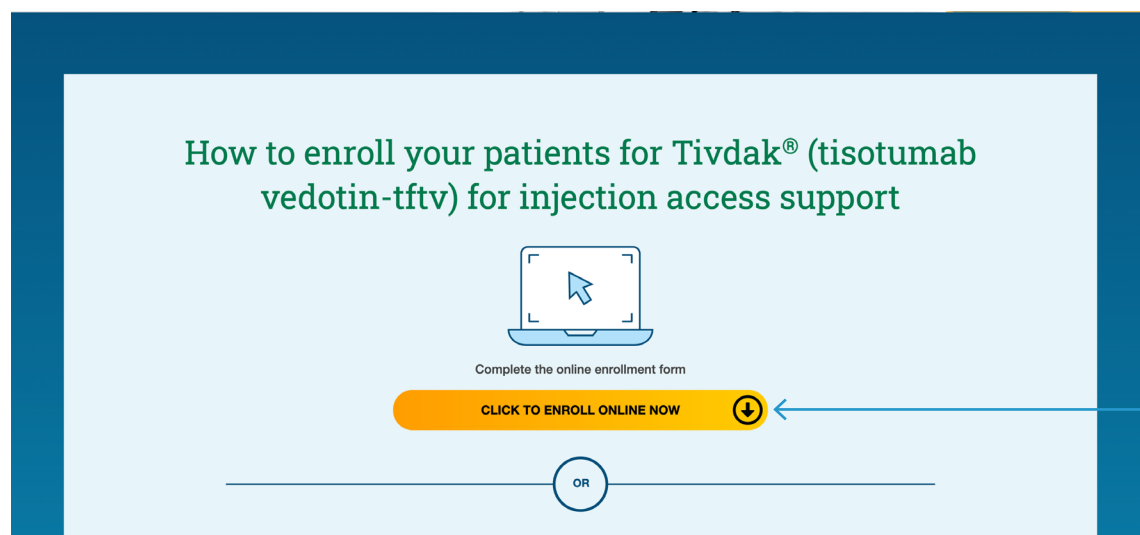


# Instructions for Tivdak<sup>®</sup> (tisotumab vedotin-tftv) for Injection Healthcare Provider Request and Patient Authorization Online Enrollment Forms

## Tivdak Online Enrollment

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



### STEP 1

## Tivdak 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.

## Tivdak 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.**

## Tivdak 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)

Weight    lbs

Diagnosis

ICD-10    Stage    Treatment Start Date

What line of therapy is Tivdak?

Did patient experience disease progression on or after chemotherapy?     Yes     No

Dose for Tivdak per administration:

Tivdak Treatment Frequency:     Q3W     Other

Is the patient receiving anything in relation to the premedication and required eye care?

Topical corticosteroid eye drops  
 Topical ocular vasoconstrictor drops  
 Cold packs  
 Topical lubricating eye drops

← Back    Next | Insurance Information →

### STEP 3

## Clinical Information

**Please fill out the patient's clinical information.**

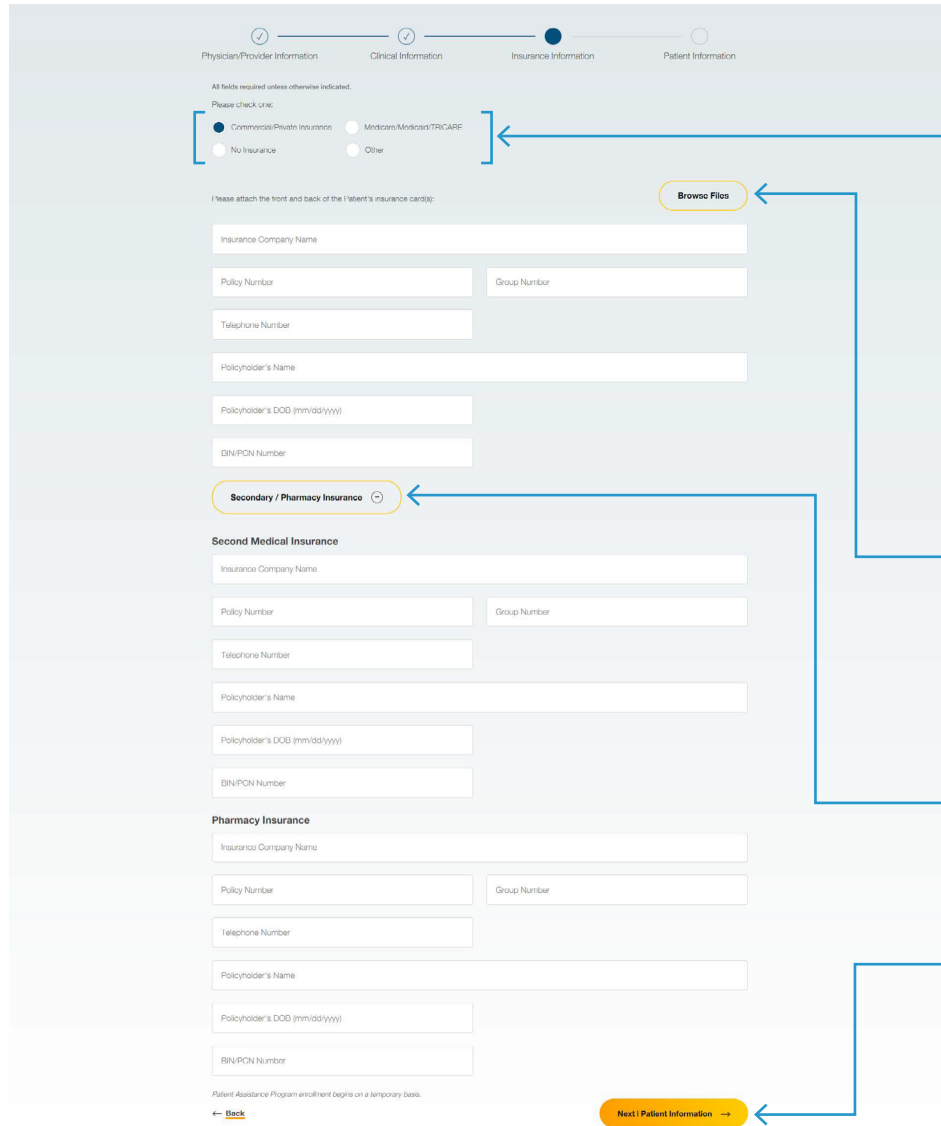
- All fields are required unless otherwise indicated

