ENHERTU Patient Assistance Programs Enrollment Form

ENHERTU® 4U
fam-trastuzumab deruxtecan-nxki
20 mg/mL INJECTION FOR INTRAVENOUS USE

Application for patients prescribed ENHERTU to receive ENHERTU at no cost

Address: PO Box 221285
Charlotte, NC 28222

Phone: 1-833-ENHERTU

Fax: 1-833-904-1851

How to complete this application:

1. Review the information on this page carefully and work with your doctor to complete pages 2 and 3 of the application.
2. Have your doctor fax your completed, signed application to **1-833-904-1851**. You may NOT fax the application yourself. You or your doctor may also mail the application to:
   ENHERTU Patient Assistance Programs, PO Box 221285, Charlotte, NC 28222

Please do not send your medical records or Statement of Medical Necessity form with your application.

What are the ENHERTU Patient Assistance Programs?

- The ENHERTU Patient Assistance Programs (PAP) are offered by AstraZeneca/Daiichi Sankyo (AZ/DSI) to provide ENHERTU to qualifying patients at no cost. They are neither government programs nor insurance plans
- If you qualify, you may get free ENHERTU for up to 1 year, depending upon the Program in which you are enrolled. AZ/DSI will send you an application for renewal once your enrollment ends
- ENHERTU will be sent to your doctor's office due to specific handling requirements
- The Programs can be changed or stopped by AZ/DSI at any time or for any reason

Do you qualify for the Programs?

You may qualify for the Programs if:

✓ You have been prescribed ENHERTU by your physician.

✓ You must be a resident of the US.

✓ You must not have insurance, private or government, that covers ENHERTU (excluding Medicare).

✓ You must not be receiving any other assistance to help pay for ENHERTU.

✓ Your annual income must be at or below a certain level.

✓ **If you are a Medicare Beneficiary:**

- You must not be eligible for or enrolled in Extra Help/Low Income Subsidy for Medicare Part D
- You must have spent at least 3% of your annual household income on medicines in the current year

Please review your application to ensure it is complete and ready for submission.

Application for patients prescribed ENHERTU to receive ENHERTU at no cost (cont'd)

Important information about your application

Information provided to us will be used to determine possible eligibility for help from another program such as Medicaid. You may be required to submit documentation supporting that you do not qualify for other prescription assistance. ENHERTU must be prescribed for an on-label use and/or consistent with the Centers for Medicare & Medicaid (CMS) approved compendia.

PATIENT INFORMATION: *For completion by Patient or Legally Authorized Representative*

☐ New Application ☐ Re-enrollment

Name: _____
First *Middle Initial* *Last*

Address: _____

City: _____ State: _____ ZIP: _____ Date of Birth: _____/_____/_____
(MM/DD/YYYY)

☐ Patient has no current address.

Phone: (_____) _____ Mobile Phone: (_____) _____ Email: _____

Primary language spoken: ☐ English ☐ Spanish ☐ Other: _____

INSURANCE INFORMATION:

Coverage Type: ☐ Uninsured ☐ Medicare ☐ Commercial ☐ Other: _____

If you have coverage under Medicare, how much have you spent on medicines during the current year? $_____

INCOME:

What is the total combined household income before taxes? (Include yourself, all adults, and all dependents)
Income Verification: The Program and its authorized third-party agents will use your date of birth or social security number and/or additional demographic information as needed to access your credit information and information derived from public and other sources to estimate your income in conjunction with the eligibility determination process. As a soft credit inquiry, this option will not impact your credit score.
The Program and its authorized third-party agents reserve the right to ask for additional documents and information at any time.

$ _____ Monthly OR $ _____ Yearly

Number of people in your household: _____ Number of dependents in your household under 18 years of age: _____
(Include yourself, all adults, and all dependents)

Signature of Applicant or Parent/Legally Authorized Representative. If patient is a minor, parent or legally authorized representative should sign here.

