TUKYSA PATIENT SUPPORT PROGRAM ENROLLMENT AND AUTHORIZATION FORM

TUKYSA (tucatinib) Tablets 50 mg & 150 mg
Email: tukysa@supportprogram.com I Fax: 1-833-464-0729

By signing this Enrollment and Authorization Form, you agree to enroll into Seagen's TUKYSA Patient Support Program (the "Program") intended to help determine your eligibility to benefit from financial assistance options and, if eligible, to assist you in obtaining reimbursement of drug costs and/or other assistance so that you can obtain your prescription for TUKYSA. The Program services may include insurance reimbursement assistance and assistance in medication delivery services (the "Services"). McKesson Canada Corporation (the "Program Administrator") will handle your Personal Information on behalf of Seagen, in accordance with this Enrollment and Authorization Form, privacy laws and Seagen's Privacy Policy. Other service providers may be appointed by Seagen to administer the Program from time to time. If the Program Administrator changes, your Personal Information will continue to be protected as described in this Enrollment and Authorization Form. This Program is not intended to provide medical advice or diagnoses, you should always seek the advice of your prescribing physician if you have any concerns. By signing this form, you authorize your information, including contact information and information about your finances, insurance, prescriptions, medical condition, and other health information (the "Personal Information") to be collected, used, retained and/or disclosed to and by Seagen, the Program Administrator and/or their agents and service providers for the specific purposes as set out in Section 4 (signed by the prescriber), the Patient Consent contained in Section 5 below and as otherwise set out herein.

SECTION 1 – Patient Information
(to be filled in by prescriber or patient)

Last Name:

First Name:

Date of Birth (D/M/Year): | Sex:

Address: | City:

Province: | Postal Code:

Phone (preferred): ☐ Home:
☐ Work: ☐ Cell:

Caregiver Name (if applicable):
Relationship to Patient:
Phone #:

Patient has Private Insurance: ☐ Yes ☐ No

SECTION 2 – Prescriber Information
(to be filled in by prescriber only)

Prescriber Name:

Prescriber Email:

Address: | City:

Province: | Postal Code:

Name of Contact Person:

Phone #:

Provincial License #:

Contact Person Email:

Fax #:

Preferred Method of Communication:
☐ Email ☐ Fax ☐ Phone

By providing my email address, I agree to receive, electronically, information and updates relating to my patient's enrollment in the Program. These communications will be provided by the Program Administrator acting on behalf of Seagen. I understand that I may withdraw my consent to receiving such communications electronically, at any time by providing notice to the Program Administrator at: 70 Wynford Drive, P.O. Box 383, North York, ON M3C or via email at tukysa@supportprogram.com.

SECTION 3 – Rx
(to be filled in by prescriber only)

Recommended Dosage: Adult patients 18 years of age and older diagnosed with locally advanced unresectable or metastatic HER2-positive breast cancer, including patients with brain metastases, who have received prior treatment with trastuzumab, pertuzumab, and trastuzumab emtansine, separately or in combination. The recommended dose of TUKYSA is 300 mg taken orally twice daily in combination with trastuzumab and capecitabine until disease progression or unacceptable toxicity.

Daily Dosage:
☐ 300 mg twice daily or ☐ Other

Days Supply:
Refills:
Available in bottles of 60 tablets

Physician's Signature :

Date:

SECTION 4 – Medical Criteria
(to be filled in by prescriber only)

Allergies:

Diagnosis of locally advanced unresectable HER2-positive breast cancer or metastatic HER2-positive breast cancer
☐ Yes ☐ No

Prior treatment with
1) trastuzumab: ☐ Yes ☐ No
2) pertuzumab: ☐ Yes ☐ No
3) trastuzumab emtansine: ☐ Yes ☐ No

Patient has access to both trastuzumab and capecitabine
☐ Yes ☐ No

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Pr TUKYSA™ tucatinib
50 mg | 150 mg tablets

SECTION 4 – Medical Criteria (continued)
(to be filled in by prescriber only)

