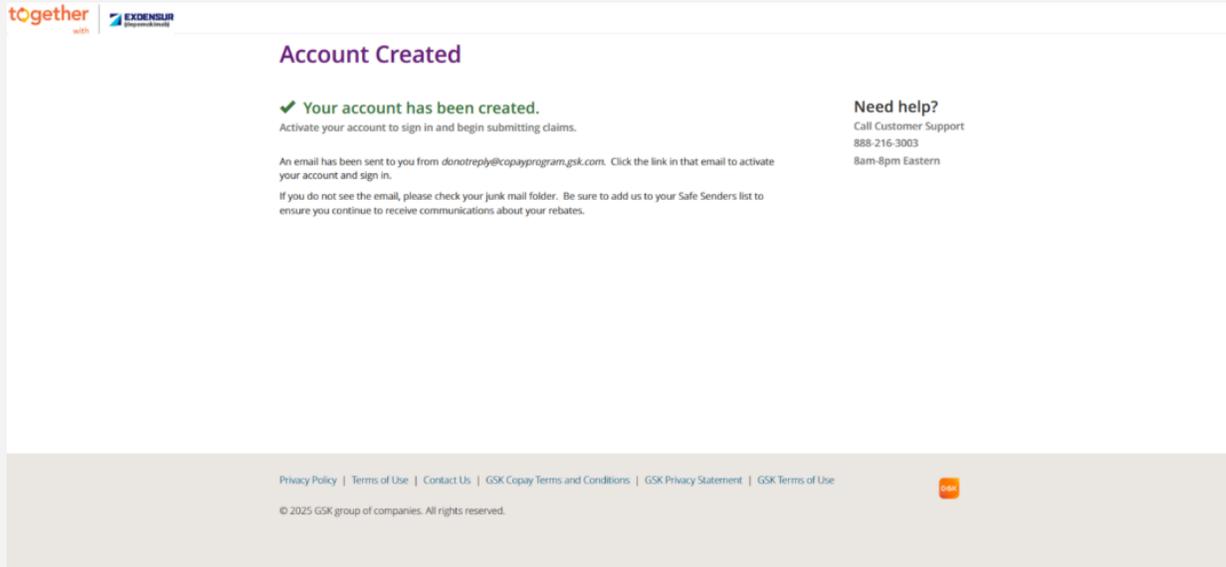
- My Healthcare Providers will not and may not condition my treatment, payment for treatment, eligibility for or enrollment in benefits on whether I sign this Patient Authorization.
- Certain Healthcare Providers, such as Specialty Pharmacies, may receive payment from GSK for disclosing my information 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 Together with EXDENSUR 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 Together with EXDENSUR 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 Together with EXDENSUR services.

## Error Messages

# Create Account

## Account Created



**Account Created**

✔ **Your account has been created.**  
Activate your account to sign in and begin submitting claims.

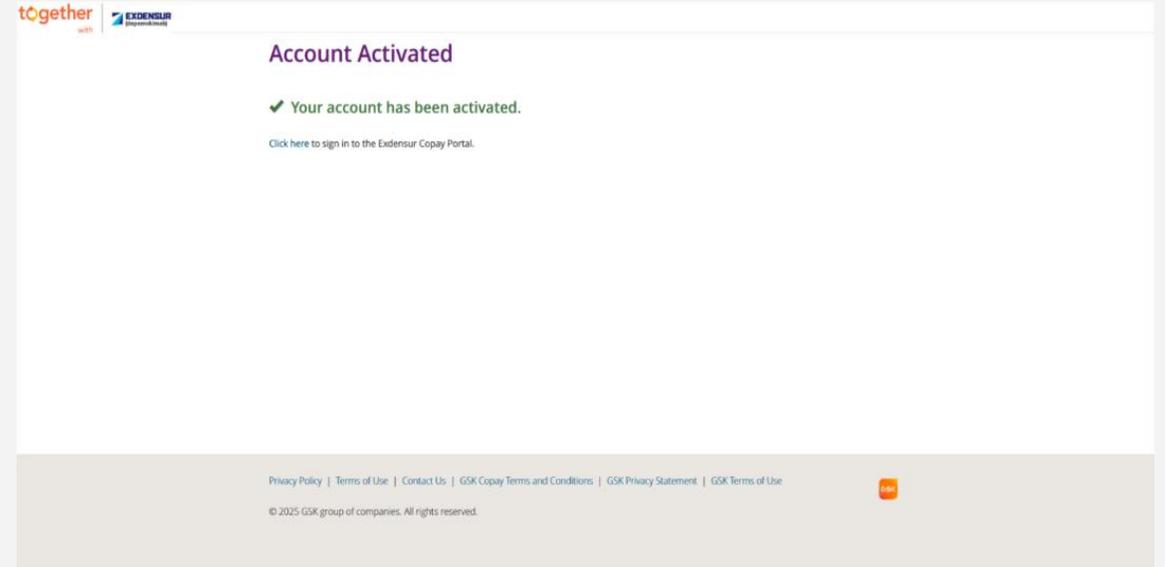
An email has been sent to you from [donotreply@copayprogram.gsk.com](mailto:donotreply@copayprogram.gsk.com). Click the link in that email to activate your account and sign in.  
If you do not see the email, please check your junk mail folder. Be sure to add us to your Safe Senders list to ensure you continue to receive communications about your rebates.