Relation to Patient: ☐ Patient ☐ Parent/Legally Authorized Representative of Patient

Sign Here _____ **Date:** _____/_____/_____ **(MM/DD/YYYY)**

If someone helped you with this application and you want them to answer questions for you, please give us their name and phone number:

Helper's Name: _____ *Helper's Phone: (_____)* _____

ENHERTU Patient Assistance Programs Enrollment Form

ENHERTU® 4U
fam-trastuzumab deruxtecan-nxki
20 mg/mL INJECTION FOR INTRAVENOUS USE

Application for patients prescribed ENHERTU to receive ENHERTU at no cost (cont'd)

PATIENT INFORMATION:

Name: _____ Date of Birth: _____/_____/_____
First *Middle Initial* *Last* *(MM/DD/YYYY*

PRESCRIBER INFORMATION: *For completion by Prescriber*

This form will replace all previous prescriptions that may have been sent. All fields are required.

Prescriber Name: _____ Phone: (_____) _____ Fax: (_____) _____

Address: _____

City: _____ State: _____ ZIP: _____

Prescriber Email: _____ NPI: _____ State License Number (SLN): _____

Office Contact Name: _____ Phone: (_____) _____ Practice Name: _____

Collaborating Physician Name (if applicable): _____

Administration Site: _____ Phone: (_____) _____

Address: _____

Point of Contact Name: _____

PRESCRIPTION INFORMATION

Metastatic breast cancer: The recommended dose of ENHERTU is 5.4 mg/kg given as an intravenous infusion once every 3 weeks (21-day cycle) until disease progression or unacceptable toxicity. First infusion: Administer infusion over 90 minutes.

Metastatic gastric cancer: The recommended dose of ENHERTU is 6.4 mg/kg given as an intravenous infusion once every 3 weeks (21-day cycle) until disease progression or unacceptable toxicity. First infusion: Administer infusion over 90 minutes.

ENHERTU® (fam-trastuzumab deruxtecan-nxki) Infuse _____ mg/kg IV over _____ minutes once every 3 weeks.
Patient weight: _____ kg 100 mg in single-dose vial quantity: _____ Refills: _____

ICD-10: _____

Description: _____

SHIP MEDICATION TO PRESCRIBER ONLY.*

PLEASE NOTE: Medications cannot be shipped to Post Office (PO) boxes.

*(*For Prescribers in Ohio ONLY: Pursuant to OAC 4729-5-10, Ohio prescribers must be approved by the Ohio Board of Pharmacy to be a pick-up station)*

Sign Here ***Prescriber Signature:*** _____ ***Date:*** _____

Prescriber must comply with practicing state's specific prescription requirements, including but not limited to, electronic prescribing, state specific prescription form, etc. Noncompliance with state-specific requirements could result in outreach to prescriber by the pharmacy.

1-833-ENHERTU 9 AM to 6 PM ET, (1-833-364-3788) Monday through Friday | **www.ENHERTU4U.com** | **1-833-904-1851**

Please see Important Safety Information on page 5, and click here for full Prescribing Information, including Boxed WARNINGS, and click here for Medication Guide.

CONSENT:

I GIVE my doctor and the Programs administrator and their employees, agents, and contractors permission to verify my information to make sure it is true and complete; contact me by mail or phone about the Programs and about other products, programs, or services that might interest me or for which I may be eligible; contact me in order to ensure that I have received the medicines sent by the Programs.

I PROMISE that all the information in this application, including all copies of documents proving my income, is true and complete; I am authorized to sign this application; I do not have any assistance or insurance that would help pay for my medicines (other than Medicare, if applicable); I will contact the Programs if any of my information about my prescription drug coverage or insurance changes.

I UNDERSTAND that the Programs will only use my information to decide if I qualify to participate in the Programs; administer or improve the Programs; communicate with insurance plans, including Medicare plans; share my information with the Centers for Medicare and Medicaid Services.

I UNDERSTAND that I may be required to apply for prescription assistance through a government assistance program to maintain eligibility in the Programs.

I UNDERSTAND that I can call 1-833-ENHERTU (1-833-364-3788) at any time to withdraw from the Programs and/or cancel my permission to use my information. I can visit https://dsi.com/privacy-notice to review Daiichi Sankyo's Privacy Notice.