By signing below, I certify that (1) I am the patient's prescribing physician, (2) the above therapy is medically necessary based on the Canadian product monograph, my independent medical judgment and the patient's informed consent; (3) I have received the patient's (or the patient's Legal Representative's) express consent and met any other applicable legal or regulatory requirements such as those imposed under provincial or federal law needed to provide Seagen or its agent, the Program Administrator, and its employees with the information in this form and any other information relevant to provide the Program's services; (4) I have discussed the Program with the patient who wishes to enroll and has agreed that I share their personal information with the Program Administrator to contact the patient and complete the enrollment process; (5) I understand that the Program Administrator will administer the Services, and provide me and my patient with educational and support services associated with TUKYSA (tucatinib) 50 mg or 150 mg tablets, (6) I accept that my information, including personal information, may be used by Seagen or its agent and the Program Administrator for reasons in relation to improving, monitoring and auditing the Program, or as otherwise permitted by law, and (7) I acknowledge that adverse events may be reported about my patient participating in the Program and understand that I may be contacted by Seagen or its agents and the Program Administrator to provide follow-up information to Health Canada, and (8) I understand that my information may be processed and stored outside of Canada. I state the information contained in this application is complete and accurate to the best of my knowledge.

I appoint the Program Administrator as my agent for the purpose of conveying this prescription to the Program specialty pharmacy or the pharmacy chosen by my patient. This prescription represents the original of the prescription drug order. The chosen pharmacy is the only intended recipient and there are no others. The original prescription has been invalidated and securely filed and it will not be transmitted elsewhere at another time.

☐ I authorize the use and disclosure of my personal information for commercial or market research purposes.

Prescriber Signature: Date:

SECTION 5 – Patient Consent
(to be filled in by patient)

By signing this Enrollment and Authorization Form, I acknowledge that I have read and understand the information below and authorize the collection, use and disclosure of my personal information, including personal health information, by the Program Administrator and Seagen and its authorized representatives, agents, contractors, affiliates (collectively, Seagen) for the purposes explained in this Enrollment and Authorization Form. I also authorize my healthcare providers, health plans and any other custodian of my healthcare records to disclose my Personal Information, including, but not limited to, information relating to my medical condition, treatment, care management, and health insurance, as well as all information provided on this form and any information about my prescriptions to Seagen and the Program Administrator for the specific purposes explained in this Enrollment and Authorization Form. The Personal Information that I and/or my healthcare providers, insurers or payers provide to the Program Administrator will be used and shared for the Program's administration and management and to provide me Program Services, including to investigate reimbursement options for my treatment and for the provision of financial support, if applicable, medication dispensing and provision of information about the Program to you. In addition, I consent to the Program Administrator or its authorized agents and Seagen contacting me for the purposes outlined above. In the event that Seagen appoints a new Program Administrator to replace the Program Administrator, I understand that my Personal Information may be transferred to the new service provider in order to ensure the continuity of the Program Services.

I understand that the Personal Information collected as part of the Program will be protected by reasonable technical and physical administrative safeguards to protect it against loss, theft and unauthorized consultation, communication, copying, use or alteration. I also understand that my Personal Information will be retained only for as long as is needed to fulfill the specific purposes for which it was collected and in order to comply with applicable laws.

I may request access to or correction of my Personal Information at any time by contacting the Program Administrator at 1-833-464-0728 or by email at tukysa@supportprogram.com.

In the case of an adverse event, Seagen is legally required to report such an event to Health Canada and international health authorities. Seagen is also legally required to perform monitoring of product complaints. Personal Information provided to the Program may be (i) monitored by Seagen or the Program Administrator for safety-related data and product complaints in order to ensure compliance with these legal reporting requirements, and (ii) reported to local or international health authorities. I understand that I or my healthcare providers may be contacted for additional information to fulfill these obligations.

I understand that the Program Administrator or Seagen may combine my Personal Information with the information of others to generate aggregated data that do not contain identifying information, which will be used to conduct analyses for commercial, research/publication purposes or to improve the Program.

