

# ENROLLMENT FORM INSTRUCTIONS



## 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](http://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.

**SECTION 1. PATIENT INFORMATION:** Required to ensure Deciphera AccessPoint has enough information to contact your patient.

**SECTIONS 2 & 3. INSURANCE INFORMATION:** Providing complete insurance information and attaching any relevant insurer approval or denial letters can help expedite the process.

**SECTION 4. CLINICAL INFORMATION:** Complete clinical context, including diagnosis and prior lines of therapy, is required.

The image shows a sample of the Deciphera AccessPoint Enrollment Form. The form is titled "Deciphera AccessPoint® Enrollment Form" and includes instructions to complete the form and provide contact information. It is divided into four main sections: 1. PATIENT INFORMATION, 2. INSURANCE INFORMATION, 3. PATIENT INSURANCE STATUS, and 4. CLINICAL INFORMATION. Each section contains various fields for patient details, insurance coverage, and clinical history. The form also includes a footer with contact information and a page number.

# 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.

**AccessPoint™** Deciphera AccessPoint™ Enrollment Form  
Patient Name \_\_\_\_\_ Patient Date of Birth \_\_\_\_\_

**5. PRESCRIBER INFORMATION**

Prescriber Name (Last, First) \_\_\_\_\_ Prescriber Title \_\_\_\_\_  
 NPI Number \_\_\_\_\_ DEA Number \_\_\_\_\_ Prescriber Specialty \_\_\_\_\_  
 State (Select from dropdown) \_\_\_\_\_  
 Office Address \_\_\_\_\_ Office City \_\_\_\_\_ Office ZIP \_\_\_\_\_  
 Office Contact # \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_  
 Email \_\_\_\_\_ Preferred Contact Method  Office  Cell  
 Supervisory Prescriber Name (Last, First) \_\_\_\_\_  
 Supervisory Prescriber NPI Number \_\_\_\_\_

**6. PRESCRIPTION FOR QINLOCK® (ripretinib)**

\*Complete EITHER Section A (New Patients) OR Section B (Existing Patients)

**A. NEW PATIENT** OR **B. EXISTING PATIENT**

**QINLOCK (ripretinib) 150 mg tablets, 150 mg tablets**

Recommended dose: 150 mg (2 tablets by mouth once daily)  
 Alternate dose: \_\_\_\_\_

Dispense as written, no substitution.

Sign Name \_\_\_\_\_ Date \_\_\_\_\_  
 Prescriber Signature (No stamp) \_\_\_\_\_

and

**QINLOCK (ripretinib) 150 mg tablets, 150 mg tablets**

Select for a new patient, not yet on therapy in the event of an alternate dispensing option.

Recommended dose: 150 mg (2 tablets by mouth once daily)  
 Alternate dose: \_\_\_\_\_

Dispense as written, no substitution.

Sign Name \_\_\_\_\_ Date \_\_\_\_\_  
 Prescriber Signature (No stamp) \_\_\_\_\_

**Bridge Program:** Patient will receive a government prescription may be eligible for the Deciphera AccessPoint™ Bridge Program. Patients must receive their initial supply from a specialty pharmacy and have their initial supply delivered through the Deciphera AccessPoint™ program and have their first and last doses received from QINLOCK.

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**AccessPoint™** Deciphera AccessPoint™ Enrollment Form  
Patient Name \_\_\_\_\_ Patient Date of Birth \_\_\_\_\_

**7. PREFERRED SPECIALTY PHARMACY**

QINLOCK® (ripretinib) is available through select specialty pharmacies (PAC#1025, Rose Pharmacy, CS Biosciences, Biologix), and eligible in-office dispensing locations. If your patient's preferred specialty pharmacy is unable to fill for your patient's insurance plan, Deciphera will locate and help find a pharmacy to fill.  Patient's Preferred Pharmacy  Deciphera Rose Pharmacy  CS Biosciences  Biologix  Eligible in-office dispensing site

If preferred pharmacy is an eligible in-office dispensing site:  
 Pharmacy Name \_\_\_\_\_ Contact Name \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Yes  No  Not Sure/Preferred \_\_\_\_\_ Pharmacy Name \_\_\_\_\_

**8. REASON FOR REFERRAL**

Deciphera AccessPoint offers services to QINLOCK® patients based on their individual needs. Which of these services are most relevant for your patient? (Check all that apply)

SUIPA/Appeal Support  Patient Assistance Program  
 Copay Assistance Program  Dispensing through a Network Pharmacy  
 Rapid Start (temporary supply program for new patients)  QINLOCK and GSE Education and Materials  
 Bridge Support (temporary supply program for existing patients)  Nurse Outreach Program

Tell us more about the reason for your referral or provide us with any important background information (optional):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**9. PATIENT FINANCIAL INFORMATION (required to verify eligibility for Patient Assistance Programs)**

Number of Household Members (including applicant) \_\_\_\_\_ Annual Gross Household Income \$ \_\_\_\_\_

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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