**Need help?**  
Call Customer Support  
888-216-3003  
8am-8pm Eastern

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## Account Activated



**Account Activated**

✔ **Your account has been activated.**  
[Click here to sign in to the Exdensur Copay Portal.](#)

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# Home Page

## No Recent Claims

together with EXDENSUR (depemokimab) Submit a Claim My Account Contact Us carly.purdy@iqvia.com Sign Out

### Welcome, CARLY

Balance will be visible after next claim.  
PLEASE NOTE: The starting and remaining balances are subject to change according to the program terms and conditions.

[Submit a Claim](#)

Your Manage my copay out-of-pocket expense method are mailed by check.  
To receive your copay out-of-pocket expense 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  
888-216-3003  
8am-8pm Eastern

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## With Recent Claims

together with EXDENSUR (depemokimab) Submit a Claim My Account Contact Us carly.purdy@iqvia.com Sign Out

### Welcome, CARLY

Balance will be visible after next claim.  
PLEASE NOTE: The starting and remaining balances are subject to change according to the program terms and conditions.

[Submit a Claim](#)

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

#### Claim History

Date	Status	Rebate Amount
11/26/2025	New Claim	
11/26/2025	New Claim	

#### Need help?

Call Customer Support  
888-216-3003  
8am-8pm Eastern

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# Home Page

## Copay Fund Balance

together with EXDENSUR (depemokimab) Submit a Claim My Account Contact Us carly.purdy@iqvia.com Sign Out

### Welcome, CARLY

Copay Fund Balance:  
\$9,450.00 of \$9,450.00  
PLEASE NOTE: The starting and remaining balances are subject to change according to the program terms and conditions.

[Submit a Claim](#)

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

**Need help?**  
Call Customer Support  
888-216-3003  
8am-8pm Eastern

### Claim History

Date ▼	Status	Rebate Amount
11/26/2025	New Claim	
11/26/2025	New Claim	

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# Home Page

## Session Timeout

The screenshot displays the Exdensur Copay Portal interface. At the top left, the 'together with EXDENSUR (depemokimab)' logo is visible. The main heading reads 'Welcome to the Exdensur Copay Portal'. A pink notification bar states: 'Your session has been ended to protect your privacy.' Below this, there are instructions for submitting claims: 'To submit a claim via the portal, you will need:' followed by a list: 'A Exdensur Copay Portal account (create account)' and 'Information to verify your drug purchase'. Another section states: 'To submit a claim via mail or fax, you will need:' followed by a list: 'Proof of payment showing out-of-pocket cost'. A 'Please note' section explains that claims can only be submitted if the user has commercial insurance and is not a participant in Medicare Part B, Medicare Part D, Medicaid, Medigap, VA, CHAMPUS, TriCare, or other similar federal or state programs. On the right side, there is a 'Sign in' section with input fields for 'Email' and 'Password', a 'Forgot password?' link, a 'Remember my email' checkbox, and a yellow 'Sign in' button with a link to 'or create account'. The footer contains links for 'Privacy Policy', 'Terms of Use', 'Contact Us', 'GSK Copay Terms and Conditions', 'GSK Privacy Statement', and 'GSK Terms of Use', along with a copyright notice: '© 2025 GSK group of companies. All rights reserved.' and a small GSK logo.

# Navigation Menu: My Account

## My Account

together with EXDENSUR (depemokimab) Submit a Claim My Account Contact Us carly.purdy@iqvia.com Sign Out

### My Account

**Name**  
CARLY PURDY

**Date of Birth**      **Gender**      **Home Phone**  
01/01/2001      Female      (898) 392-9239

**Address**  
77 CORPORATE DR  
BRIDGEWATER, NJ 08807

**Email Address**  
CARLY.PURDY@IQVIA.COM

**Claim Update Notifications**  
 Email

[Edit](#)

[Change My Password](#)

**My Insurance**  
BIN: 610502  
Group: AP21  
PCN: SE

[Edit Insurance](#)

**My Copay Out-of-Pocket Expense Method**  
 Mailed by check  
[Set up digital payment](#)

**My Cards**

Group	Member ID
OH8914071	Z99100100343

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

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# Navigation Menu: My Account

