Seagen Secure®
Patient Assistance Program

Phone: 855-4SECURE (855-473-2873)
SeagenSecure.com

Patient Authorization Form for TUKYSA® (tucatinib) Tablets

Complete and fax to 855-557-2480 or email to CaseManager@seagensecure.com

Seagen Secure® is a service provided to you, free of charge, from Seagen by its authorized agents. Seagen Secure is here to help you navigate through access to Seagen's products. Seagen Secure may:

(i) assist me with my enrollment in Seagen Secure and assess my eligibility for participation in the Commercial Out-of-Pocket Assistance Program(s) and if eligible enroll me;

(ii) contact me by phone, mail, or email to request further information;

(iii) provide me with educational and other materials, information, and support related to Seagen Secure;

(iv) verify, investigate, and assist me with obtaining coverage for the Seagen product my physician indicated on the enrollment form from my health insurance plan;

(v) assess my eligibility for participation in the patient assistance program, if necessary;

(vi) refer me to other independent programs or alternative sources that may be available to provide assistance to me as allowed under the law, if necessary;

(vii) for Seagen's internal business purposes, including quality control and support enhancing survey.

I consent to Seagen Secure contacting me, my physician(s), and insurance provider(s) for the purposes described above.

In order to assist you in the manner described above, Seagen Secure must have access to protected health information, or "PHI." This means information including, but not limited to, my name, address, contact number, medical condition, and health insurance provider may be disclosed. I authorize my doctors, pharmacies, and other healthcare providers, as well as my health insurance plan, to disclose to Seagen

("Company"), and its third-party suppliers, vendors, and other service providers supporting Seagen Secure (collectively, the "Service Providers"), my protected health information to help me get access to my prescribed medication. I also authorize Seagen Secure to access my credit information for the purposes of verifying my income as part of the eligibility screening for the Patient Assistance Program (PAP). I understand that completing this form does not guarantee that I will qualify for and be enrolled into the Seagen PAP. I understand that I can refuse to sign this Authorization which will have no impact on my treatment, payment for treatment, or insurance coverage but Seagen Secure will not be able to assist me in accessing my medication. This Authorization will last for two years from the date on which I agree to this Authorization (or such shorter period as applicable state law may require).

I have been made aware that the privacy statement of Seagen, available at www.seagen.com/privacy, describes its privacy practices, including how I may exercise certain rights with respect to my data. I understand that I may revoke this Authorization at any time by providing written notice to Seagen Secure at PO Box 5490, Louisville, KY 40255. Cancellation of this Authorization will be valid when received by the administrators of Seagen Secure.

Patient Information

PATIENT NAME **DATE OF BIRTH (MM/DD/YYYY)**

ADDRESS **CITY** **STATE** **ZIP**

EMAIL ADDRESS **PHONE**

PREFERRED METHOD OF CONTACT: ○ **PHONE** ○ **EMAIL** ○ **MAIL**

ALTERNATE CONTACT **RELATIONSHIP** **CONTACT'S PHONE**

Financial Information

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.

HOUSEHOLD SIZE FOR MOST RECENT TAX YEAR

ANNUAL HOUSEHOLD INCOME FOR MOST RECENT TAX YEAR*

I understand that I am entitled to receive a copy of this Authorization after I have provided my signature.

SIGNATURE (PATIENT OR LEGALLY AUTHORIZED PERSON) **DATE SIGNED**

LEGALLY AUTHORIZED PERSON PRINTED NAME

RELATIONSHIP TO PATIENT **DATE SIGNED**

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

Seagen®