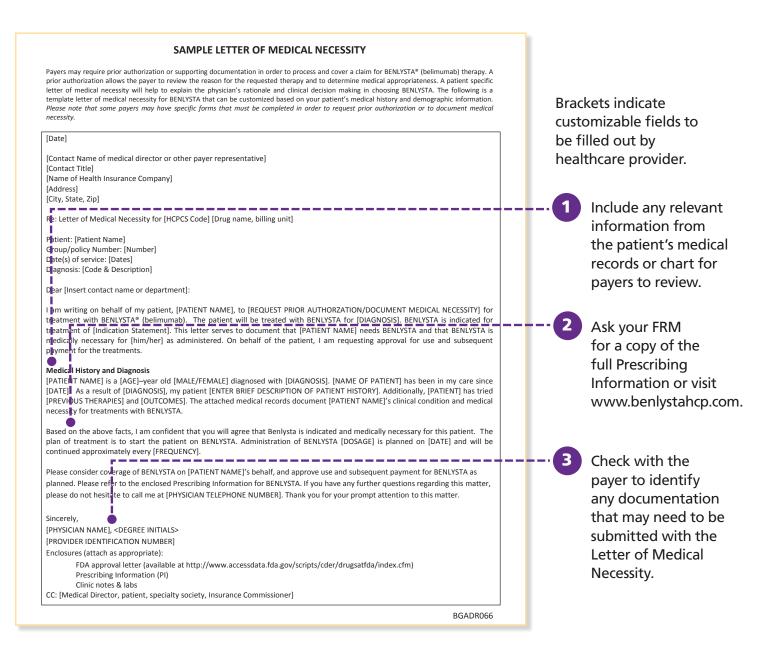
Sample Letter of Medical Necessity

Payers may require prior authorization or supporting documentation in order to process and reimburse a claim for BENLYSTA (belimumab). A prior authorization allows the payer to review the reason for the requested therapy and to determine medical appropriateness. A patient-specific Letter of Medical Necessity will help to explain the physician's rationale and clinical decision-making in choosing BENLYSTA. The following is a template Letter of Medical Necessity for BENLYSTA. *Please note some payers may have specific forms that must be completed in order to request prior authorization or to document medical necessity.*





Please contact the payer, your GSK Field Reimbursement Manager (FRM), or your dedicated Site Coordinator at BENLYSTA Gateway at 1-877-4-BENLYSTA (1-877-423-6597), Monday-Friday, 8am-8pm ET, if you need any information about how to submit a Letter of Medical Necessity.