ENROLLMENT FORM INSTRUCTIONS

decīphera ACCESSPOINt[™]

ENROLLMENT FORM INSTRUCTION GUIDE

The Deciphera AccessPoint enrollment form can be used to prescribe QINLOCK^{*} (ripretinib) and to access patient support services.

How to Access the Enrollment Form

You can visit DAPenroll.com to access the digital version of the enrollment form. Forms are also available through your territory manager.

Enrollment Form Instructions and Best Practices

Below are section descriptions and instructions for filling out the form. Sections containing **priority requirements** are denoted with **red**. Failure to complete priority fields may lead to fulfillment delays.

Deciphera AccessPoint¹⁶ Enrollment Form PLEASE COMPLETE THE ENTIRE FORM, SIGN, AND FAX IT TO 1-855-DCPH-FAX (1-855-327-452 SECTION 1. PATIENT INFORMATION: Required AccessPoint" Access a digital enrollment form at DA Pharmacord Pharmacy (NCPDP Numb to ensure Deciphera AccessPoint has enough Denotes a required field. Failure to fill in all required field. ier: OMale: OFemale information to contact your patient. od: O Call O Email O Tex 2. INSURANCE INFORMATION e attach a copy of both sides o ARY INSURANCE Coverage: OMedicare OMedicaid OCo ider Name: **SECTIONS 2 & 3. INSURANCE INFORMATION:** es this patient have a separate pharmacy benefit card? O Yes ONo fits Manager: Providing complete insurance information and roup Number: Coverage: O Medicare O Medicaid O Cor Policy Holder Name: ... ate O Other C attaching any relevant insurer approval or denial Pon., we a separate pharmacy on... Penefits Manager: BIN Number: nacy benefit card? O Yes O No letters can help expedite the process. 3. PATIENT INSURANCE STATUS hera AccessPoint case manager will verify yo tion you've already obtained. Has a prior authorization (PA) been initiated? OYes ONo Has an appeal been initiated? OYes ONo If "Approved", copay amount: \$_____ If "yes", PA Status: OApproved ODenied OPendin If "yes", PA Status: OApproved ODenied OPendin Please attach any relevant insurer approval or denial letters. 4. CLINICAL INFORMATION **SECTION 4. CLINICAL INFORMATION:** Diagnosis ICD-10: ______ ist names of prior tyrosine kinase inhib ars (TKIs) received by line of th □ 3rd line Complete clinical context, including diagnosis 4th line and beyond: Patient is: ONew to QINLOCK OCurrently taking QINLOCK QINLOCK start date and prior lines of therapy, is required. Termin Medication() (fitst all) Of O Current Medication List Included/Attached Concentrati use all moderate (VPA) indicate and QINLOCK (if applicable). Ves O No Known Drag Allergiac. Of Current Nate Included/Attached 📞 1-825-4DACCES (1-825-422-2237) 🚱 Monday-Finday BAM-BPM ET 🚔 1-825-DCPH-FAX (1-825-327-4329) 🔤 dece

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ENROLLMENT FORM INSTRUCTIONS

SECTION 5. PRESCRIBER INFORMATION: Provide complete prescriber information, including name, NPI number, and practice location.

SECTION 6. PRESCRIPTION FOR QINLOCK[®]

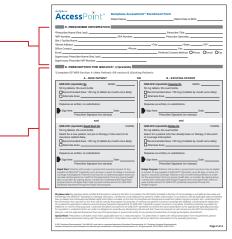
(ripretinib): Complete the entire prescription section initially to avoid requests for a Rapid Start or Bridge prescription later in the process. Complete both prescriptions in either section A (for new patients) **OR** section B (for patients established on Qinlock).

SECTION 7. SPECIALTY PHARMACY PREFERENCE:

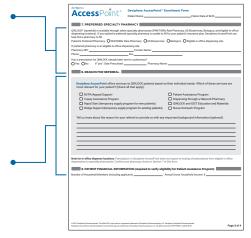
Indicate preferred pharmacy. If no preference exists, Deciphera AccessPoint will find a pharmacy contracted with your patient's insurance provider. If an Rx has already been sent to a specialty pharmacy, be sure to let us know.

SECTIONS 8 & 9. ADDITIONAL PATIENT

INFORMATION: Provide your reason for referral and patient financial information, if applicable.



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How to Submit Completed Enrollment Form

Fax a completed enrollment form to 1-833-DCPH-FAX (1-833-327-4329). Digital enrollment forms are also available at DAPenroll.com



If you have any questions about the form, contact Deciphera AccessPoint at 1-833-4DACCES (1-833-432-2237), Monday–Friday 8AM–8PM ET

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