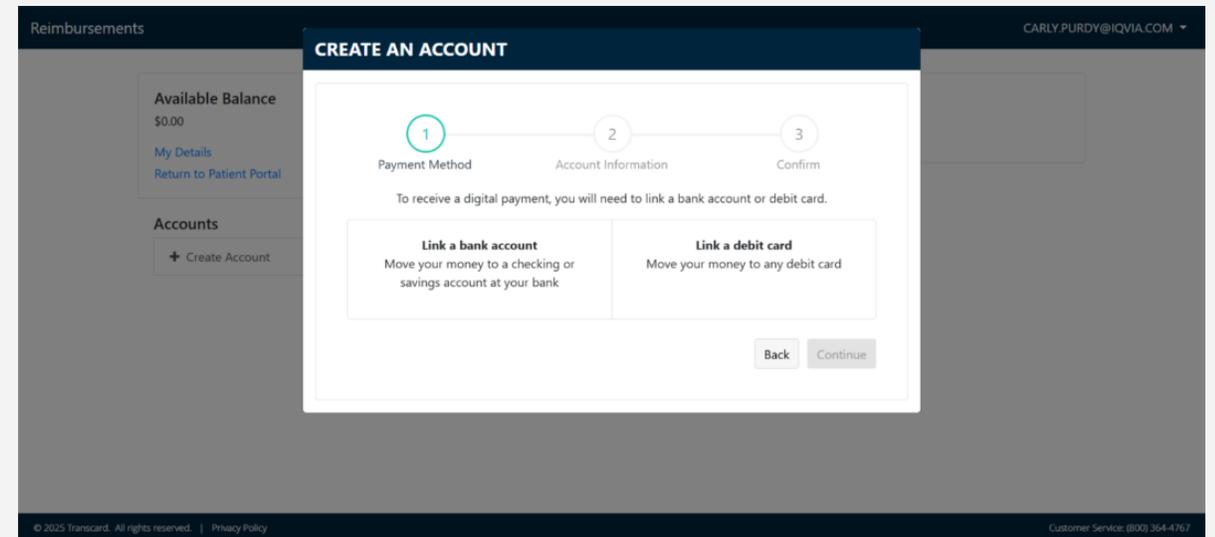
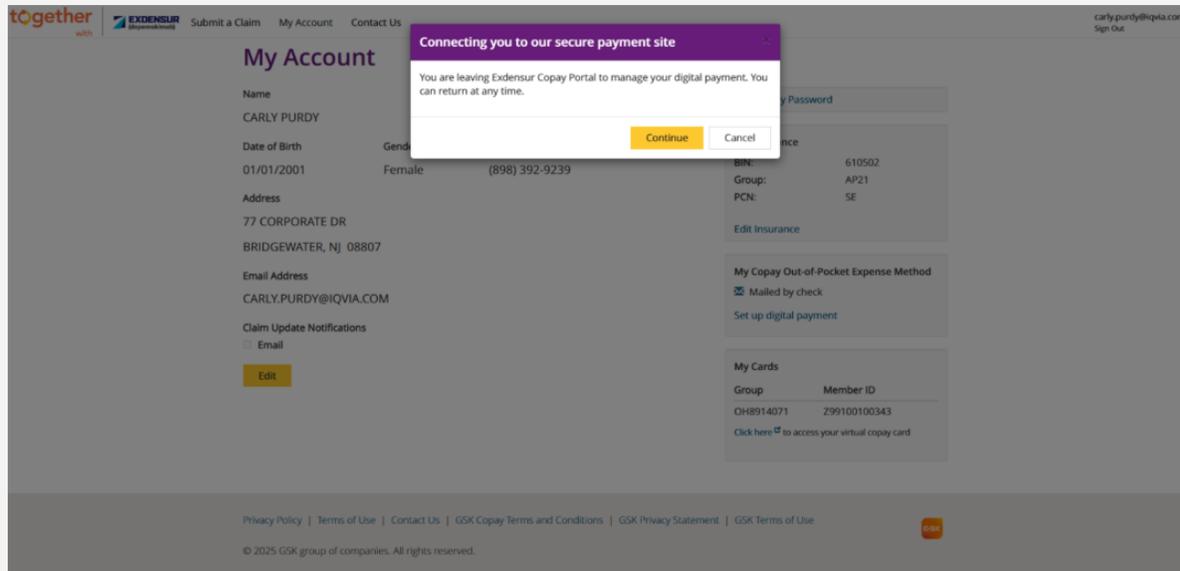
## Manage Reimbursement Method

The screenshot shows the 'My Reimbursement Method' page. At the top, there is a navigation bar with the 'together with' logo, 'EXDENSUR (depemokimab)', and links for 'Submit a Claim', 'My Account', and 'Contact Us'. The user's email 'carly.purdy@iqvia.com' and a 'Sign Out' link are visible in the top right. The main heading is 'My Reimbursement Method'. Below it, a message states 'Your reimbursements are mailed by check.' with a checked checkbox. There are two main options: 'Receive reimbursements by check' (selected) and 'Receive reimbursements by digital payment' (unselected). The 'by check' option includes a description: 'Checks are sent through mail and arrive 2-3 business days after your claim has been reviewed and processed.' The 'by digital payment' option includes a description: 'This will stop reimbursements by check. Your change will take effect on your next submitted claim. Funds are electronically transferred after your claim has been reviewed and processed. Any funds left in your payment account for over 90 days will be returned by check.' Below these options is a 'Manage digital payment' link with an external icon. At the bottom of the form area are 'Save' and 'Cancel' buttons. The footer contains links for 'Privacy Policy', 'Terms of Use', 'Contact Us', 'GSK Copy Terms and Conditions', 'GSK Privacy Statement', and 'GSK Terms of Use', along with the copyright notice '© 2025 GSK group of companies. All rights reserved.' and the GSK logo.

This screenshot is identical to the previous one but includes a green success message at the top: 'Your reimbursement method has been updated.' with a close button. The 'Receive reimbursements by check' option remains selected, and the 'Save' button is highlighted in yellow, indicating the update is complete.