I understand that my Personal Information may be stored or processed outside of Canada (including in the United States), including for adverse event processing and reporting requirements. In such event, my Personal Information will be subject to the laws of foreign jurisdiction, which may provide a different level of protection than Canada and require the disclosure of Personal Information to governmental authorities under circumstances that are different than those that apply in Canada. In addition, my Personal Information may be used or disclosed to third parties when permitted or required by applicable laws, court orders or government regulations. When my Personal Information is shared with third parties, this is done in accordance with applicable law and reasonable steps are taken to ensure that the rules set out in this consent form are followed. These third parties are required to provide sufficient safeguards regarding implementation of appropriate security measures.

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SECTION 5 – Patient Consent (continued)
(to be filled in by patient)

I may withdraw my consent to the terms of this Enrollment and Authorization Form at any time by sending a notice in writing to Seagen's TUKYSA Patient Support Program, c/o McKesson Specialty Health 6355 Viscount Road, Mississauga ON L4V 1W2. I understand that withdrawal of my consent will end further uses and disclosures of the Personal Information and will put an end to my enrollment in Seagen's TUKYSA Patient Support Program and its Services. No new personal information will be collected after any such withdrawal. Any withdrawal of consent will not be retroactive and any activities relating to my Personal Information prior to my withdrawal will not be affected and will be maintained during the term of the Program for monitoring, regulatory purposes and aggregated information may continue to be used as described herein.

If confirmed as eligible for insurance copay support financial assistance from Seagen, I understand that copay information will be sent to the dispensing pharmacy, along with my prescription and that any assistance with my cost-sharing or copayment for TUKYSA will be provided in accordance with the Program.

From time to time, the Program Administrator may communicate with me for the purposes of providing information and updates relating to the Program.

I understand that further information about Seagen's information handling practices is set out in Seagen's Privacy Policy, available at https://www.seagen.com/privacy. I know that if I have any questions about the terms of this Enrollment and Authorization Form, can contact the Program Administrator at 1-833-464-0728.

I have read and understood the patient consent and agree to the collection, use, retention and disclosure of my Personal Information in accordance with the terms contained herein.

I understand that signing this Enrollment and Authorization Form is voluntary and that it is my right to refuse to sign this Enrollment and Authorization Form. If I decide not to sign this Enrollment and Authorization Form, I will not be eligible to participate in the Seagen TUKYSA Patient Support Program and I cannot receive assistance or Services from the Program. I also understand that my enrollment in this Program does not guarantee approval for any type of financial assistance from Seagen (partial or in full), insurance copay support, or qualify me for any benefit or assistance in relation to the fulfillment of my prescription. I understand that I am entitled to a signed copy of this Enrollment and Authorization Form.

I acknowledge that the dispensing and delivery of my medication will be performed by the Program specialty pharmacy unless I specify otherwise. I understand that I have the option to choose another pharmacy to dispense my medication.

Patient/Legal Guardian Signature: Date:

Signatory's Relationship to Patient:

Print Patient Name:

☐ I authorize the use and disclosure by Seagen of my Personal Information to send me promotional materials, surveys and newsletters. I understand, Seagen may retain the services of third-party market research firms and authorize use and disclosure of my Personal Information by these third party market research firms to better understand the patient experience of individuals enrolled in the Program or to make improvements to the Program. I authorize provision of my contact information to such third parties solely for this purpose. At any time, I may withdraw my consent to participate in such communications and market research by contacting the Program Administrator. **My eligibility to receive the Services is not affected by whether or not I agree to participate in such market research**.

Safety Information

TUKYSA (tucatinib) is indicated in combination with trastuzumab and capecitabine for treatment of patients with locally advanced unresectable or metastatic HER2-positive breast cancer, including patients with brain metastases, who have received prior treatment with trastuzumab, pertuzumab, and trastuzumab emtansine, separately or in combination.

Clinical trial data supporting the effectiveness of TUKYSA in combination with trastuzumab and capecitabine are limited to patients who had received at least one prior HER2-directed therapy in the metastatic setting.

Please consult the Product Monograph at www.tukysa.ca/TUKYSA-product-monograph-english.pdf for important information on contraindications, warnings, precautions, adverse reactions, interactions, and dosing information. The Product Monograph is also available by calling Seagen Inc. at 1-833-4SEAGEN (1-833-473-2436).

Seagen® CANADA

REVIEWED BY PAAB

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