I UNDERSTAND that the Programs can request more information from me at any time; ENHERTU4U can change or stop the Programs at any time or for any reason.

I UNDERSTAND that once my information has been disclosed to my doctor, federal privacy laws may no longer restrict its use or disclosure, but the Programs will only use my information as described in this form.

I MAY refuse to sign this authorization form and if I refuse, my eligibility for health plan benefits and treatment by my health care provider will not change, but I will not have access to the Programs.

I GIVE the Programs, and the Programs' administrators, permission to contact the person named below with follow-up questions about my application (this only applies if someone completed this application for you).

This authorization form will be effective for 1 year unless it expires earlier by law or I cancel it in writing. I have a right to receive a copy of this form after I have signed it.

Important Safety Information

ENHERTU® 4U
fam-trastuzumab deruxtecan-nxki
20 mg/mL INJECTION FOR INTRAVENOUS USE

Indications

ENHERTU is a HER2-directed antibody and topoisomerase inhibitor conjugate indicated for the treatment of adult patients with:

- Unresectable or metastatic HER2-positive breast cancer who have received two or more prior anti-HER2-based regimens in the metastatic setting.

  This indication is approved under accelerated approval based on tumor response rate and duration of response. Continued approval for this indication may be contingent upon verification and description of clinical benefit in a confirmatory trial.
- Locally advanced or metastatic HER2-positive gastric or gastroesophageal junction adenocarcinoma who have received a prior trastuzumab-based regimen.

WARNING: INTERSTITIAL LUNG DISEASE and EMBRYO-FETAL TOXICITY

- **Interstitial lung disease (ILD) and pneumonitis, including fatal cases, have been reported with ENHERTU. Monitor for and promptly investigate signs and symptoms including cough, dyspnea, fever, and other new or worsening respiratory symptoms. Permanently discontinue ENHERTU in all patients with Grade 2 or higher ILD/ pneumonitis. Advise patients of the risk and to immediately report symptoms.**
- **Exposure to ENHERTU during pregnancy can cause embryo-fetal harm. Advise patients of these risks and the need for effective contraception.**

Contraindications

None.

WARNINGS AND PRECAUTIONS

Interstitial Lung Disease / Pneumonitis

Severe, life-threatening, or fatal interstitial lung disease (ILD), including pneumonitis, can occur in patients treated with ENHERTU. Advise patients to immediately report cough, dyspnea, fever, and/or any new or worsening respiratory symptoms. Monitor patients for signs and symptoms of ILD. Promptly investigate evidence of ILD. Evaluate patients with suspected ILD by radiographic imaging. Consider consultation with a pulmonologist. For asymptomatic ILD/pneumonitis (Grade 1), interrupt ENHERTU until resolved to Grade 0, then if resolved in ≤28 days from date of onset, maintain dose. If resolved in >28 days from date of onset, reduce dose one level. Consider corticosteroid treatment as soon as ILD/pneumonitis is suspected (e.g., ≥0.5 mg/kg/day prednisolone or equivalent). For symptomatic ILD/pneumonitis (Grade 2 or greater), permanently discontinue ENHERTU. Promptly initiate systemic corticosteroid treatment as soon as ILD/pneumonitis is suspected (e.g., ≥1 mg/kg/ day prednisolone or equivalent) and continue for at least 14 days followed by gradual taper for at least 4 weeks.

Metastatic Breast Cancer

In clinical studies, of the 234 patients with unresectable or metastatic HER2-positive breast cancer treated with ENHERTU 5.4 mg/kg, ILD occurred in 9% of patients. Fatal outcomes due to ILD and/or pneumonitis occurred in 2.6% of patients treated with ENHERTU. Median time to first onset was 4.1 months (range: 1.2 to 8.3).

Locally Advanced or Metastatic Gastric Cancer

In DESTINY-Gastric01, of the 125 patients with locally advanced or metastatic HER2 positive gastric or GEJ adenocarcinoma treated with ENHERTU 6.4 mg/kg, ILD occurred in 10% of patients. Median time to first onset was 2.8 months (range: 1.2 to 21.0).

