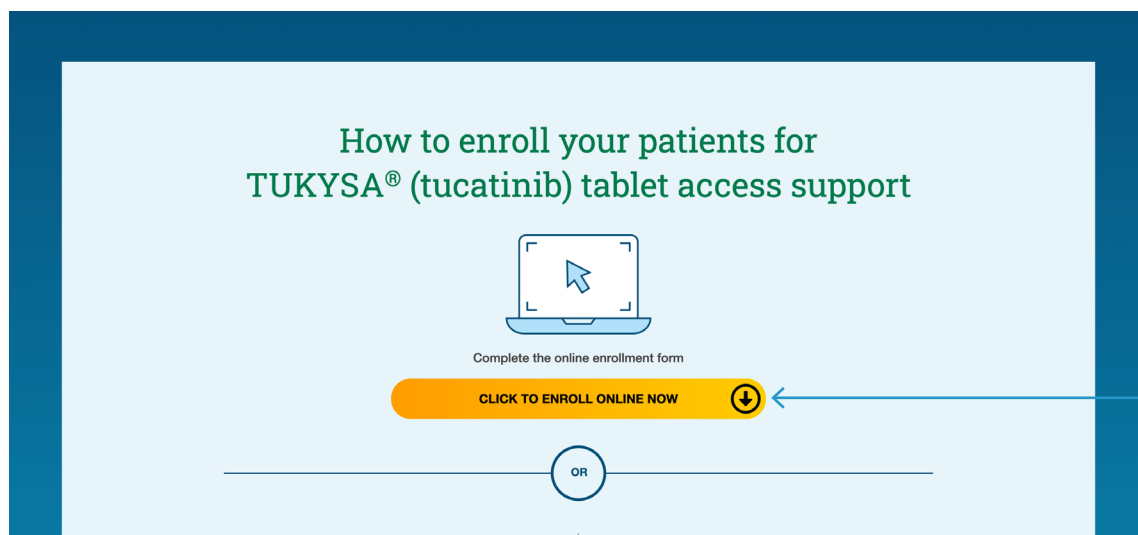


Instructions for TUKYSA[®] (tucatinib) tablets Healthcare Provider Request and Patient Authorization Online Enrollment Forms

TUKYSA 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.



STEP 1

TUKYSA 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.

TUKYSA 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

← Back **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.

TUKYSA Online Enrollment (cont'd)

Please check one: Breast Colorectal Other

Diagnosis

ICD-10 Target Treatment Start Date

Does patient have HER2+ disease? Yes No Unknown

Does patient have RAS Wild-Type disease? Yes No Unknown

Patient's previous therapies:

Commercial Patient Assistance Program (PAP) Prescription information

Date

Drug Name

TUKYSA (tucatinib) Dosage Strength

TUKYSA (tucatinib) Dosage Form

Directions (eg, take 2 caps 2x per day with food)

30-day supply

Height ft in Weight lbs

Current or Preferred Specialty Pharmacy

Biologics Onco360 Healthcare Provider No Preference

Selection will be honored if permitted by patient's insurance coverage.

Quick Start Prescription Information

Please consider my patient for a Quick Start Request

Quick Start is a short-term free product that may be available to eligible patients who face a delay (of at least 5 days) in insurance determination of coverage for TUKYSA

My patient's insurance requires a Prior Authorization and I have not yet submitted the Prior Authorization request for my patient

I do not know if my patient's insurance requires a Prior Authorization

Prior Authorization facilitated by:

Healthcare Provider Biologics Onco360

15-day supply / No Refills

Date

Drug Name

Strength

Dosage Form

Directions (eg, take 2 caps 2x per day with food)

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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.

TUKYSA 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

[Medical Insurance](#)

Medical Insurance

Insurance Company Name

Policy Number Group Number

Telephone Number

Policyholder's Name

Policyholder's DOB (mm/dd/yyyy)

BIN/PCN Number

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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 add medical insurance information as necessary.

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

TUKYSA Online Enrollment (cont'd)

Physician/Provider Information
 Clinical Information
 Insurance Information
 Patient Information

All fields required unless otherwise indicated.

Additional patient information for Tukysa 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.

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[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.

TUKYSA 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.