# My Account: Set Up Digital Payment (EFT)

- Selecting “Set up digital payment” brings up this window
- Selecting “Continue” brings patient to the Transcard site to set up banking information for EFT



# Navigation Menu: My Account

Select “Click here” to access your virtual card

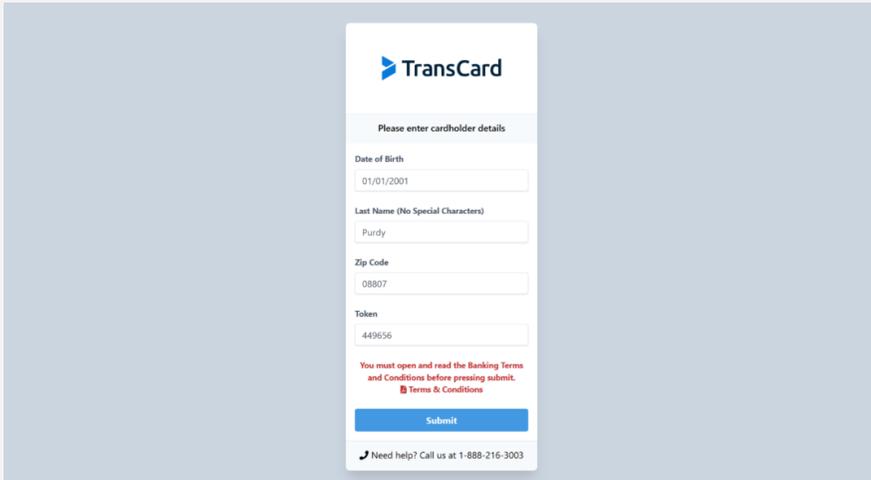
The screenshot shows the 'My Account' page with a modal window overlay. The modal window has a purple header 'Connecting you to our secure payment site' and contains the text: 'Your SmartCard will open in a new window, please use the security token below. Your Security Token is: 449656'. There are two buttons at the bottom of the modal: 'View SmartCard' and 'Close'. The background page shows user details for Carly Purdy, including name, date of birth, address, and email. A 'My Cards' section at the bottom right of the page contains a table with Group and Member ID, and a link that says 'Click here to access your virtual copy card'.

The screenshot shows the TransCard registration form. It features the TransCard logo at the top. Below the logo is a section titled 'Please enter cardholder details' with several input fields: 'Date of Birth', 'Last Name (No Special Characters)', 'Zip Code', and 'Token'. At the bottom of the form is a blue 'Submit' button. Below the button, there is a note: 'You must open and read the Banking Terms and Conditions before pressing submit.' with a link to 'Terms & Conditions'. At the very bottom, there is a help link: 'Need help? Call us at 1-888-216-3003'.