Neutropenia

Severe neutropenia, including febrile neutropenia, can occur in patients treated with ENHERTU. Monitor complete blood counts prior to initiation of ENHERTU and prior to each dose, and as clinically indicated. For Grade 3 neutropenia (Absolute Neutrophil Count [ANC] <1.0 to 0.5 x 10^9/L) interrupt ENHERTU until resolved to Grade 2 or less, then maintain dose. For Grade 4 neutropenia (ANC <0.5 x 10^9/L) interrupt ENHERTU until resolved to Grade 2 or less. Reduce dose by one level. For febrile neutropenia (ANC <1.0 x 10^9/L and temperature >38.3ºC or a sustained temperature of ≥38ºC for more than 1 hour), interrupt ENHERTU until resolved. Reduce dose by one level.

Metastatic Breast Cancer

In clinical studies, of the 234 patients with unresectable or metastatic HER2-positive breast cancer who received ENHERTU 5.4 mg/kg, a decrease in neutrophil count was reported in 62% of patients. Sixteen percent had Grade 3 or 4 decrease in neutrophil count. Median time to first onset of decreased neutrophil count was 23 days (range: 6 to 547). Febrile neutropenia was reported in 1.7% of patients.

Locally Advanced or Metastatic Gastric Cancer

In DESTINY-Gastric01, of the 125 patients with locally advanced or metastatic HER2 positive gastric or GEJ adenocarcinoma treated with ENHERTU 6.4 mg/kg, a decrease in neutrophil count was reported in 72% of patients. Fifty-one percent had Grade 3 or 4 decreased neutrophil count. Median time to first onset of decreased neutrophil count was 16 days (range: 4 to 187). Febrile neutropenia was reported in 4.8% of patients.

Left Ventricular Dysfunction

Patients treated with ENHERTU may be at increased risk of developing left ventricular dysfunction. Left ventricular ejection fraction (LVEF) decrease has been observed with anti-HER2 therapies, including ENHERTU. In the 234 patients with unresectable or metastatic HER2-positive breast cancer who received ENHERTU, two cases (0.9%) of asymptomatic LVEF decrease were reported. In DESTINY-Gastric01, of the 125 patients with locally advanced or metastatic HER2 positive gastric or GEJ adenocarcinoma treated with ENHERTU 6.4 mg/kg, no clinical adverse events of heart failure were reported; however, on echocardiography, 8% were found to have asymptomatic Grade 2 decrease in LVEF. Treatment with ENHERTU has not been studied in patients with a history of clinically significant cardiac disease or LVEF <50% prior to initiation of treatment.

Assess LVEF prior to initiation of ENHERTU and at regular intervals during treatment as clinically indicated. When LVEF is >45% and absolute decrease from baseline is 10-20%, continue treatment with ENHERTU. When LVEF is 40-45% and absolute decrease from baseline is <10%, continue treatment with ENHERTU and repeat LVEF assessment within 3 weeks. When LVEF is 40-45% and absolute decrease from baseline is 10-20%, interrupt ENHERTU and repeat LVEF assessment within 3 weeks. If LVEF has not recovered to within 10% from baseline, permanently discontinue ENHERTU. If LVEF recovers to within 10% from baseline, resume treatment with ENHERTU at the same dose. When LVEF is <40% or absolute decrease from baseline is >20%, interrupt ENHERTU and repeat LVEF assessment within 3 weeks. If LVEF of <40% or absolute decrease from baseline of >20% is confirmed, permanently discontinue ENHERTU. Permanently discontinue ENHERTU in patients with symptomatic congestive heart failure.

Embryo-Fetal Toxicity

ENHERTU can cause fetal harm when administered to a pregnant woman. Advise patients of the potential risks to a fetus. Verify the pregnancy status of females of reproductive potential prior to the initiation of ENHERTU. Advise females of reproductive potential to use effective contraception during treatment and for at least 7 months following the last dose of ENHERTU. Advise male patients with female partners of reproductive potential to use effective contraception during treatment with ENHERTU and for at least 4 months after the last dose of ENHERTU.

