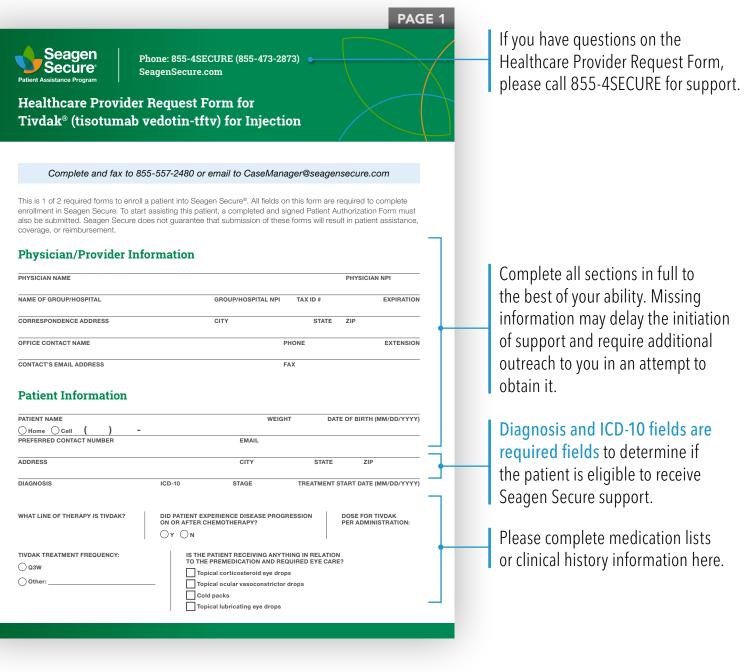


Instructions for Tivdak[®] (tisotumab vedotin-tftv) for Injection Healthcare Provider Request and Patient Authorization Forms

Healthcare Provider Request Form

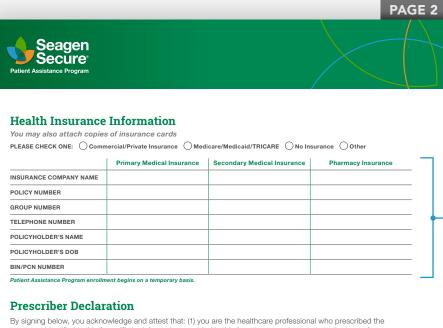
Please use the information below to guide you to fill out the Healthcare Provider Request Form for Tivdak.





Healthcare Provider Request Form (cont'd)

Please use the information below to guide you to fill out the Healthcare Provider Request Form for Tivdak.



By signing below, you advinuegge and action that (i) you are inequalitied presented in the presented in the treatment identified in this form, (2) the information provided in this form is true and accurate to the best of your knowledge, (3) you have obtained from the patient, or when applicable their authorized legal representative, consent to provide the above information to Seagen Secure to determine the patient's eligibility to participate in Seagen Secure, (4) you have obtained written patient authorization(s) in the form and manner required by applicable state and federal law to release the Patient Information on this form, (5) any medication supplied by Seagen as a result of this enrollment form is only for the use of the patient named on this form and shall not be sold, traded, transferred, returned for credit, or submitted to any third-party payer for reimbursement, and (6) you have prescribed the above-referenced medication for this patient based on your independent clinical judgment that this treatment is medically necessary and in the best interests of the patient.

PRESCRIBER'S SIGNATURE

DATE SIGNED

The healthcare provider and patient remain fully responsible for all claims made to private insurers or government programs, including the accuracy of all information submitted. All claims for Seagen products should be made in accordance with legal and contractual requirements. Many factors influence reimbursement, and the policies and practices of private and public payers may change without notice. Seagen reserves the right to modify or discontinue the program, without notice, at any time.

Upon reasonable notice in writing, and not more than once per coverage year, Seagen Inc. shall have the right to audit and examine all documents, correspondence and records related to enrolled patients and product shipments. Upon request, a representative duly authorized by Seagen Inc. may contact you by phone or email with an audit request for all or some of your enrolled patients. Complete responses to an audit are required within 30 days of said request. Non-compliance may lead to the possibility of program discontinuation for all or some of your patients.

Seagen Inc. and Seagen Secure will utilize this patient information solely for the purposes of a benefits investigation and patient assistance assessment. The program will not sell, rent, or otherwise distribute any patient information outside of Seagen Inc. or its agents.

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.