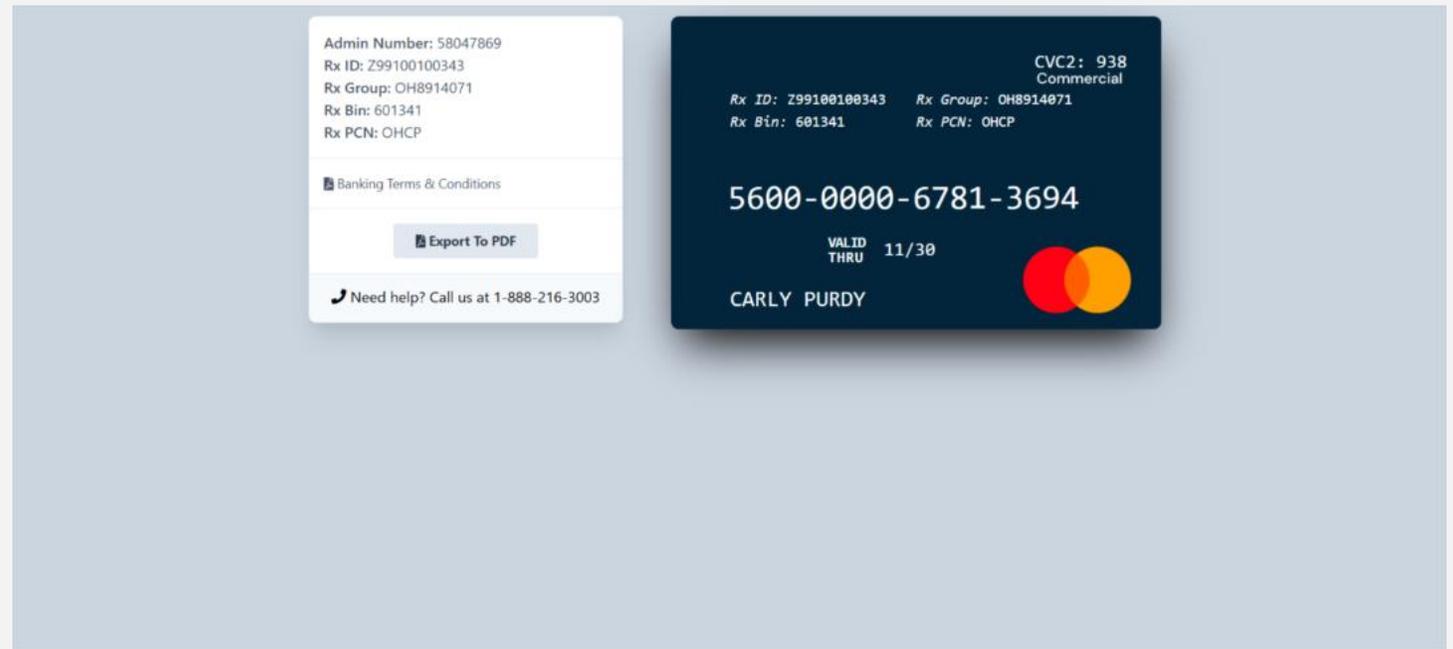
# Navigation Menu: My Account

Enter cardholder details to access your virtual card

## Error Messages



The screenshot shows a registration form for a TransCard. The form is titled "Please enter cardholder details" and includes the following fields: Date of Birth (01/01/2001), Last Name (No Special Characters) (Purdy), Zip Code (08807), and Token (449656). Below the fields, there is a red warning message: "You must open and read the Banking Terms and Conditions before pressing submit." with a link to "Terms & Conditions". A blue "Submit" button is at the bottom of the form. A footer link says "Need help? Call us at 1-888-216-3003".

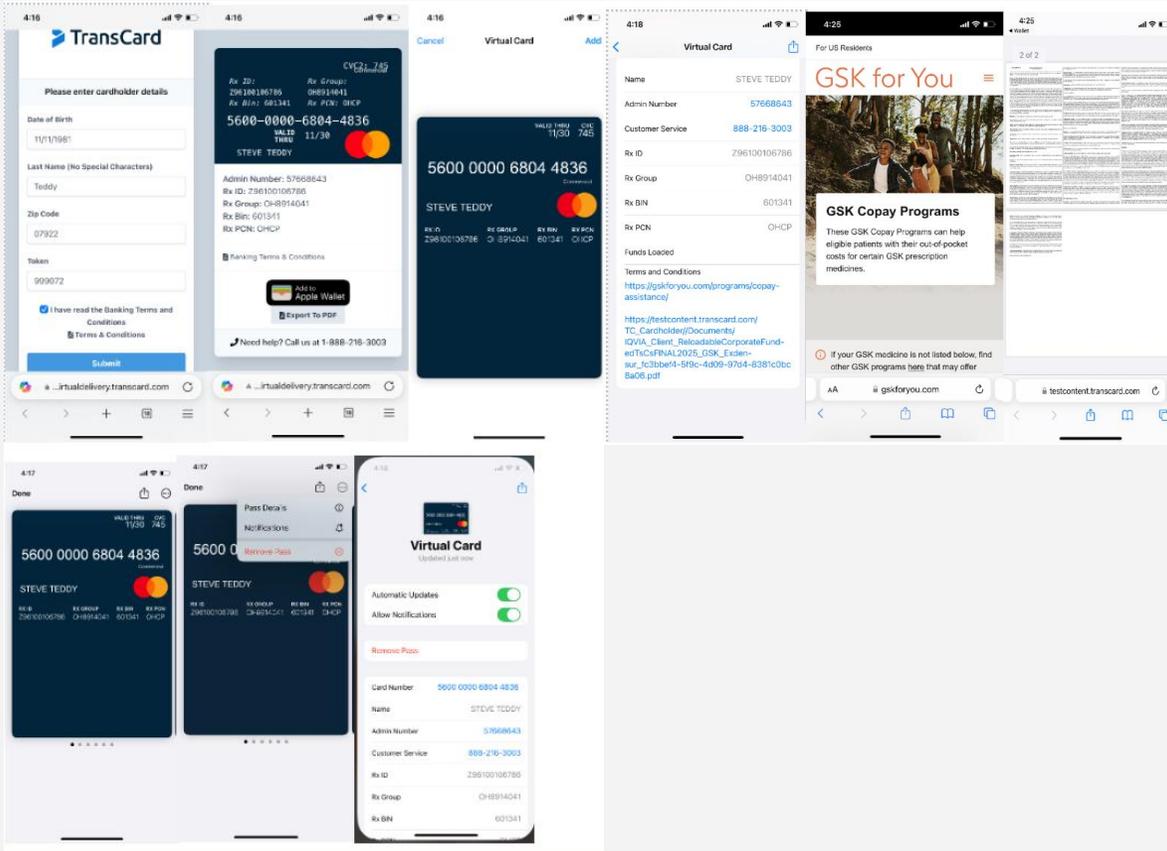


The screenshot displays the virtual card details and the card image. The details panel on the left includes: Admin Number: 58047869, Rx ID: Z99100100343, Rx Group: OH8914071, Rx Bin: 601341, Rx PCN: OHCP, a link to "Banking Terms & Conditions", an "Export To PDF" button, and a help link "Need help? Call us at 1-888-216-3003". The card image on the right shows the card number 5600-0000-6781-3694, valid through 11/30, the name CARLY PURDY, and the Mastercard logo. Cardholder information includes CVC2: 938 Commercial, Rx ID: Z99100100343, Rx Group: OH8914071, Rx Bin: 601341, and Rx PCN: OHCP.