Additional Dose Modifications

Thrombocytopenia

For Grade 3 thrombocytopenia (platelets <50 to 25 x 10^9/L) interrupt ENHERTU until resolved to Grade 1 or less, then maintain dose. For Grade 4 thrombocytopenia (platelets <25 x 10^9/L) interrupt ENHERTU until resolved to Grade 1 or less. Reduce dose by one level.

Adverse Reactions

Metastatic Breast Cancer

The safety of ENHERTU was evaluated in a pooled analysis of 234 patients with unresectable or metastatic HER2-positive breast cancer who received at least one dose of ENHERTU 5.4 mg/kg in DESTINY-Breast01 and Study DS8201-A-J101. ENHERTU was administered by intravenous infusion once every three weeks. The median duration of treatment was 7 months (range: 0.7 to 31).

Serious adverse reactions occurred in 20% of patients receiving ENHERTU. Serious adverse reactions in >1% of patients who received ENHERTU were interstitial lung disease, pneumonia, vomiting, nausea, cellulitis, hypokalemia, and intestinal obstruction. Fatalities due to adverse reactions occurred in 4.3% of patients including interstitial lung disease (2.6%), and the following events occurred in one patient each (0.4%): acute hepatic failure/acute kidney injury, general physical health deterioration, pneumonia, and hemorrhagic shock.

ENHERTU was permanently discontinued in 9% of patients, of which ILD accounted for 6%. Dose interruptions due to adverse reactions occurred in 33% of patients treated with ENHERTU. The most frequent adverse reactions (>2%) associated with dose interruption were neutropenia, anemia, thrombocytopenia, leukopenia, upper respiratory tract infection, fatigue, nausea, and ILD. Dose reductions occurred in 18% of patients treated with ENHERTU. The most frequent adverse reactions (>2%) associated with dose reduction were fatigue, nausea, and neutropenia.

1-833-ENHERTU 9 AM to 6 PM ET, (1-833-364-3788) Monday through Friday | **www.ENHERTU4U.com** | **1-833-904-1851**

Please see Important Safety Information on page 5, and click here for full Prescribing Information, including Boxed WARNINGS, and click here for Medication Guide.

Important Safety Information (Cont'd)

ENHERTU® 4U
fam-trastuzumab deruxtecan-nxki
20 mg/mL INJECTION FOR INTRAVENOUS USE

Adverse Reactions (Cont'd)

The most common (≥20%) adverse reactions, including laboratory abnormalities, were nausea (79%), white blood cell count decreased (70%), hemoglobin decreased (70%), neutrophil count decreased (62%), fatigue (59%), vomiting (47%), alopecia (46%), aspartate aminotransferase increased (41%), alanine aminotransferase increased (38%), platelet count decreased (37%), constipation (35%), decreased appetite (32%), anemia (31%), diarrhea (29%), hypokalemia (26%), and cough (20%).

Locally Advanced or Metastatic Gastric Cancer

The safety of ENHERTU was evaluated in 187 patients with locally advanced or metastatic HER2 positive gastric or GEJ adenocarcinoma in DESTINY Gastric01. Patients intravenously received at least one dose of either ENHERTU (N=125) 6.4 mg/kg once every three weeks or either irinotecan (N=55) 150 mg/m2 biweekly or paclitaxel (N=7) 80 mg/m2 weekly for 3 weeks. The median duration of treatment was 4.6 months (range: 0.7 to 22.3) in the ENHERTU group and 2.8 months (range: 0.5 to 13.1) in the irinotecan/paclitaxel group.

Serious adverse reactions occurred in 44% of patients receiving ENHERTU 6.4 mg/kg. Serious adverse reactions in >2% of patients who received ENHERTU were decreased appetite, ILD, anemia, dehydration, pneumonia, cholestatic jaundice, pyrexia, and tumor hemorrhage. Fatalities due to adverse reactions occurred in 2.4% of patients: disseminated intravascular coagulation, large intestine perforation, and pneumonia occurred in one patient each (0.8%).