OSeagen

Tivdak and its logo, Seagen and its logo, and Seagen Secure and its logo, are US registered trademarks of Seagen Inc. © 2022 Seagen Inc., Bothell, WA 98021. All rights reserved. US-TVP-22-300-MT The information here can be replaced by legible copies of insurance cards or a patient face sheet that documents medical benefit information only. Please do not send chart notes.

Authorized member of the practice must sign here.



Patient Authorization Form

Please use the information below to guide you to fill out the Patient Authorization Form for Tivdak.

PAGE 1



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

Patient Authorization Form for Tivdak™ (tisotumab vedotin-tftv) for Injection

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

Seagen Secure[®] is a service provided, free of charge, from Seagen by its authorized agents. Seagen Secure is here to help you navigate access to Seagen's products. I authorize Seagen Secure to contact me, my physician(s), and insurance provider(s) for the purposes outlined here. Seagen Secure may:

- (i) assist me with my enrollment into Seagen Secure and evaluate my eligibility for participation in the Commercial Out-of-Pocket Assistance Program(s) and if found eligible enroll me;
- (ii) contact me by phone, mail, or email to request or provide additional information;
- (iii) provide educational and other pertinent materials and information, related to Seagen Secure;
- (iv) verify, investigate, and assist me with obtaining coverage for Tivdak 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 aid 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 as described above, Seagen Secure must have access to protected health information (PHI). This means information including, but not limited to, my name, address, contact number, medical condition, and health insurance may be disclosed. I authorize to have my doctors, pharmacies, and other healthcare providers, as well as my health insurance plan, to disclose to Seagen ("Company"),

If you have questions on the Patient Authorization Form, please call 855-4SECURE for support.

This form must be submitted to enroll a patient into Seagen Secure. It can be submitted via fax, phone, or email.

It is recommended that the Healthcare Provider Request Form and Patient Authorization Form are submitted at the same time.



Patient Authorization Form (cont'd)

Please use the information below to guide you to fill out the Patient Authorization Form for Tivdak.



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 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 be unable to assist me. This authorization will last for one year 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

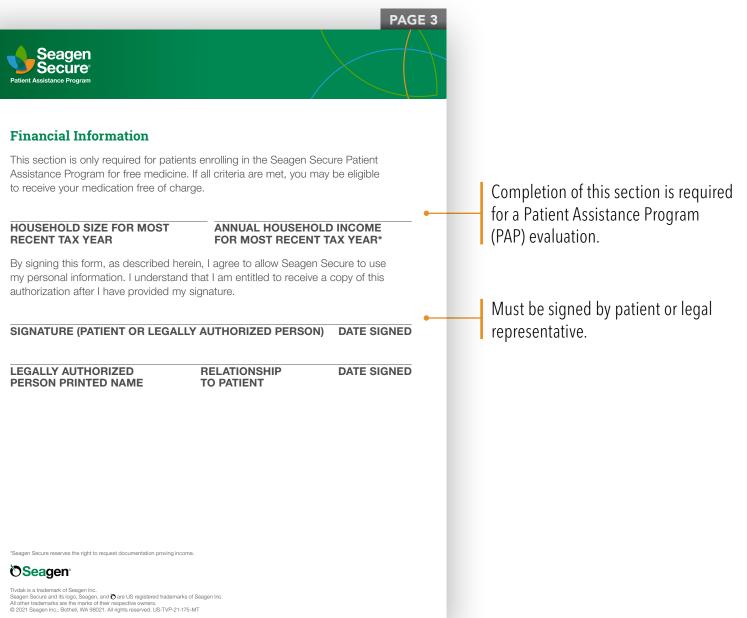
PATIENT NAME	DATE	DATE OF BIRTH (MM/DD/YYYY)		
ADDRESS	CITY	STATE	ZIP	
EMAIL ADDRESS	PHONE			
PREFERRED METHOD OF CO	NTACT: O PHONE	○ EMAIL ○ MAIL		
ALTERNATE CONTACT	RELATIONSHIP	CONTACT'S P	HONE	

Please have the patient complete the demographics information and indicate preferred form of contact. Option to designate a care partner.



Patient Authorization Form (cont'd)

Please use the information below to guide you to fill out the Patient Authorization Form for Tivdak.



ÖSeagen[®]

Tivdak, Seagen Secure and its logo, Seagen, and ♂ are US registered trademarks of Seagen Inc. © 2022 Seagen Inc., Bothell, WA 98021. All rights reserved. US-TVP-22-304-MT