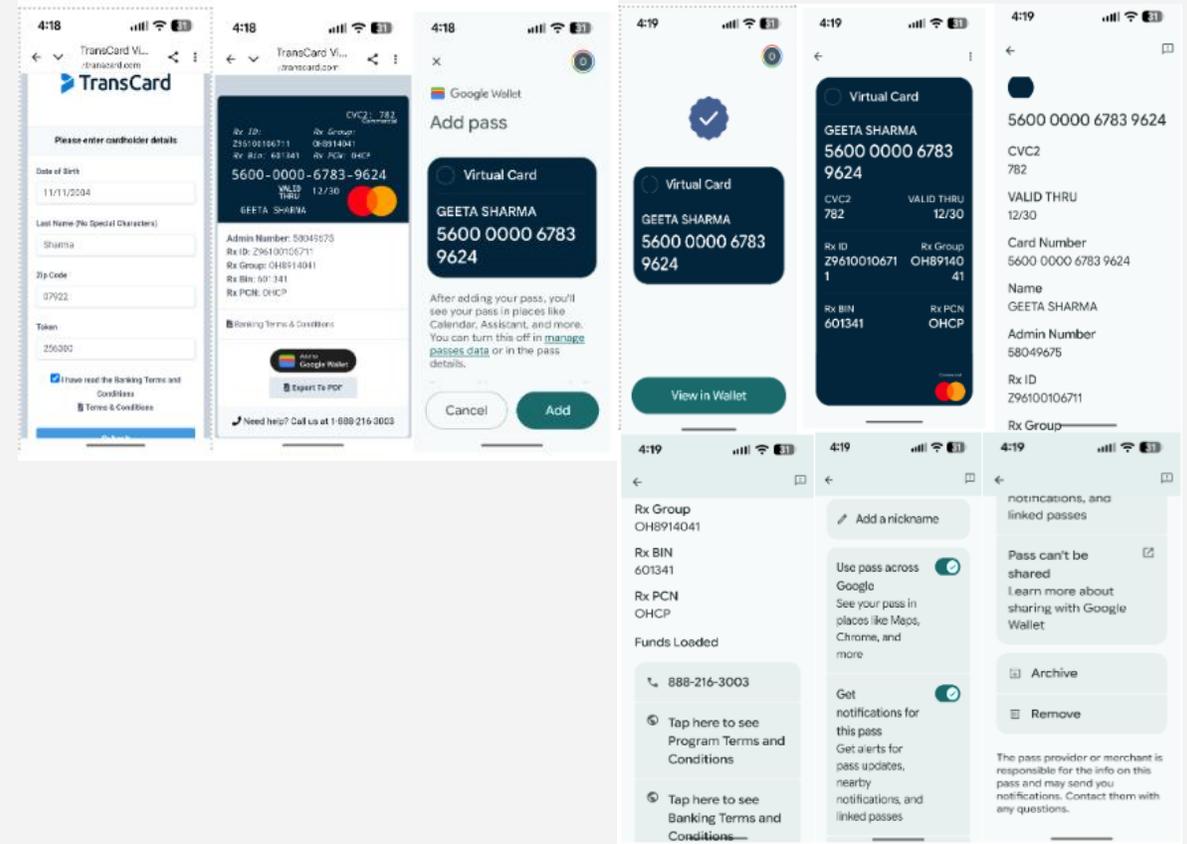
# Navigation Menu: My Account

## Add Your Copay Card to Your Mobile Wallet

### Apple



### Android



# Navigation Menu: My Account

## Edit Account

together with EXDENSUR (depemokimab) Submit a Claim My Account Contact Us carly.purdy@iqvia.com Sign Out

### My Account

First Name: CARLY Last Name: PURDY

Date of Birth: 01/01/2001 Gender: Female Phone: (898) 392-9239 (Home/Mobile)

Street Address: 77 CORPORATE DR

Address Line 2 (optional):

City: BRIDGEWATER

State: New Jersey ZIP: 08807

Email Address: CARLY.PURDY@IQVIA.COM

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

Claim Update Notifications:  Email

Save Cancel

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# Navigation Menu: My Account

## Edit Insurance

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### Edit Insurance

Select an Insurance Type

Prescription  Medical

Prescription Insurance Name

BIN

Group

PCN (optional)

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# Navigation Menu: My Account

## Change Your Password

## Error Messages

The screenshot shows the 'Change Your Password' form. It includes three input fields: 'Old Password', 'New Password', and 'Confirm Password'. A 'Your password must have:' box lists requirements: at least 8 characters, at least 1 lowercase letter (a-z), at least 1 uppercase letter (A-Z), at least 1 number (0-9), and at least 1 special character (such as ! @ # \$ % ^ & \* =). The 'Save' button is highlighted in yellow, and the 'Cancel' button is grey. The footer contains links for Privacy Policy, Terms of Use, Contact Us, GSK Copay Terms and Conditions, GSK Privacy Statement, and GSK Terms of Use, along with a GSK logo and copyright notice for 2025 GSK group of companies.

The screenshot shows the 'Change Your Password' form with error messages. The 'Old Password' field has a red border and the message 'The Old Password field is required.' below it. The 'New Password' field has a red border and the message 'The New Password field is required.' below it. The 'Confirm Password' field has a red border and the message 'The Confirm Password field is required.' below it. The 'Save' button is highlighted in yellow, and the 'Cancel' button is grey. The footer contains links for Privacy Policy, Terms of Use, Contact Us, GSK Copay Terms and Conditions, GSK Privacy Statement, and GSK Terms of Use, along with a GSK logo and copyright notice for 2025 GSK group of companies.