ENHERTU was permanently discontinued in 15% of patients, of which ILD accounted for 6%. Dose interruptions due to adverse reactions occurred in 62% of patients treated with ENHERTU. The most frequent adverse reactions (>2%) associated with dose interruption were neutropenia, anemia, decreased appetite, leukopenia, fatigue, thrombocytopenia, ILD, pneumonia, lymphopenia, upper respiratory tract infection, diarrhea, and hypokalemia. Dose reductions occurred in 32% of patients treated with ENHERTU. The most frequent adverse reactions (>2%) associated with dose reduction were neutropenia, decreased appetite, fatigue, nausea, and febrile neutropenia.

The most common (≥20%) adverse reactions, including laboratory abnormalities, were hemoglobin decreased (75%), white blood cell count decreased (74%), neutrophil count decreased (72%), lymphocyte count decreased (70%), platelet count decreased (68%), nausea (63%), decreased appetite (60%), anemia (58%), aspartate aminotransferase increased (58%), fatigue (55%), blood alkaline phosphatase increased (54%), alanine aminotransferase increased (47%), diarrhea (32%), hypokalemia (30%), vomiting (26%), constipation (24%), blood bilirubin increased (24%), pyrexia (24%), and alopecia (22%).

Use in Specific Populations

- **Pregnancy:** ENHERTU can cause fetal harm when administered to a pregnant woman. Advise patients of the potential risks to a fetus. There are clinical considerations if ENHERTU is used in pregnant women, or if a patient becomes pregnant within 7 months following the last dose of ENHERTU.
- **Lactation:** There are no data regarding the presence of ENHERTU in human milk, the effects on the breastfed child, or the effects on milk production. Because of the potential for serious adverse reactions in a breastfed child, advise women not to breastfeed during treatment with ENHERTU and for 7 months after the last dose.
- **Females and Males of Reproductive Potential:** Pregnancy testing: Verify pregnancy status of females of reproductive potential prior to initiation of ENHERTU. Contraception: *Females:* ENHERTU can cause fetal harm when administered to a pregnant woman. Advise females of reproductive potential to use effective contraception during treatment with ENHERTU and for at least 7 months following the last dose. *Males:* Advise male patients with female partners of reproductive potential to use effective contraception during treatment with ENHERTU and for at least 4 months following the last dose. Infertility: ENHERTU may impair male reproductive function and fertility.
- **Pediatric Use:** Safety and effectiveness of ENHERTU have not been established in pediatric patients.
- **Geriatric Use:** Of the 234 patients with HER2-positive breast cancer treated with ENHERTU 5.4 mg/kg, 26% were ≥65 years and 5% were ≥75 years. No overall differences in efficacy were observed between patients ≥65 years of age compared to younger patients. There was a higher incidence of Grade 3-4 adverse reactions observed in patients aged ≥65 years (53%) as compared to younger patients (42%). Of the 125 patients with locally advanced or metastatic HER2 positive gastric or GEJ adenocarcinoma treated with ENHERTU 6.4 mg/kg in DESTINY-Gastric01, 56% were ≥65 years and 14% were ≥75 years. No overall differences in efficacy or safety were observed between patients ≥65 years of age compared to younger patients.
- **Hepatic Impairment:** In patients with moderate hepatic impairment, due to potentially increased exposure, closely monitor for increased toxicities related to the topoisomerase inhibitor.

To report SUSPECTED ADVERSE REACTIONS, contact Daiichi Sankyo, Inc. at 1-877-437-7763 or FDA at 1-800-FDA-1088 or fda.gov/medwatch.

Please click here for full Prescribing Information, including Boxed WARNINGS, and click here for Medication Guide.

ENHERTU4U provides patients and their providers access and reimbursement support for ENHERTU. Reimbursement is not guaranteed. The ENHERTU Patient Assistance Program is limited to free medication only.

Daiichi-Sankyo | AstraZeneca