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

← Please complete clinical information here.

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

## Tivdak 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**

**Second Medical 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 →](#)

### STEP 4

## Insurance Information

Please fill out the patient's insurance information.

- All fields are required unless otherwise indicated

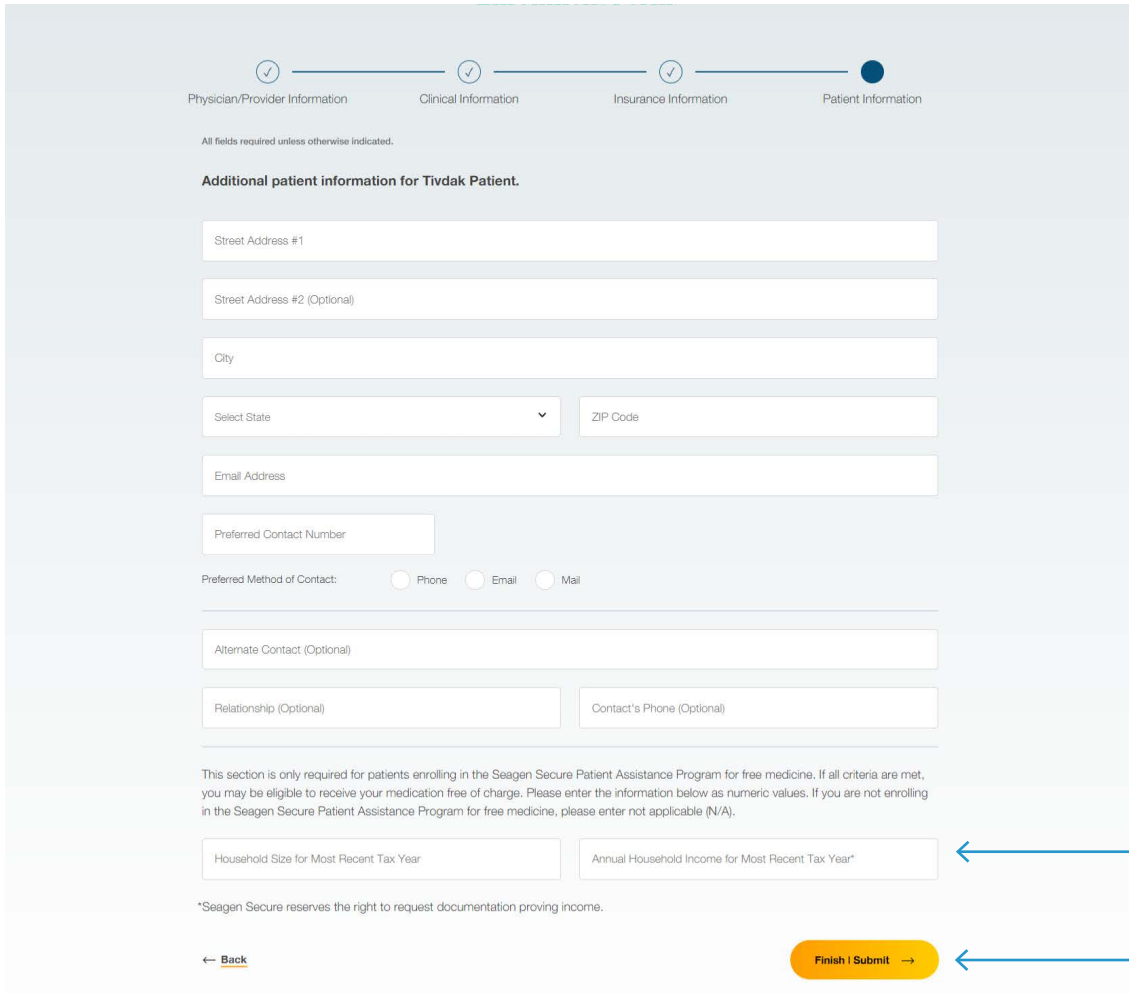
Select the category that best describes the patient's coverage.

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.

## Tivdak Online Enrollment (cont'd)



Physician/Provider Information   
  Clinical Information   
  Insurance Information   
  Patient Information

All fields required unless otherwise indicated.

**Additional patient information for Tivdak 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 your office.

## Tivdak 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.