

deciphera

AccessPoint™

ENROLLMENT FORM INSTRUCTION GUIDE

Deciphera AccessPoint enrollment forms can be used to prescribe our medicines and access patient support services. Separate forms exist for QINLOCK® (ripresitinib) and ROMVIMZA™ (vimseltinib).

How to Access the Enrollment Forms

You can visit DAPenroll.com to access the digital versions of the enrollment forms. 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. To begin, choose the form for the product you wish to prescribe, either QINLOCK or ROMVIMZA.

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 screenshot of the Deciphera AccessPoint Enrollment Form. The form is titled "Deciphera AccessPoint™ Enrollment Form" and includes instructions to complete the form, sign, and fax it to 1-833-DCH-PHX (1-833-327-4329). The form is divided into four main sections: 1. PATIENT INFORMATION, 2. INSURANCE INFORMATION, 3. PATIENT INSURANCE STATUS, and 4. CLINICAL INFORMATION. Red lines connect the text boxes in the instruction guide to the corresponding fields in the form. For example, "SECTION 1. PATIENT INFORMATION" points to the patient name, address, and contact information fields. "SECTIONS 2 & 3. INSURANCE INFORMATION" points to the primary and secondary insurance information fields. "SECTION 4. CLINICAL INFORMATION" points to the diagnosis and therapy history fields.

ENROLLMENT FORM INSTRUCTIONS

SECTION 5. PRESCRIBER INFORMATION:

Provide complete prescriber information, including name, NPI number, and practice location.

SECTION 6. PRESCRIPTION INFORMATION:

Complete the entire prescription section initially to avoid requests for a Rapid Start or Bridge prescription later in the process. Note that QINLOCK® forms have separate sections for new patients (section A) **OR** patients established on their treatment (section B).

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.

Page 2

Page 3

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](https://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



Use this QR code to visit decipheraaccesspoint.com/hcp