

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.

ADCETRIS Online Enrollment (cont'd)

Physician/Provider Information Clinical Information Insurance Information Patient Information

All fields required unless otherwise indicated.

Physician Name

Physician NPI Name of Group/Hospital

Tax ID # NPI for Group/Hospital Expiration (mm/yy)

Correspondence Address #1

Correspondence Address #2 (Optional)

City

Select State ZIP Code

Office Contact Name

Phone Number Extension (Optional) Fax Number

Contact's Email Address

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Next | Clinical Information →

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.

ADCETRIS Online Enrollment (cont'd)

Physician/Provider Information Clinical Information **Insurance Information** Patient Information

All fields required unless otherwise indicated.

Please check one:

Commercial/Private Insurance Medicare/Medicaid/TRICARE
 No Insurance Other

Please attach the front and back of the Patient's insurance card(s):

[Browse Files](#)

Insurance Company Name

Policy Number Group Number

Telephone Number

Policyholder's Name

Policyholder's DOB (mm/dd/yyyy)

BIN/PCN Number

Secondary / Pharmacy Insurance

Secondary Insurance

Insurance Company Name

Policy Number Group Number

Telephone Number

Policyholder's Name

Policyholder's DOB (mm/dd/yyyy)

BIN/PCN Number

Pharmacy Insurance

Insurance Company Name

Policy Number Group Number

Telephone Number

Policyholder's Name

Policyholder's DOB (mm/dd/yyyy)

BIN/PCN Number

← Back [Next | Patient Information](#) →

Patient Assistance Program enrollment begins on a temporary basis.

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.

ADCETRIS Online Enrollment (cont'd)

Physician/Provider Information
 Clinical Information
 Insurance Information
 Patient Information

All fields required unless otherwise indicated.

Additional patient information for ADCETRIS Patient.

Street Address #1

Street Address #2 (Optional)

City

Select State ZIP Code

Email Address

Preferred Contact Number

Preferred Method of Contact: Phone Email Mail

Alternate Contact (Optional)

Relationship (Optional) Contact's Phone (Optional)

This section is only required for patients enrolling in the Seagen Secure Patient Assistance Program for free medicine. If all criteria are met, you may be eligible to receive your medication free of charge. Please enter the information below as numeric values. If you are not enrolling in the Seagen Secure Patient Assistance Program for free medicine, please enter not applicable (N/A).

Household Size for Most Recent Tax Year Annual Household Income for Most Recent Tax Year*

*Seagen Secure reserves the right to request documentation proving income.

← Back Finish | Submit →

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.

