Instructions for ADCETRIS® (brentuximab vedotin) for Injection Healthcare Provider Request and Patient Authorization Online Enrollment Forms

ADCETRIS Online Enrollment

This resource is intended as a guide to help healthcare providers (HCPs) enroll their patients in Seagen Secure®. Seagen does not guarantee that program enrollment will result in coverage and/or reimbursement.

How to enroll your patients for ADCETRIS® (brentuximab vedotin) for injection access support

Complete the online enrollment form

CLICK TO ENROLL ONLINE NOW

OR

STEP 1
ADCETRIS Online Enrollment

Click here to enroll online.

- If you would like to enroll the patient via fax or phone, please call **855-4SECURE**, or fax 855-557-2480 Monday-Friday, 8 AM-8 PM ET.

Seagen Secure®
Patient Assistance Program

STEP 2

Physician/Provider Information

Please fill out the information accurately and to the best of your ability.

- Missing information may delay the initiation of support and require additional outreach to you in an attempt to obtain it

Click here to continue to the Clinical Information section of the form.

ADCETRIS Online Enrollment (cont'd)

Physician/Provider Information · Clinical Information · Insurance Information · Patient Information

All fields required unless otherwise indicated.

- Patient First Name
- Patient Last Name
- Date of Birth (mm/dd/yyyy) · Sex ○ Male ○ Female
- Height ft · Height in · Weight lbs
- Diagnosis
- ICD-10 · Stage · Treatment Start Date
- Has the patient received a transplant? ● Yes ○ No
- If yes, was the transplant autologous or allogeneic? ○ Autologous ○ Allogeneic
- Is ADCETRIS being used as consolidation therapy? ○ Yes ○ No
- What line of therapy is ADCETRIS?
- Which previous agent regimen(s) has the patient received?
- Dose for ADCETRIS per administration:
- ADCETRIS Treatment Frequency ○ Weekly ○ Q2W ○ Q3W ○ Other

← Back   Next | Insurance Information →

STEP 3

Clinical Information

Please fill out the patient's clinical information.

- All fields are required unless otherwise indicated

The diagnosis and ICD-10 fields are required fields to determine if the patient is eligible to receive Seagen Secure Support.

Please complete clinical history information here.

Click here to continue to the Insurance Information section of the form.

STEP 4

Insurance Information

Please fill out the patient's insurance information.

- All fields are required unless otherwise indicated

Select the category that best describes the patient's coverage.

If preferred, please upload images of the front and back of the patient's insurance card(s). *Supported image formats are JPEG, JPG, PNG. Max file size: 2MB.*

You may choose to add any secondary or pharmacy coverage as necessary.

Click here to continue to the Patient Information section of the form.

STEP 5
Patient Information

Please fill out the patient's contact information.

- All fields are required unless otherwise indicated

If the patient Household Size and Annual Income is unknown, the user can input 0 for both fields (must be a numerical value).

Complete all sections and submit to enroll.

Please note incomplete forms will not be saved for submission later. An authorization form will be emailed to the patient requiring their review and signature via Docusign. The process may be completed via desktop computer or mobile phone. Once the patient authorizes enrollment into Seagen Secure, a confirmation email will be sent to the email provided for your office.

ADCETRIS Online Enrollment Final Step

After submitting the form, you will need to submit the patient's prescription directly to the Seagen Secure program pharmacy to provide a valid prescription for dispense by selecting "PharmaCord Pharmacy" through your respective EHR:

PharmaCord Pharmacy	NPI	1699202838
	NCPDP	1836191

A representative from Seagen Secure will be in contact shortly for program updates. If you need additional assistance, please call 855-4SECURE. Program hours are 8:00 am to 8:00 pm ET.