# Navigation Menu: My Account

## Change Your Password

### Error Messages

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### Change Your Password

Old Password  
.....

New Password  
.....

Confirm Password  
.....

Passwords must match.

Save Cancel

Your password must 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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### Change Your Password

Old Password  
.....

New Password  
.....

Confirm Password  
.....

New password must be between 8 and 50 characters.

Confirm Password must be between 8 and 50 characters.

Save Cancel

Your password must 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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### Change Your Password

Old Password  
.....

New Password  
.....

Confirm Password  
.....

New password does not meet the strength requirements.

Save Cancel

Your password must 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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### Change Your Password

Old Password  
.....

The old password is incorrect.

New Password  
.....

Confirm Password  
.....

Save Cancel

Your password must 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

## Password Updated

The screenshot shows the 'My Account' page with a green confirmation message: 'Your password has been updated.' The page includes a navigation menu with 'Submit a Claim', 'My Account', and 'Contact Us'. The user's name is CARLY PURDY. Account details include Date of Birth (01/01/2001), Gender (Female), Home Phone ((898) 392-9239), Address (77 CORPORATE DR, BRIDGEWATER, NJ 08807), and Email Address (CARLY.PURDY@IQVIA.COM). There are sections for 'Change My Password', 'My Insurance' (BIN: 610502, Group: AP21, PCN: SE), 'My Copay Out-of-Pocket Expense Method' (checked 'Mailed by check'), and 'My Cards' (Group: OH8914071, Member ID: Z99100100343). A footer contains links for Privacy Policy, Terms of Use, Contact Us, GSK Copay Terms and Conditions, GSK Privacy Statement, and GSK Terms of Use, along with a copyright notice for 2025 GSK group of companies.

# Navigation Menu: Submit a Claim

Selecting 'Other ways to submit a claim' link points user to *Contact Us* page

## Pharmacy Selected

The screenshot shows the 'Submit a Claim' page. At the top, there are logos for 'together with' and 'EXDENSUR (depemokimab)', along with navigation links: 'Submit a Claim', 'My Account', and 'Contact Us'. The user's email 'carly.purdy@iqvia.com' and a 'Sign Out' link are in the top right. 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 buttons: 'Pharmacy' (selected) and 'Prescriber's Office'. A list of required information for a pharmacy receipt includes: Proof of payment establishing out-of-pocket cost, NDC Number, Rx Number, Quantity, Day Supply, and Prescription Price. There are two 'Attach File' buttons for 'Pharmacy Receipt' and 'Register Receipt'. A CAPTCHA section with the text 'I'm not a robot' and 'EXDENSUR is changing its terms of service. Take action.' is present. At the bottom, there are 'Submit' and 'Cancel' buttons. The footer contains links for 'Privacy Policy', 'Terms of Use', 'Contact Us', 'GSK Copay Terms and Conditions', 'GSK Privacy Statement', and 'GSK Terms of Use', along with the GSK logo and copyright text: '© 2025 GSK group of companies. All rights reserved.'

# Navigation Menu: Submit a Claim

## Pharmacy Selected

The screenshot shows the 'Submit a Claim' form with the 'Pharmacy' radio button selected. The form includes a 'Need help?' section with contact information, a list of required information for the pharmacy receipt, and two 'Attach File' buttons for 'Pharmacy Receipt' and 'Register Receipt'. A CAPTCHA is visible at the bottom.

## Error Messages

The screenshot shows the 'Submit a Claim' form with error messages. The 'Pharmacy' radio button is selected. The 'Attach File' buttons for 'Pharmacy Receipt' and 'Register Receipt' are disabled and have a red error message: 'Please select a file.' The CAPTCHA is also present.

# Navigation Menu: Submit a Claim

Pharmacy Selected

Claim Submitted

The screenshot shows a web page with a white background and a light gray footer. At the top left, there are logos for 'together with' and 'EXDENSUR (depemokimab)'. To the right of these logos are navigation links: 'Submit a Claim', 'My Account', and 'Contact Us'. In the top right corner, the user's email 'carly.purdy@iqvia.com' and a 'Sign Out' link are visible. The main content area features a purple heading 'Claim Submitted' followed by a green checkmark icon and the text 'Thanks! Your claim has been successfully submitted.' Below this, it states 'Your confirmation number is 147769.' and 'Once your claim has been approved, you should expect to receive your rebate in 2-3 business days.' A blue link 'Back to home page' is positioned below the text. The footer contains a row of links: 'Privacy Policy | Terms of Use | Contact Us | GSK Copay Terms and Conditions | GSK Privacy Statement | GSK Terms of Use', a GSK logo, and the copyright notice '© 2025 GSK group of companies. All rights reserved.'

# Navigation Menu: Submit a Claim

## Prescriber's Office Selected

The screenshot shows a web form titled "Submit a Claim" for a prescriber's office. The form includes a navigation menu with "Submit a Claim", "My Account", and "Contact Us". The main heading is "Submit a Claim". Below this, there is a question: "Was this prescription filled at a pharmacy, or your prescriber's office?" with two radio button options: "Pharmacy" and "Prescriber's Office" (which is selected). Below the question, there is a section titled "EOB or Claims Remittance advice (EOP) should include the following information:" with a bulleted list of requirements: Patient cost share for the GSK drug covered in the program, Patient cost share for administration fee related to injection or infusion of the GSK drug covered in the program, Named patient who is covered / eligible for the GSK copay program, GSK product name or the associated J-Codes, HCP / Account seeking reimbursement, and Provider address. Below the list, there is a section titled "EOB or EOP" with an "Attach File" button. At the bottom of the form, there is a reCAPTCHA "I'm not a robot" checkbox and a "Submit" button. On the right side of the form, there is a "Need help?" section with contact information for Customer Support (888-216-3003, 8am-8pm Eastern) and instructions on file formats and sizes. The footer of the page contains links for Privacy Policy, Terms of Use, Contact Us, GSK Copay Terms and Conditions, GSK Privacy Statement, and GSK Terms of Use, along with a GSK logo and copyright information: "© 2025 GSK group of companies. All rights reserved."

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### 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 or Claims Remittance advice (EOP) should include the following information:

- Patient cost share for the GSK drug covered in the program
- Patient cost share for administration fee related to injection or infusion of the GSK drug covered in the program
- Named patient who is covered / eligible for the GSK copay program
- GSK product name or the associated J-Codes
- HCP / Account seeking reimbursement
- Provider address

EOB or EOP

I'm not a robot  
reCAPTCHA is changing its terms of service. [Data action](#)  [Privacy - Terms](#)

### Need help?

Call Customer Support  
888-216-3003  
8am-8pm Eastern

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

The screenshot shows the 'Submit a Claim' page with the 'Prescriber's Office' radio button selected. 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 on how to process a claim. It lists required information for EOB or Claims Remittance advice (EOP), such as patient cost share, administration fees, patient name, GSK product name, HCP/Account, and provider address. A 'Need help?' section provides contact information for Customer Support (888-216-3003, 8am-8pm Eastern) and instructions on file formats (jpg, gif, tif, png, pdf) and size (6 MB). A 'Test.pdf' file is attached to the claim. At the bottom, there is a 'Submit' button and a 'Cancel' button. The footer contains links for Privacy Policy, Terms of Use, Contact Us, GSK Copay Terms and Conditions, GSK Privacy Statement, and GSK Terms of Use, along with a copyright notice for 2025 GSK group of companies.

## Error Messages

The screenshot shows the 'Submit a Claim' page with the 'Pharmacy' radio button selected. The page layout is identical to the previous screenshot, but with an error message displayed: 'Please select a file.' This message is located below the 'Attach File' button. The 'Test.pdf' file is no longer visible in the attachment area. The rest of the page content, including the 'Need help?' section and the footer, remains the same.

# Navigation Menu: Submit a Claim

Prescriber's Office Selected

Claim Submitted

The screenshot shows a web page with a navigation bar at the top. On the left, there are logos for 'together with' and 'EXDENSUR (depemokimab)'. In the center of the navigation bar are links for 'Submit a Claim', 'My Account', and 'Contact Us'. On the right, the user's email 'carly.purdy@iqvia.com' and a 'Sign Out' link are visible. The main content area features a purple heading 'Claim Submitted' followed by a green checkmark icon and the text 'Thanks! Your claim has been successfully submitted.' Below this, it states 'Your confirmation number is 147768.' and 'Once your claim has been approved, you should expect to receive your rebate in 2-3 business days.' A blue link 'Back to home page' is positioned below the text. The footer contains a row of links: 'Privacy Policy | Terms of Use | Contact Us | GSK Copay Terms and Conditions | GSK Privacy Statement | GSK Terms of Use', the GSK logo, and the copyright notice '© 2025 GSK group of companies. All rights reserved.'

# Navigation Menu: Submit a Claim

## View Claim Details

Select the claim date/status in Claim History list

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### Claim Details

Confirmation Number	147769
Status	New Claim
Date Submitted	11/26/2025
Rebate Method	Check
Group	OH8914071
Member ID	Z99100100343

Close

Attached Files

- Test.pdf
- Test.pdf

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# Navigation Menu: Contact Us

The screenshot shows the 'Contact Us' page of the together with EXDENSUR website. The page header includes the company logos and navigation links: 'Submit a Claim', 'My Account', and 'Contact Us'. A user email 'carly.purdy@iqvia.com' and a 'Sign Out' link are visible in the top right. The main heading is 'Contact Us'. Below it, a message states: 'Can't upload documents? No problem! You can also submit your claim in the following ways:'. Two columns provide submission options: 'Submit by Mail' with the address 'IQVIA, Inc., 430 Mountain Avenue, Suite 105, New Providence, NJ 07974, Attn: Claims Processing Dept.' and 'Submit by Fax' with the number '(866) 728-8222'. A note instructs users to 'Send a copy of your receipt plus a cover page with your full name and contact information, or download claim form for fax or mail to help make sure you include all the necessary information.' A friendly message follows: 'Please feel free to contact us with any questions or issues regarding your account.' A 'Support Phone Number' is listed as '888-216-3003' with hours '8am-8pm Eastern'. The footer contains links for 'Privacy Policy', 'Terms of Use', 'Contact Us', 'GSK Copay Terms and Conditions', 'GSK Privacy Statement', and 'GSK Terms of Use', along with a GSK logo and the copyright notice '© 2025 GSK group of companies. All rights reserved.'

**THANK YOU**

